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Effectiveness of Awareness Programme on Knowledge and Attitude Regarding Breast Cancer Among Women Attending OBG OPD of Selected Hospital of Bagalkot

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Abstract **Original Research Article**

Background of the study: There is lack of knowledge and poor attitude among the women population regarding breast cancer in the country. This is an attempt to assess the knowledge and attitude of the women about the disease, by providing awareness program on breast cancer, which may be useful as a teaching aid for further study regarding breast cancer. This study was conducted to find the effectiveness of awareness program on knowledge and attitude regarding breast cancer among women in selected rural community, Malki. ***Material and methods****:* The research approach adopted for this study was quantitative research approach and the design used was descriptive research design. The convenience sampling technique was used to select 60 subjects. The tool used for data collection was and Attitude Scale for Breast Cancer. Paper pencil technique was used for data collection and data obtained were analysed using both descriptive and inferential statistics. ***Results:*** Percentage wise distribution of women attending OBG OPD according to age group at higher percentage (71.6%) of women were in the age group of 25-35 years, (26.6%) of the age of 36-45 years. Followed by the lowest percentages (1.6%) of women were in the age group between 46-55 years. Percentage wise distribution according to the marital status reveals that highest percentage (96.6%) of women had married, (3.3%) of women had widow, (0%) women had single. Percentage wise distribution of women according to their number of live births reveal that highest percentage (42%) of women where belongs to two or more, (41.6%) of women where belongs to one, (16.6%) women were belonged to none. Percentage wise distribution according to their educational qualification reveals that highest percentage (33.3%) of women had high school education, (18.3%) of women had p. u. c education, (15%) of women had primary education, (0%) woman had graduation, (0%) woman had Percentage wise distribution of women according to their occupation reveals that higher percentage (73.3%) of women are un employee, (26.6%) of women are employee. Percentage wise distribution of women according to their previous source of information about breast cancer reveals that higher percentage (48.3%) of women have no information, (36.6%) of women have family members/ relative/ friends /neighbours (8.3%) of women have information from health personnel (6.6%) women have mass media information. Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot in pre-test reveals that out of 60 women highest percentage (50%) of women had average knowledge, (1.6%) of women had good knowledge, (48.3%) of women had poor knowledge none of the women had very good knowledge. Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot in post-test reveals that out of 60 women highest percentage (78.3%) of women had good knowledge, (20%) of women had average knowledge, (1.6%) of women had poor knowledge, none of the women had very good knowledge .***Conclusion:*** The study shows that most women initially had limited or average knowledge about the topic, with a large proportion having poor understanding before the intervention. After the awareness programme, there was a significant improvement in their knowledge levels. The majority of women moved from poor and average knowledge to good knowledge in the post-test. This indicates that the awareness programme was effective in increasing knowledge among women attending the OBG OPD. However, none of the participants reached the "very good" knowledge level, suggesting that further education and repeated interventions may be needed for better outcomes.

Keywords: Effectiveness, breast cancer among women, awareness programme on knowledge, socio-demographic variables.

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INTRODUCTION

Breast cancer is the most common cancer among women. It is estimated that 2.3 million new cases of BC are diagnosed globally each year. Based on mRNA gene expression levels, BC can be divided into molecular subtypes that provide insights into new treatment strategies and patient stratifications that impact the management of BC patients. This review addresses the overview on the BC epidemiology, risk factors, classification with an emphasis on molecular types, prognostic biomarkers, as well as possible treatment modalities. Breast cancer (BC) is the most frequently diagnosed cancer in women worldwide with more than 2 million new cases in 2020. Its incidence and death rates have increased over the last three decades due to the change in risk factor profiles, better cancer registration, and cancer detection. The number of risk factors of BC is significant and includes both the modifiable factors and non-modifiable factors. Currently, about 80% of patients with BC are individuals aged >50. Survival depends on both stage and molecular subtype. Invasive BCs comprise wide spectrum tumors that show a variation concerning their clinical presentation, behaviour, and morphology. Based on mRNA gene expression levels, BC can be divided into molecular subtypes (Luminal A, Luminal B, HER2-enriched, and basal-like). The molecular subtypes provide insights into new treatment strategies and patient stratifications that impact the management of BC patients. The eighth edition of TNM classification outlines a new staging system for BC that, in addition to anatomical features, acknowledges biological factors. Treatment of breast cancer is complex and involves a combination of different modalities including surgery, radiotherapy, chemotherapy, hormonal therapy, or biological therapies delivered in diverse sequences.[2]

Breast cancer is the commonest malignancy among women globally. From being fourth in the list of most common cancers in India during the 1990s, it has now become the first. In this review, we examine the available literature to understand the factors that contributed to the high burden of breast cancer in the country. We also provide the landscape of changes in the field of early diagnosis and the treatment modalities as well as the limitations of the Indian healthcare delivery systems (e.g., delayed diagnosis, human resources and funding for treatment). This review also sheds light on the newer interventions and the future of breast cancer management keeping in mind the coronavirus disease 2019 imposed limitations.[3]

The association between women's health and breast cancer (BC) is undeniable, as BC at large and breast cancer in young women (BCYW) under 40 yr have emerged as the most prevalent cancer affecting women in India and globally1-3. Addressing this pressing issue in women's health necessitates a further focus on promoting awareness, self-breast healthcare, prevention, risk factors, lifestyle variables and advancing research for superior screening strategies and treatment. Over the decades, Breast Cancer Awareness in the month of October, often called Pink October4, has raised awareness about BC related matters, bolstered research funding and demonstrated solidarity with those affected by BC5. However, it is imperative to acknowledge that Pink October month has faced criticism for several reasons, including increased infiltration of commercial activities in the campaign, not sufficiently highlighting the issues and unique challenges faced by younger women with BC and protecting the lives of healthy young women.[5]

Breast Cancer Awareness is a healthcare awareness initiative observed every year for the entire month of October, with an aim to increase awareness about breast cancer and remove the stigma around it. Breast cancer is one of the most common cancers among women, with more than 2 lakh new cases reported every year. Breast Cancer Awareness serves as a reminder of the importance of early detection and timely treatment of breast cancer, especially in countries such as India, where there is still limited awareness about breast cancer, its symptoms, and treatment options. The goal of Breast Cancer Awareness is to spread awareness about breast cancer and to raise funds for research, prevention, treatment, and cure. The initiative also asserts the importance of regular screenings, such as mammograms, for the early detection of breast cancer - when it is still in a treatable stage. It is estimated that in the year 2024 over 360,000 people worldwide will be diagnosed with breast cancer. While early detection can help cure cancer, in countries like India, there are still many women out there who are not even aware that they need to undergo regular screenings and self-examinations. That's when international Current trends point out that a higher proportion of the disease is occurring at a younger age in Indian women, as compared to the West. l movements, such as Breast Cancer Awareness can be of great help. Breast Cancer Awareness aims to educate people about breast cancer and empower them with crucial knowledge that can save lives. During this month, various campaigns, events and talk shows are organised dispelling myths, reducing stigma, and encouraging women to take action by getting mammograms or consulting doctors, if necessary. By moving beyond awareness to action, we can make a huge difference, such as providing support for patients living with breast cancer and working towards reducing its occurrence as well as mortality rates.[6]

The National Cancer Registry Program analysed data from cancer registries for the period from 1988 to 2013 for changes in the incidence of cancer. All population-based cancer registries have shown a significant increase in the trend of BC. In India in 1990, the cervix was the leading site of cancer followed by BC in the registries of Bangalore (23.0% vs 15.9%), Bhopal

(23.2% vs 21.4%), Chennai (28.9% vs 17.7%) and Delhi (21.6% vs 20.3%), while in Mumbai, the breast was the leading site of cancer (24.1% vs 16.0%). By the years 2000-2003, the scenario had changed, and breast had overtaken as the leading site of cancer in all the registries except in the rural registry of Barshi (16.9% vs 36.8%). In the case of BC, a significant increasing trend was observed in Bhopal, Chennai and Delhi registries.[7]

Breast cancer is the second leading cause of cancer deaths among women. The development of breast cancer is a multi-step process involving multiple cell types, and its prevention remains challenging in the world. Early diagnosis of breast cancer is one of the best approaches to prevent this disease. In some developed countries, the 5-year relative survival rate of breast cancer patients is above 80% due to early prevention. In the recent decade, great progress has been made in the understanding of breast cancer as well as in the development of preventative methods. The pathogenesis and tumor drug-resistant mechanisms are revealed by discovering breast cancer stem cells, and many genes are found related to breast cancer. Currently, people have more drug options for the chemoprevention of breast cancer, while biological prevention has been recently developed to improve patients' quality of life. In this review, we will summarize key studies of pathogenesis, related genes, risk factors and preventative methods on breast cancer over the past years. These findings represent a small step in the long fight against breast cancer. [8]

Breast cancer has ranked number one cancer among Indian females with age adjusted rate as high as 25.8 per 100,000 women and mortality 12.7 per 100,000 women. Data reports from various latest national cancer registries were compared for incidence, mortality rates. The age adjusted incidence rate of carcinoma of the breast was found as high as 41 per 100,000 women for Delhi, followed by Chennai (37.9), Bangalore (34.4) and Thiruvananthapuram District (33.7). A statistically significant increase in age adjusted rate over time (1982–2014) in all the PBCRs namely Bangalore (annual percentage change: 2.84%), Barshi (1.87%), Bhopal (2.00%), Chennai (2.44%), Delhi (1.44%) and Mumbai (1.42%) were observed. Mortality-to-incidence ratio was found to be as high as 66 in rural registries whereas as low as 8 in urban registries. Besides this young age has been found as a major risk factor for breast cancer in Indian women. Breast cancer projection for India during time periods 2020 suggests the number to go as high as 1797900.[16]

OBJECTIVES

- To assess the impact of a breast awareness programme on knowledge regarding breast cancer prevention among women in Bagalkot.
- To evaluate the effectiveness of the programme in enhancing skills for breast self- examination (BSE) among women.
- To determine changes in attitude towards breast health and cancer prevention post- Intervention.
- To examine the awareness of breast cancer risk factors among women following the programme.
- To compare pre-test and post-test knowledge scores on breast cancer among women exposed to the breast awareness programme

METHODOLOGY

Research approach: Quantitative experimental Evaluative research

Research Design: pre-experimental (one group pre-test post-test) design

Setting of the study: setting OBG OPD of HSK Hospital of Bagalkot

Target population: Women attending OBG OPD of HSK Hospital of Bagalkot

Accessible population: Women attending OBG OPD of HSK Hospital of Bagalkot

Sample Size: 60 women from the selected HSK hospital Bagalkot.

Development of the tool

Tool development is a complex and time-consuming process. It consists of defining the construct to be measured, formulating the items, assessing the items for content validity, developing instructions for respondents, pre-testing, estimating the reliability and conducting pilot study.

The following methods are used for development of tool:

- Review of relevant literature (textbooks, journals, periodicals, websites)
- Discussion with guide.
- Consultation and discussion with nursing experts, health consultants.
- Review of related tools developed by others. The steps involved in development of tool are:
- Preparation of blue print.
- Preparation of the first draft.

Part I: Knowledge questionnaire on breast cancer
Part II: Attitude scale on breast cancer Preparation of awareness program on breast cancer

- Development of criteria checklist
- Content validation of the tool
- Language validation of the tool
- Pretesting of the tool

- Reliability of the tool

Preparation of the final draft of knowledge questionnaire and attitude scale for breast cancer
Preparation of final draft of awareness program
Preparation of the blue print

Reliability of the tool: Reliability was established by the split half methods.

Plan for data analysis: The analysis of data was done in accordance with the objectives of the study. The data was analysed by using descriptive statistics (frequency and percentage distribution SD graphs) and inferential statistics (chi- square). The p value 0.00001 for significance was selected for the study.

RESULTS

Table 5.1: Frequency and percentage distribution of socio-demographic characteristics of sample

Variables	No Of Responders	Percentage (%)
AGE		
25-35	43	71.6%
36-45	16	26.6%
46-55	1	1.6%
MARITAL STATUS		
Single	0	0%
Married	58	96.6%
Widow	2	3.3%
NUMBER OF LIVE BIRTHS		
None	10	16.6%
One	25	41.6%
Two or more	25	41.6%
EDUCATION		
Primary	9	15%
High school	20	33.3%
P.U.C	20	33.3%
Graduation	11	18.3%
Post graduation	0	0%
No formal education	0	0%
OCCUPATION		
Employee	16	26.6%
Un employee	44	73.3%
PREVIOUS SOURCE OF INFORMATION ABOUT BREAST CANCER		
Family members/relative/friends/neighbours	22	36.6%
Mass media (tv, radio, newspaper, health magazine)	4	6.6%
health personnel	5	8.3%
No information	29	48.3%

TABLE 5.2: Percentage wise distribution of women attending OBG OPD OF selected hospitals of Bagalkot according to their level of knowledge in pre-test scores

Test	Level of knowledge	Knowledge score	Number (F)	Percentage (%)
Pre-test knowledge level scores.	Poor	0-12	29	48.3%
	Average	13-18	30	50%
	Good	19-24	1	1.6%
	Very good	25-30	0	0%

Table 5.3: Percentage wise distribution of women attending OBG OPD of selected hospital of bagalkot according to level of knowledge in a post-test scores

Test	Level of knowledge	Knowledge scores	Number (F)	Percentage (%)
Post-test knowledge level scores.	Poor	0-12	1	1.6%
	Average	13-18	12	20%
	Good	19-24	47	78.3%
	Very good	25-30	0	0%

Table 5.4 Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot according to their level of knowledge in pre-test and post-test scores

Level of knowledge	Pre-test score		Post-test score	
	No. of respondents	Percentage (%)	No.of respondents	Percentage (%)
Poor	29	48.3%	1	1.6%
Average	30	50%	12	20%
Good	1	1.6%	47	78.3%
Verygood	0	0%	0	0%
Total	**60**	**100%**	**60**	**100%**

Table 5.5: Associate the post-test level of knowledge among women with their selected socio demographic variables

SL.NO	Socio demographic variables	DF	Chi-square value	Table value	P- value	Significance
1	Age in years	1	0.5172	3.84	.472021	Not significant
2	Marital status	1	0.2437	3.84	.621546	Not significant
3	No.of live births	1	2.4677	3.84	.116209	Not significant
4	Education	1	0.0083	3.84	.927224	Not significant
5	Occupation	1	0.0852	3.84	.770335	Not significant
6	Source of information	1	26.3376	3.84	0.00001	Significant

DISCUSSION

Report of findings is never sufficient to convey their significance. The meaning that the researcher give to the result plays a rightful and important role in the report. The discussion section is devoted to a thoughtful and insightful analysis of the findings, leading to a discussion of their clinical and theoretical utility

This chapter deals with the discussion of the breast cancer among woman attending OBG OPD of selected hospital Bagalkot. A cross-sectional survey conducted at OBG OPD of selected hospital Bagalkot. The study with appropriate literature review, statistical analysis and findings of the study based on objectives of the study.

The aim of the present study was a total 60 women's, were selected for the study by using Attitude Scale for Breast Cancer. Result indicates that

- The sample comprised 60 women's attending OBG OPD at selected hospitals of Bagalkot and the data were collected through Attitude Scale for Breast Cancer. Result indicates that Percentage wise distribution of women attending OBG OPD according to age group at higher percentage (71.6%) of women were in the age group of 25-35 years, (26.6%) of the age of 36-45 years. Followed by the lowest percentages (1.6%) of women were in the age group between 46-55 years.
- Percentage wise distribution according to the marital status reveals that highest percentage (96.6%) of women have married, (3.3%) of women had widow, (0%) of women had single.
- Percentage wise distribution of women according to their number of live births reveals that highest percentage (42%) of women where belongs to two or more, (41.6%) of women where belongs to one, (16.6%) women where belong to none.
- Percentage wise distribution according to their educational qualification reveals that highest percentage (33.3%) of women had high school education, (18.3%) of women had p. u. c education, (15%) of women had primary education, (0%) woman had graduation, (0%) woman had postgraduation (0%) woman had no formal education.
- Percentage wise distribution of women according to their occupation reveals that higher percentage (73.3%) of women are un employee, (26.6%) of women are employee.
- Percentage wise distribution of women according to their previous source of information about breast cancer reveals that higher percentage (48.3%) of women have no information, (36.6%) of women have family members/ relative/ friends /neighbours (8.3%) of women have information from health personnel (6.6%) women have mass media information.
- Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot in pre-test reveals that out of 60 women highest percentage (50%) of women had average knowledge, (1.6%) of women had good knowledge, (48.3%) of women had poor knowledge none of the women had very good knowledge.
- Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot in post-test reveals that out of 60 women highest percentage (78.3%) of women had good knowledge, (20%) of women had average knowledge, (1.6%) of women had poor knowledge, none of the women had very good knowledge .

- There is association between post-test women attending in OBG OPD of selected hospitals of bagalkot with their selected socio demographic variables by using contigency table.
- Finding showed that significant association was found in source of information [x^2 =26.3376 at p <0.05], hence the H_1 stated is aceepted for source of information there was no significant association found between variables such as Age, mariatal status, live birth, education, occupation in women attending OBG OPD of selected hospitals of bagalkot.

CONCLUSION

This chapter presents the conclusion drawn the main focus of this study was to assess the effectiveness of an awareness programme on knowledge regarding breast cancer among women attending OBG OPD of selected hospital Bagalkot.

- That majority of subjects (71.6%) were belonging to the group of 25-35 years
- Majority of subjects (96.6%) were belonging to the married group.
- Majority of subjects (41.6%) were belonging to one and two or more numbers of live birth.
- Majority of subjects (33.3%) were belonging to high school and P.U.C.
- Majority of subjects (73.3%) were belonging to unemployment.
- Majority of subjects (48.3%) were belonging to no information about breast cancer.

- Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot in pre-test reveals that out of 60 women highest percentage (50%) of women had average knowledge, (1.6%) of women had good knowledge, (48.3%) of women had poor knowledge none of the women had very good knowledge.
- Percentage wise distribution of women attending OBG OPD of selected hospitals of bagalkot in post-test reveals that out of 60 women highest percentage (78.3%) of women had good knowledge, (20%) of women had average knowledge, (1.6%) of women had poor knowledge, none of the women had very good knowledge .
- Level of knowledge score wise comparison of women in pre-test and post-test scores reveals that the following results. In pre-test scores,out of 60 women highest percentage (50%) of women had average knowledge, (48.3%)of women had poor knowledge (1.6%) of women had good.knowledge,none of women had very good knowledge. However after awareness programme (post-test) highest percentage (78.3%) of women had good knowledge, (20%) of women had average knowledge,(1.6%) of women had poor knowledge,none of women had very good knowledge.
- **H1:-** Chi-square test used to find out the association in post-test women attending OBG OPD of selected hospitals bagalkot with their selected socio-demographic variables by using contigency table.
  Finding shown that a significant association was found between source of information is [x^2=26.3376 at p <0.05], Hence the H_1 is associated for source of information.
- **H2:-**There is the association between post-test women attending in OBG OPD of selected hospitals of bagalkot with their selected socio demographic variables by using contigency table.

Finding showed that significant association was found in source of information [x^2 =26.3376 at p <0.05], hence the H_2 stated is aceepted for source of information there was no significant association found between variables such as Age, mariatal status, live birth, education, occupation in women attending OBG OPD of selected hospitals of bagalkot.

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