

CHAPTER: I

INTRODUCTION

1.1 Background of the Study

Itahari is a sub-metropolitan & largest city in Sunsari district in the Koshi zone of south eastern Nepal. It is located at the main transportation junction of eastern Nepal. It is the center of the east-west Mahendra highway & thus is a town of emerging importance. At the time of 2011 Nepal census it had a population of 7,40,517 people living in 33,794 individual households. In 2071 B.S. 16th of Mangsir Itahari was declared as sub-metropolitan city combining the VDCs like Khanar, Ekamba, Hasposha and Pakali.

In Itahari sub-metropolitan city there is 22 wards each ward consist of FCHV. As FCHV are regular in touch with the people/women in community their knowledge, skill and practice influence those people.

As breast cancer is a global health issue and a leading cause of death among women breast cancer is cancer that develops from breast tissue. Signs of breast cancer may include lump in the breast but breast cancer does not always produce symptoms, women may have cancers that are so small they do not produce masses.

It is Emerging health problems. Early screening is necessary to rule out the problem. As to screen/diagnose breast cancer breast self-examination is necessary to be carried out in regular interval. It is recommended that use should be performed by women from time of menarche at 5th days followed by menstruation. During this period breast is not tender and self and also easily palpable. BSE is done by women herself following 5 basic steps with the help of mirror. Due to lack of skill, knowledge and practice of BSE and also diet, exercise, rest, hygiene, infections, accessibility and affordability of health services many women are prone to Breast Cancer. So, the study is based on to identity knowledge and practice of BSE among FCHV.

Breast Cancer is the most common cancer in women worldwide with nearby. 1.7 million New cases diagnosed in 2012 (Second most common cancer overall). This represents about 12% of all new cancer cases and 25 % of all cancers in women. It is the fifth most common cause of death from cancer in women breast cancer risk doubles each decades until menopause, after which the increase slows. However, breast cancer is more common after menopause. Survival rates for breast cancer very worldwide. In many countries with advanced medical care, the five-year survival rates

of early stage breast cancer is 80 – 90 percentage, falling to 24 percent for breast cancers diagnosed at more advanced stage. Most breast cancer subtypes are hormone related. The natural history of the disease differs between those diagnosed before and after the menopause.

Life events are important risk factors for breast cancer including early menarche (before age of 12), late natural menopause (after the age of 52), not bearing children and pregnancy before age of 30. All reduce the risk of breast cancer. Ionizing radiation exposure from medical treatment such as X-ray, particularly during puberty, increases the risk of breast cancer, even at low doses. Hormone therapy containing estrogen with or without progesterone increases risk of breast cancer and the risk is greater with combination estrogen was progesterone preparation. Oral contraceptives containing both estrogen and progesterone also cause a small increased risk of breast cancer in young women, among current and recent users only.

As breast cancer is the most common cancer in women both in developed and less developed world. It is estimated that worldwide over 5, 08,000 women dead in 2017 due to breast cancer (global Health Estimates, WHO 2013).

Although breast cancer is though to be a disease of developed world almost 50 % of breast cancer cases and 58 % of death occurs in less developer's countries (GLOBACAN 2008).

Incidence Rates vary greatly worldwide from 19.8 in Western Europe. In most of the developing regions the incidence rates are below 40 per 1, 00,000 (BLOBOCAN, 2008). The lowest incidence rates are found in most Africa countries but there cancer incidence rate also increasing.

Breast cancer survival rates vary greatly worldwide ranging from 80 % or over in North America. Sweden and Japan to around 60 % in middle income countries and below 40 % low income countries (Calemah., etal....., 2008).

As it was estimated the almost 1.7 million causes of female breast cancer were diagnosed worldwide during 2012, corresponding to a rate of 43 per 1, 00,000. Close to quarter (24 %) of all breast cancers were diagnosed within the Asia pacific region (approximately 4, 04,000 cases at a rate of 30 per 1, 00,000, with the greatest number of those occurring in China (46 %), Japan (14 %) and Indonesia (12 %). Incidence rate varied by around to fold across the region, ranging from an estimate of 9 per 1,00, 000 in magnolia up to 88 per 1,00,000 in New Caledonia and 90 per 1,00,000 in French Polynesia. Australia 86 per 1, 00,000) and New Zealand (85 per 1, 00,000)

also had much higher incidence rates than ago of the other major countries in the region occurred in Japan and South Korea both 50 per 1, 00,000. For South Eastern Asia the highest rate was in Singapore (65 per 1, 00,000).

About 5, 22, 000 female (13 per 1, 00,000 population) were estimated to have died from breast cancer globally during 2012. Breast cancer mortality has been decreasing by an average of about 2 % per year for female of all ages in Australia (2000 – 2011). In contrast, the overall breast cancer mortality rates have increased in several other countries with the largest rises recorded in Malaysia (6 % per year between 1997-2008) and Thailand (7 % per year between 2000-2006) with an average annual increase of 9 % from 1985 onward.

In Nepal 7,400 female died due to cancer among then 11.8 % (2012) died due to breast cancer.

We know that, breast cancer is a global health issue and a leading cause of death among woman internationals. In India, it accounts for second most common cancer in women. Around 80,000 cases are estimated to occur annual. The age-standardized incidence rate of breast cancer among Indian women is 22.9 and mortality rates is 11.19. In 26 women are expected to be diagnosed with breast cancer in their life time. Breast cancer is distinguished from other types of cancer by the fact that it occurs in a visible organ and be detected and treated at an early stage. The 5 – years survival rates in less developed countries can be attributed to the lack of early detection as well as inadequate diagnosis treatment to facilities.

Recommended preventive techniques to reduce breast cancer mortality and morbidity include BSE, CBE, CBC and mammography require hospital visit and specialized equipment and expertise whereas BSE is an inexpensive tool that can be carried out by women themselves. BSE benefits women in two ways: women become familiar with both the appearance and the feel of their breast and detect any changes in the breast as early as possible. In the literature, it is stated that 90 % of the breast cancer is first noticed by a person herself. Also several studies have shown that barriers to diagnosis and treatment can be addressed by increasing women's awareness of breast cancer.

Ever though BSE is a simple, quick cost free procedure the practice of BSE is low and varies in different countries: like in England, a study by Philip et. al... reported that only 54 % of study population BSE. Furthermore, in India, it varied from 0 to 52 % several reasons like lack of time, lack of self confidence in their

ability to perform the technique correctly, fear of possible discovery of a lump and embarrassment associated with manipulation of breast have been cited as reason for not practicing BSE.

With this background the coming/present study will be designed to determine the knowledge, its practice regarding BSE in a control of FCHVS.

1.2 Statement of the Problem

Cancer in all forms are responsive for about 12 percent of deaths throughout the world. Globally breast cancer is the deaths throughout the world. Globally breast cancer is the most common malignant cancer/neoplasm among women. Breast cancer causes 3, 76,000 death a year worldwide: about 9, 00,000 women are diagnosed every year with the disease (Belgium M.O, article, Nigeria). As the incidence of breast cancer varies markedly from countries to country being highest the incidence of breast cancer is more than 1000 per million where as in developing countries it is less than 200 per million women. (K. Shrestha, article, KIST Medical Collage) worldwide more than 20 million people are living with cancer and its number is expected to be more that 30 million by 2020 AD. In United States breast cancer is most common cause of cancer death among women age range from 40-59 years. According to the National Cancer Institute NCI, 2011) every two minute one women is diagnosed with breast cancer and every 13 minutes a women dies of breast cancer in U.S.

Its Breast is the second leading cancer of Nepalese women the reach to the specialized doctor very late because of lack of awareness and low knowledge breast cancer and also screening test i.e. BSE, (BE, mammography, an x-ray of breast and MRI (magnetic resonance Imaging) for high risk women group.

Breast screening aims to detect breast cancer at early stage. Literature review have shown that breast screening has significantly reduced number of death from breast cancer. The international Agency for research on cancer has shown that there is a 35 % reduction in the chance of death due to breast also according to WHO (2008) breast cancer accounts for 6 % of all cancer in Nepal. The commonest age group of women with breast cancer in Nepal is 40-50 years. This is remarkable difference in higher incidence of younger than 50 years ago.

Latest data of WHO published in 2011. Breast cancer death in Nepal has reached 1, 24,800 (0.84 % of total death. The age adjusted death rate is 12.92 per 1,

00,000 of population. Nepal ranks number 142 in the world. According to latest WHO data published in May 2014. Breast cancer death in Nepal reached 865 or 0.55 % of total deaths. The age adjusted death rate is 8.13 per 1, 00,000 of population ranks Nepal 159 in the world.

So, now it is most urgent to rule out cancer through proper screening and prompt treatment. As awareness about timely screening at grass root level is required to overcome the fatal stage lead by cancer and its cure and also the most “prevention”. We know the FCHV are routinely in touch with the women at grass too level it is necessary to have adequate, prompt knowledge and practice of for breast screening i.e. BSE.

As study shows the respondents (FCHW, female community, February, 2008) 94 % were aware of breast cancer, some of them 130 %) knew the different methods for screening for breast cancer, however most of them 156 %) knew that BSE should be performed monthly.

Majority of respondents (80 %) practical BSE even though only same (50 %) practice monthly.

Hence, the country like Nepal it is necessary to study the level of knowledge and practice of BSE among FCHV especially in a growing city like Itahari, as to achieve the National goal of health for all and to have healthy adulthood and ageing.

The main problems of the study are as follows:

-) What are causes of BC?
-) What do FCHV understand about BSE.
-) Do they have adequate knowledge on BSE
-) How do they practice/perform BSE
-) Do they acquire training, formal, informal education on BSE and BC.

1.3 Objectives of the Study

Primary Objectives

-) To access the knowledge and practice of breast self-examination among FCHV.

Secondary Objectives

-) To find out the association between knowledge on BSE and selected demographic variables.
-) To find out the association between knowledge and practice.

1.4 Significance of the Study

AS FCHVs are linked/in touch with grass root level of population those who have/haven't access to health care services. It is necessary to know, understand and find out their skill, knowledge, behavior, perception, values and practice related to health especially health preventing and promoting behavior i.e. like BSE for prompt screening and timely treatment.

As previous literature review through various sources some studies related on breast care/BSE were performed. Therefore, this study will be significant in different ways such as to find out the solution of problem as being raising in this field and also policy makers of NGOs, GO, INGOs and civil society. It will also help the national and international organizations that are interested to know about this study. So the study might be helpful for those who are interested to conduct in this field in future.

Number-wise main significance of the study are given below:

- J It helps to design policy, plan and programmes for FCHV.
- J It helps to identify the health education, economic, present/past health history of FCHVS.
- J It helps governmental, non-governmental and other person who have interest to study on FCHVs sector.
- J It would be helpful to conduct such research in other districts or places for further research.

1.5 Delimitation of the Study

This study focused to FCHVs who have been currently mobilizing in Itahari sub-metropolitan city. As limitations of the study are:

- J The study carried out only in FCHVs.
- J The study carried out only in FCHVs.
- J The study covers only FCNVs.
- J The study completely based on non-probability, purposive sampling.
- J It is purposive sampling.
- J It is descriptive in nature.
- J Questionnaires, interviews and observation is used as the tool of the study.
- J Thesis topic in this research is incomplete.

1.6 Research Question

What is the existing knowledge and practice of BSE among FCHVs?

1.7 Operational Definitions

Refers to who work in a number of health program area, mostly focused on reproductive health and child health, although they may have also received brief training rather health programs of the Minister of Health and Population (MoHP).

Breast Cancer

It refers to (Jump) the tumor is malignant (cancer) if the cells can grow into (inrade) surrounding tissue or spread to distant area of body.

Breast Self-Examination

A physical examination of a women own breast as a part of breast cancer screening in order to detect changes or abnormalities.

Dimpled Skin: - Dimpled of inflammatory skin is a common sign breast cancer, which draws its name from an inflamed appearance.

Inspection: - An inspection is most generally an organized examination on formal evaluation exercise.

Knowledge

It reports to correct responses about BSE as measured by questionnaire.

Menstruation: - Menstruation is normal vaginal bleeding that occurs as part of a women monthly cycle. The menstrual blood is partly blood and party tissue.

Palpation: - Palpation is the process of using ones hands to check the baby, especially while perceiving / diagnosing disease or illness.

Practice

It refers to the skill of FCHV about steps of performing BSE as measured by questioning.

Screening Test

A simple test performed on large number of people to identify those who have or are likely to develop a specific disease.

Symmetry: - Symmetry is when two or more parts are identical after a flip, side or turn .The property of being symmetrical especially: correspondence in size, shape and relative position of parts on opposite sides of a dividing line or median plane or about a center or axis-compare bilateral symmetrical, radial symmetry.

CHAPTER: II

REVIEW OF LITERATURE

During the course of research study, many books, journals, new paper have been reviewed as well as internet search has been carried out to analyzed existing related research and to gain deeper insight into the problem and too access different methodologies used for similar studies.

2.1 Review of Theoretical Literature

A study a knowledge, and practice about BSE and mammography among female primary health workers in Diyab arkar, Turkey was found that the Health workers do perform BSE, but the rate of those doing so an a regular basis was low. These rates were even lower in women who are not HIV in the context of Turkey.

An awareness, knowledge and practice of BSE among social women towards BSE, subject more “breast aware” which in turn, may lead to earlier diagnosis of BC. Unfortunately, despite the benefits of regular BSE few women examine themselves. In fact, a majority does not even know how to do a BSE and some women are even not aware of it. BC will be increasingly common public health problem in many countries and will re-direct health resources to early diagnose, treat and monitor the growing numbers of women who are affected by the disease. Little is known about practice, knowledge and awareness regarding BSE (Dananhour, 2016).

WHO published data in May, 2014 breast cancer death in Nepal reached 865 or 0.55 % of total death. The age Adjusted Death Rate is 8.13 per 1,00,000 of population ranks Nepal 59 in the world. Review other causes of death by clicking the link below or choose the full health profile. (Breast Cancer in Nepal, 2014)

SBE is a tool for early diagnosis and breast cancer was conducted in Kancheepuram, India. It is essential to plant and conduct community based studies to find the knowledge, attitude, practice of BSE among both women and men as it will as in identification of the perceived barriers further studies are needed to explore what customize inventions could be implemented to improve the uptake and practice of BSE and other methods for early breast cancer detection. Result derived from these studies will help the programmes, managers and health care professionals to modify/emphasize/strengthen the existence strategies so that the greatest challenges of

late presentation can be cubed and the chance of survival improved. (Shrivastava, Shrivastava and Ramasamy, 2013)

A descriptive cross-sectional study regarding the knowledge about breast cancer and BSE practice among medical, dental and B.SC nursing students of BPKIHS Dharan. This study shows the need for students of BPKIHS who are front line medical professional, to undergo more training in the area of breast cancer and breast cancer screening. In this study students have adequate knowledge about breast cancer but their practice towards B.S.E. is limited as well. So the knowledge in breast cancer and practice must be included in their educational programme in detail and curriculum which enables students to provide health education about BSE, risk factors, causes, sign and symptoms to promote the health habit and assist the patient to reduce habit regards to health his ultimately may contribute to eliminate the disparity in breast cancer mortality rates among them and patient as well. (Parajuli and Mandal, 2011)

Women with a genetic predisposition for breast cancer developed breast cancer more frequently and at earlier age than women without such a predisposition. Without which reducing strategies such as mastectomy or salpingo-oophorectomy, the cumulative risk for developing breast cancer up to age of 70 is around for BRCA 1 and 55 % for BRCA 2 mutation carriers. (Brick, 2014)

A study in Iran reported that the risk of breast cancer increases with age. The primary factors that increase the risk of breast cancer in women include certain inherited genetic mutation, a personal or family history of breast cancer and biopsy confirmed hyperplasia. Other factors that increase breast cancer risk include a long menstrual, menopause, recent use of oral contraceptives post-menopausal hormonal therapy, never having had children or having the first child after age 30, ethnicity characteristics, exposure to radiation or consumption of one or more alcoholic beverage per day. (Rizvill, Rajput and Afzal, 2013)

The Quasi-experimental study was implemented on 134 students in technical health institute in Damietta and part said cities. Itself administered questionnaire from was used to collect data regarding students personnel characteristics, knowledge and attitude. Observation checklist for practice of BSE was used an educational program was developed and to improved their related knowledge attitude and practice. The evaluation of the effect of the programme was done by comparing pre to post and three months follow up findings. The result demonstrated very low students'

knowledge, attitude and practice before the invention with statistically significant improvement after the invention (Mousa and Moussa, 2014)

The study "Awareness, knowledge and practice of BSE among group of female nursing students Riyadh, kingdom of Saudi Arabia" the study aimed to access awareness, knowledge and practice of nursing students regarding BSE and evaluate the effect of one day workshop on students' performance level. A Quasi experimental designed was utilize in this study. A convenient sample of 50 students was chosen from a college of nursing. Data was collected through structure, questionnaire sheet. A pretest performance technique established. Followed by a lecturer of video training about BSE technique on the silicon breast model. The study revealed that more than half of the total sample of the student had previous knowledge regarding BSE from their collage curricula and seventy percent of total sample did not practice BSE before a significant co-relation was found within pre, immediate and one month post in relation to all BSE steps except that steps, place pillow under shoulder. There is no significant relation between pre and immediate posttest ($p = .0026$). The post test results showed progress in overall performance, immediate after 3 month (Yakout et al.,2014)

2.2 Empirical Literature

Previous research studies helps researcher for guideline in new research. Various institution and individuals have done different research work on BSE.

A study conducted on "knowledge, awareness and practice concerning breast cancer among Kuwaiti female teacher. "This study is cross-sectional survey of school teacher working in schools in AL-Jahra governorate. A sample of twenty school was selected governorate that include primary, intermediate and secondary schools. All ever married Kuwaiti female teacher working in the selected schools were asked to fill a self-administered questionnaire to investigate their knowledge about the risk factors of breast cancer, their awareness and screening behaviors. Data were collected from 421 female teacher with 87.5% response rate. The results of the study showed that 67.5% the participants declared that they had information about breast cancer and their source of information were mainly health professional/workers (98.2%), friends/neighbors (83.5%), TV/radio (76.6%) and printed materials (60.2%) of the participants, 18.5% reported positive family history of breast cancer, 49.9% did not know how to practice BSE and 29.0% knew the procedure but never applied it.

Moreover, 81.9% has no breast examination by health professionals and 85.7% did not know what is mammography is. The factors that may have an impact on acquiring satisfactory level of knowledge were, women older than 40yrs, married and user of contraceptives pills, with a history of child death. They study points to the insufficient knowledge of female teacher about breast cancer and identified the negative influence of low knowledge on the practice of BSE (Alharbi et al, 2012)

Nearly three quarter (73.5%) of the respondents had previously heard of BSE. Only 9.0% knew how to perform BSE. Similarly, only 13.9% knew what look for while performing BSE. Although perceived by 88% of respondents as important only 3% had performed BSE regularly. Furthermore, only 19.9% of the respondents had a moderate attitude towards BSE as an important method for early detection of breast cancer, just a modest 9.6% were substantially aware of it lack of knowledge on BSE was cited as the main reason for not performing BSE (Nde et al...2015)

The study was designed as a cross sectional survey of female students in the college of medicine in the university of Lagos, majority of the respondents, 40.7% were from the age group 21-22 drawn from first to sixth years of medical students .97.3% had heard of breast cancer and BSE. 54.8% of respondents heard of breast cancer from television, radio. Most of the respondents, 85.8% knew how to perform BSE correctly .Only 65.4% of respondents thought that BSE was necessary .43.5% of respondents said that the last time they performed BSE less than a year ago .Majority of the respondents, 69.6% preferred to perform BSE in the morning .While 47.7% of respondents preferred to carry out of respondents preferred to carry out BSE in front of the mirror. (Iurhe et al, 2010)

A study shows that majority of the respondents, 95% stated that they had knowledge about breast cancer and BSE while 5% stated they have no knowledge on BC or BSE. Respondents were further asked on their source of information on BC and BSE. 48% mentioned the media. 36% stated formal as their source of information, 16% stated the health center as their source of information. (loh, S. Y and chew, SL, 2011)

A descriptive cross sectional survey was carried out among 281 respondents in sang market, Ibadon(2003).As female traders were interviewed using interviewer administered questionnaire to obtain information on their socio demographic characteristics ;item trader, knowledge and practice of BSE .The mean age of

respondents was 37.3+_12.8 years (range was 16-80 years),142(50.5%)were between 30-49 years. Two hundred and four (37.11%) had secondary education. Only 89(37.11%)of the trader were aware of BSE 51(18.8%)of trader had ever checked their breast. The level of awareness of BSE was highest among those aged 50-59 years. (Dr. M. O. Balagan...Ibadan, Nigeria)

2.3 Implication Literature Review

-) To determine the topic of the study.
-) To identify the related field for the study.
-) to implement various programmes to the concern field
-) to gain additional knowledge about research method
-) To compare the old finding of the study with the present one
-) To evaluate the recent research
-) To give reference to the further studies related to the topic

2.4 Theoretical Conceptual/Framework

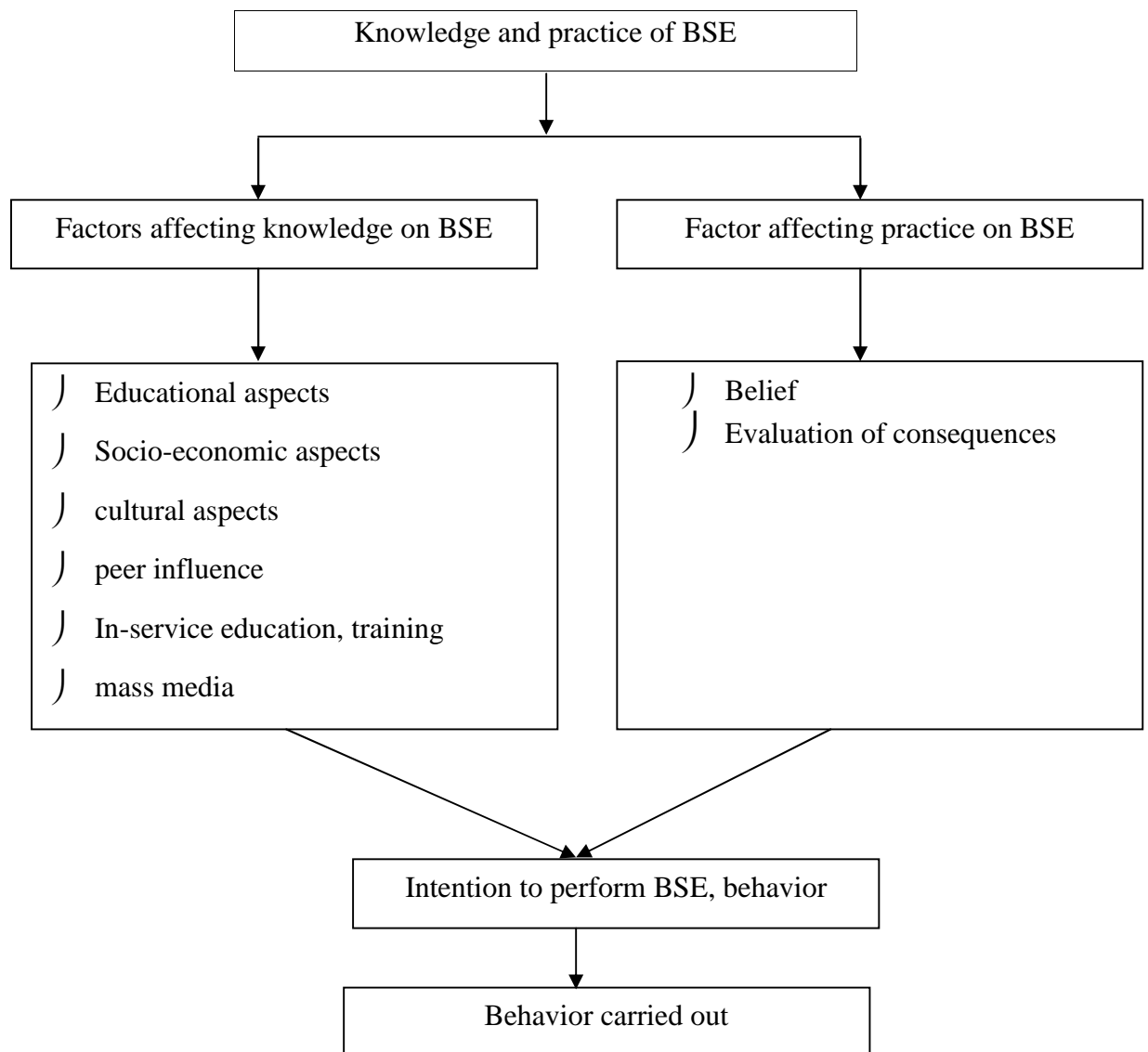


Figure No. 1: (Theoretical Conceptual/Framework)

CHAPTER 3

METHODS AND PROCEDURES OF THE STUDY

3.1 Design and Methodology of the Study

The study is descriptive in nature, as it would be explanatory as made to explore the hidden facts and realities. On the other hand descriptive research design is done to present and past health history socio-economic status, skill, knowledge and practice of BSE.

3.2 Population Sample and Sampling Strategies

The total number of FCHVs were 135. Therefore, the main sources of information were primary, where only FCHVs were interviewed through structured questions schedule. For this more relevant secondary data had been collected from related books, articles. Journals website and profile of Itahari sub metro metropolitan. This study was based on primary and secondary data. All primary data are derived from field survey with the help of structured questionnaire which was the main components of the study and secondary data was obtained from books, journal, related articles, research report, magazine, newspaper and other sources. A descriptive questionnaire study was conducted on FCHVs of Itahari sub-metropolitan city .Non-probability, purposive sampling was carried out on FCHVS.

3.3 Study Area

Study area was based on Itahari sub-metropolitan city. There are 22 wards in and each ward consist of female community health volunteers.

3.4 Data collection Tools and Techniques

Every research go ahead with the help of related facts which was obtained by using data collection tools.

For the same purpose the researcher had used interview schedule and observation, which was the main tool of this research. As in this study the major components of the tool was interview schedule including questionnaire. The questionnaire has been pre tested among FCHVs of Dhahran metropolitan city.

3.5 Data Collection Procedure

Questionnaire was the main tools of the study. It had been used to collect information on demographic background, Present past illness, hospitalization, socio economic condition and health behavior and also practices. So, the questionnaire had been fulfilled through direct contact with FCHVs at household .The level of knowledge, behavior and their practice etc. had been obtained through direct contact with FCHVs to collect data.

3.6 Data Analysis and Interpretation Procedure

After collection of data, they were entered into the manual edit and clearing. The personal experience field observation was used while elaborating and specifying the data by following descriptive way.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF DATA

This chapter deals with analysis and interpretation of data, which was collected from field survey. The data were tabulated and kept in sequential order. Collected data were analyzed and I interpreted with the help of tables, graph, figures and charts etc. have been used to make the presentation more clear and meaningful. The analysis and in interpretation is presented under the following main aspects.

4.1 Demographic situation of the respondents

4.2 Knowledge on breast self-examination

4.3 Practice on breast self-examination

4.1 Demographic situation of the respondents

4.1.1 The study is completely on female

Community health volunteers (FCHV) of Itahari Municipality of Sunsari district. As the demographic status/ condition of population plays vital role in the development of the country as well as in the life status of the people. This section of the study presents marital status, occupation and educational & socio-economic status.

4.1.2 Age composition of respondents

The condition of breast self-examination knowledge and practice are affected by different factors like educational, socio-cultural and demographic characteristics, religion, occupation, quality of health institution and health service provided etc. some factors affecting knowledge on breast self-examination are described as follows.

Table No. 1
Age Composition

Age	No. of respondents	Percentage
20 – 40 years	50	37.04%
40 – 60 years	85	62.96%

As regarding to above give table it is found 37.04% FCHVs where between 20-40 years while 62.96% FCHVs where between 40-60 years.

4.1.3 Educational status of respondents

Education is one of the important factor to determine skill, knowledge, attitude, practice, behavior and concept of an individual.

Table No. 2
Education Status

Level of Education	No. of person having regular BSE	Percentage
Under S.L.C.	135	100%

The given table furnishes the data of FCHVs as all the FCHVs where literate i.e. below SLC level.

4.1.4 Timing of menarche

As age of first menstruation varies according to geographical condition, nutritional status & hormonal balance.

Table No. 3
Menarche Time

Age of Menarche	No. of respondent	Percentage
10 – 15 years	135	100%

All the female community health volunteers and first menstruation of the age of 10 – 15 years.

4.1.5 History of breast cancer among FCHV

We know that breast cancer deaths in Nepal reached 865 or 0.55% of total death. The age adjusted Death Rate is 8.13 per 1,00,000 of population.

Table No. 4
Among Family Members

Breast Cancer	No. of respondents	Percentage
Yes	–	
No	135	100%

The given table displays that there is no any history of breast cancer among their family members.

4.1.6 Training on breast self-examination

An increase in knowledge about breast self-examination a relatively low percentage of breast cancer as training helps to proficient BSE skills and adopt appropriate and regular practice.

Table No. 5
Training on BSE

Training on BSE	No. of respondents	Percentage
Yes	–	
No	135	100%

The above table represents the need of skill knowledge on BSE as 100 percent has not taken training.

4.1.7 Duration of breastfeeding

Most babies will breastfeed 8 to 12 times in 24 hours, from their second or third day of life until they are three to six month old. Feedings are not usually spaced evenly around the clock. Most babies will vary the time between feeding and length of time.

Table No. 6
Breast Feeding Duration

Duration of Breast Feeding by FCHV	No. of respondents	Percentage
2 – 3 years	351	100%

The above given table represents that every female community health volunteer feed then child for 2–3 years due to their level of knowledge related to importance of breast milk to the child.

4.1.8 Methods of family planning

There are different methods of contraception, including: long-acting reversible contraception, such as the implant or intra uterine device (IUD), hormonal contraception, such as pills or the Depo-Provera injection. Barrier methods, such as condoms, emergency contraception, fertility awareness.

Table No. 7

Methods of Family Planning used by Female Community Health

Methods of Family Planning Use	No. of respondents	Percentage
Yes	36	26.7
No	99	73.3

The above table represents that 26.7 percent of FCHY use family planning methods beside this 73.3 percent do not use family planning methods.

4.1.9 Understanding on breast self-examination

Breast self-examination (BSE) is a screening method used in an attempt to detect early breast cancer. So, its understanding helps to increase awareness and cancer, the health care system and services.

Table No. 8

Understanding on Breast Self-Examination by Female Community Health Volunteer

Understanding on breast self-expensive examination to detect breast cancer	No. of respondents	Percentage
Examination to cure breast cancer	3	2.2
A method to detect abnormalities in the breast at an early stage by women herself	7	5.2
Don't know	125	92.6

The given table displays that the BSE as an examination to cure breast cancer is 2.2 percent and to detect abnormalities in the breast in early stage is 5.2percent and is unknown is 92.6 percent.

4.1.10 Reason of breast self-examination

Breast self-examination is an essential part of taking care of yourself and lowering your risk of breast cancer.

Table No. 9

Reason of Breast Self-Examination by FCHV

Reason of BSE	No. of respondents	Percentage
Early detection of breast cancer	5	3.7
Cure of breast cancer	80	59.3
Confirmatory diagnosis of breast cancer	5	3.7
Palliative care of breast cancer	20	14.8
Don't know	28	18.5

The given table represents the reason of BSE by FCHV as 3.7 percent gave opinion for early detection of breast cancer, where 59.3 percent response as to cure breast cancer and 3.7 percent said confirmatory diagnosis of breast cancer beside this 14.8 percent gave opinion as palliative care of breast cancer and 18.5 percent donot have knowledge on it.

4.1.11 Time interval of breast self-examination

A breast self-examination (BSE) 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 a BSE at least once each month beginning at age 18.

Table No. 10

Time Interval of BSE by FCHV

Time interval BSE	No. of respondents	Percentage
Once a month	5	3.7
Twice a month	-	-
Yearly	-	-
Don't know	130	96.3

The above table represents the frequency of BSE of FCHV as 3.7 percent gave opinion to perform BSE once a month regularly of 96.7 percent were unknown about time interval.

4.1.12 Appropriate time for BSE

The best time to do a monthly self-breast exam is about 3 to 5 days after your menstruation period starts of few days after your monthly menstrual cycle ends. Hormonal changes can affect the size and feel of your breast. So it is best to perform.

Table No. 11

Appropriate time for BSE by FCHV

Appropriate time for BSE	No. of respondents	Percentage
1 st Day of period	-	-
5-7 th day of period	5	3.7
1 st day of month	-	-
End of month	-	-
Don't know	125	96.3

The given table represents that 3.7 percent of FCHV says that the appropriate time for BSE is 5-7th day of period and 96.3% do not have knowledge about it.

4.1.13 Change management after BSE

Breast self-examination (BSE) can be done once a month so you become familiar with the usual appearance and feel of your breasts.

Table No. 12

Change Management after BSE by FCHV

Change Management	No. of respondents	Percentage
Wait for 6 months	5	3.7
Inform friend	-	-
Consult doctor	-	-
Do nothing unless it is painful	125	92.6
Don't know	5	3.7

The given table shows that 3.7 percent of FCHV wait for 6 months, 92.6 percent do nothing unless it painful and 3.7 percent don't know do not have knowledge on it.

4.1.14 Age group prone to breast cancer

The older a women is, the more likely she is to get breast cancer. Rates of breast cancer are low in women under 40. Fewer than 5 percent of women diagnosed with breast cancer in the U.S. are younger than 40. Rates begin to increase after age 40 and are highest in women over age 70.

Table No. 13

Age group prone to breast cancer by FCHV

Age group prone to breast	No. of respondents	Percentage
30 – 34 years	–	–
35 – 39 years	–	–
40 – 44 year	–	–
45 – 49 years	–	–
Don't know	135	100%

All of the female community health volunteers were unknown about the age groups prone to cancer.

4.1.15 Breast examination by clinical personal of FCHV

A clinical breast examination (CBE) is a physical examination of the breast done by a health professional. Findings of a clinical breast examination may include various normal and abnormal findings.

Table No. 14

Breast examination by clinical personal of FCHV

Breast Examination by clinical personal	No. of respondents	Percentage
Yes	7	5.2
No	128	94.8

The given table represents, that 5.2 percent of FCHV have done CBE & 94.8 percent haven't performed CBE.

4.2 Knowledge on methods of BSE

Appropriate knowledge on methods of BSE (Breast Self-Examination) helps in prompt detection of abnormalities.

Table No. 15

Knowledge on methods of BSE of FCHV

Level of knowledge on	No. of respondents	Percentage
Inspection only	10	7.4
Population only	3	2.2
Auscultation	–	–
Inspection & Palpation	7	5.2
Don't know	115	85.2

The given table represents that 7.4 percent has knowledge about only inspection as a method of BSE, 2.2 percent as palpation, 5.2 percent as inspection and palpation and 85.2 percent have not knowledge on it.

4.2.1 Knowledge on parts to be palpated

It is necessary to use a firm, smooth touch with the first few finger pads of hand, keeping the finger flat and together. So, prompt palpation technique should be applied for breast self-examination.

Table No. 16

Knowledge of FCHV for population during BSE

Knowledge for palpation during	No. of respondents	Percentage
Areola only	2	1.5
Entire breast	–	–
Entire breast & axilla	5	3.7
Arcola & axilla	128	94.8

The given table represents that, 1.5 percent respond to palpate areola only, 3.7 percent expressed to palpate axilla and 94.8 percent respond to palpate areola and axilla.

4.2.2 Prone part for breast cancer

The cancer develop beyond the duct or lobule, where they began, into other breast tissue or spread to other parts of the body.

Table No. 17

Knowledge on prone parts for breast cancer

Prone parts for breast cancer	No. of respondents	Percentage
Upper outer quadrant	3	2.2
Upper inner quadrant	3	2.2
Lower outer quadrant	–	–
Lower inner quadrant	–	–
Don't know	129	95.6

The given table represents that 2.2 percent of FCHV says cancer is prone to upper outer quadrant, similarly 2.2 percent of FCHV says upper inner quadrant and 95.6 percent do not have knowledge on it.

4.3 Breast self-examination practice

Breast self-examination is an important prevention method of breast cancer. Breast cancer is the leading cause of cancer related deaths among women worldwide. So, its diagnosis at early stage helps in timely prevention and prompt treatment.

Table No. 18

Breast self-examination practice by FCHV

BSE practice	No. of respondents	Percentage
Yes	6	4.4
No	129	95.6

The above given table represents that 4.4 percent of FCHV practice breast self-examination beside this 95.6 percent of FCHV do not practice breast self-examination.

4.3.1 Inspection on BSE

Breast self-examination should be performed monthly & inspect the breasts with the patient in the supine and sitting position with her hands above shoulder.

I. Inspecting Breast Standing on Mirror

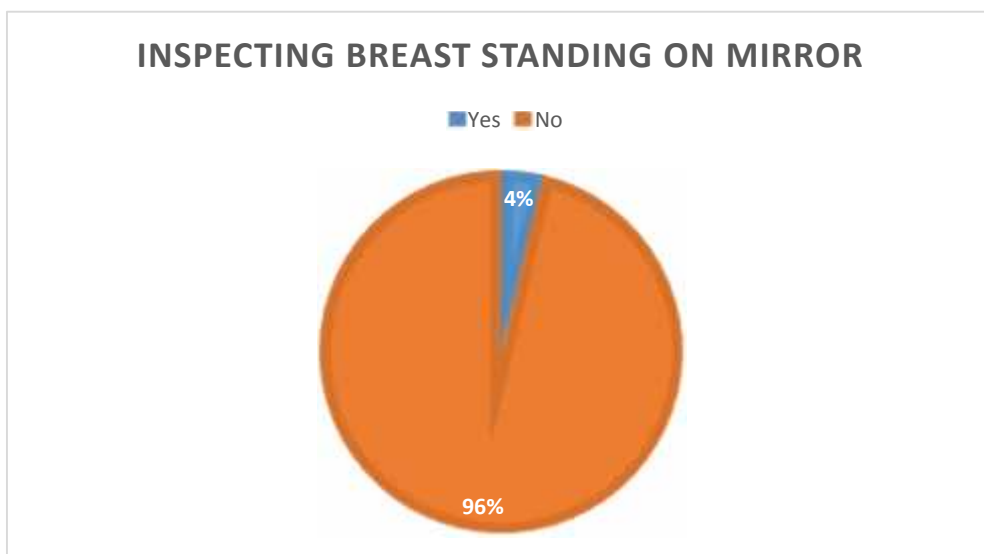


Figure No. 2 (Inspecting Breast Standing on Mirror)

The given Figure reveals that only 4% of FCHVs inspect their breast standing on mirror while on the other hand 96% of FCHVs don't practice the process.

II. Inspecting changes on breast :

Inspection is the one of the important procedure carried out during breast self-examination. Various changes can be detected if inspection is practiced in a prompt way. Following figure illustrates the finding on inspecting changes.

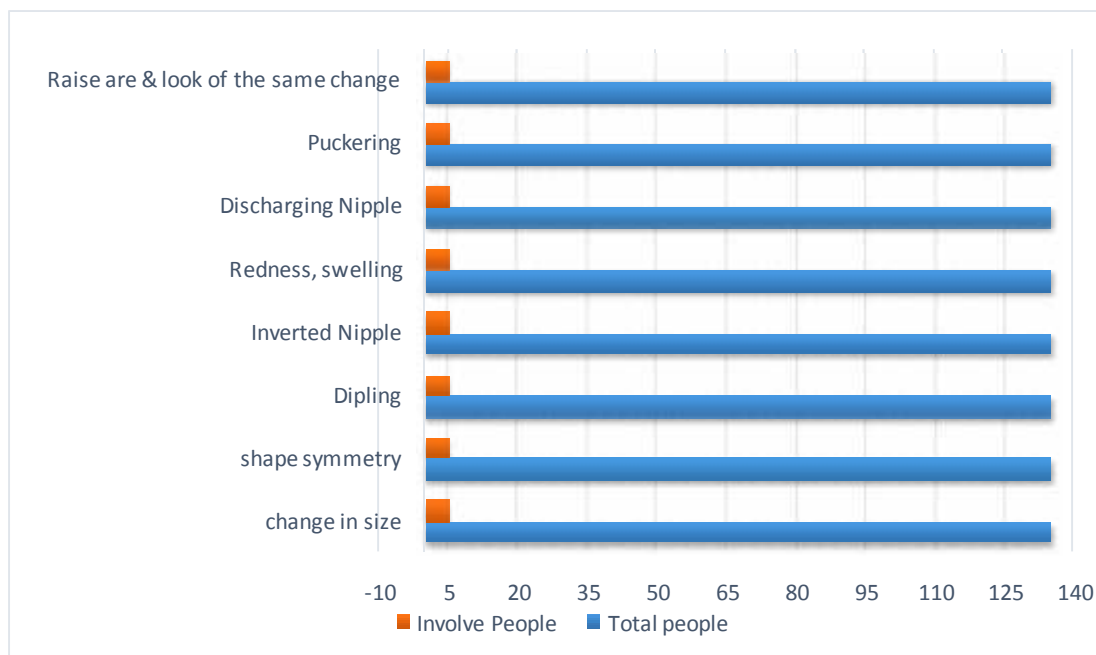


Figure No. 3 (Inspecting change on breast)

The given bar graph represent the number of respondents who carried out inspection procedure during breast self-examination as it is found that all the respondents who practice BSE i.e. 5 respondents inspect breast changes in size , shape, symmetry, dimpling , inverted nipple, redness, swelling, discharge from nipple , puckering are in 5 in number. Similarly those five respondents rage arm and look for the same changes.

4.3.2 Palpation of Breast:

Another important procedure carried out in order to detect any deviation from normal is palpation. As this procedure is done at sleeping position assisting with pillow or following other effective technique which are highlighted in following Column bar.

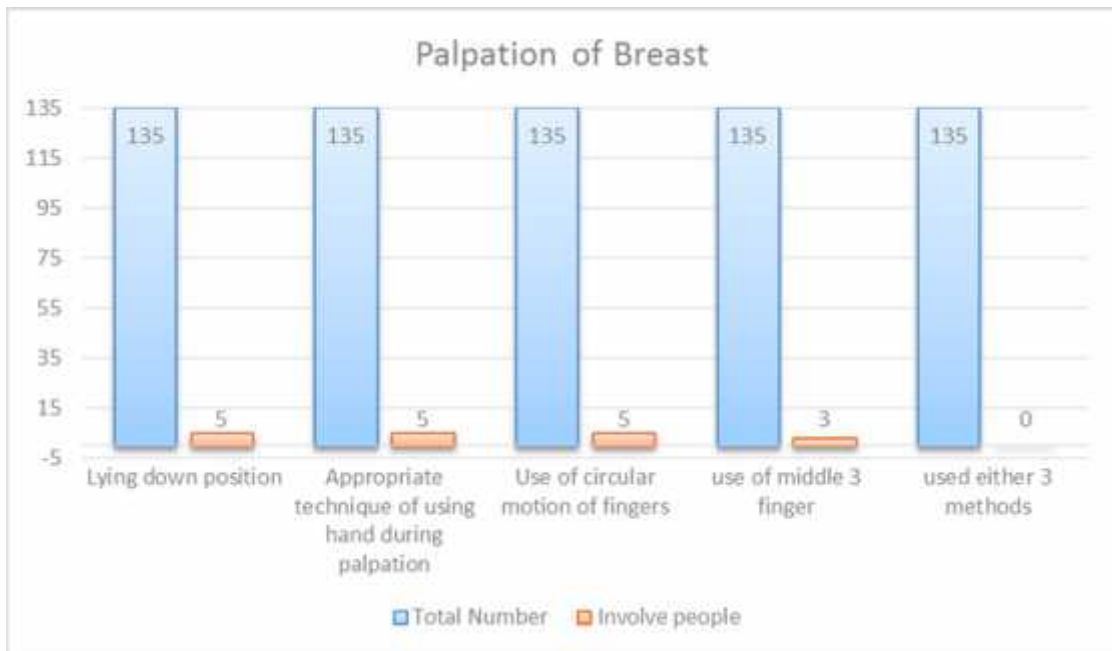


Figure No. 4

The given column bar represents respondents following various technique to palpate the breast during BSE as it is found that 5 respondents out of 135 palpate breast at lying down position using circular motion of fingers, likewise 3 respondents use 3 middle finger to palpate their breast .However, no one practice either of three methods for palpation during practice BSE (Breast Self-Examination).

4.4 Summary & Findings

After collection of necessary information the data was tabulated in a master chart and later it was analyzed and interpreted with the help of table of charts.

The main purpose of the study was to assess the knowledge and practice of the responders (FCHV) on breast self-examination.

This study was conducted at FCHV working in different wards of Dharan Sub-Metropolitan City. This study was conducted among 135 respondents. The data was collected by semi structured questionnaire using interview method while the practice of respondents was observed through non participatory approach.

The questionnaire consists of three parts including socio-demographic characteristic, questionnaire to assess knowledge and an observation checklist to observe the practice of the respondent.

Socio-demographic characteristics of the respondents.

In the socio-demographic characteristics of the total respondents age group in years were above 20 years and below 60 years.

- a. All of the respondents, 100 percent of FCHV/respondents were married & literate.
- b. All of the respondents, 100 percent of respondents monthly income was below 10,000 NRs.
- c. All of the respondents, 100% of respondents had menarche at 10–15 years of age.
- d. All of the respondents, 100% of respondents had no history of breast cancer.
- e. All of the respondents 100% of respondents has children.
- f. All the respondents 100% feed their breast for 2 years to their children.
- g. FCHV who use contraceptive device were 26.64% and 73.33% do not use family planning devices. Among FCHV who use contraceptive device 41.7% use permanent family planning measures besides this 58.3% use temporary family planning devices.

Knowledge Regarding Breast Self-Examination

- (a) Higher percentage of respondents were unknown (92.6%) about breast self-examination, 5.2% understand as a method to detect abnormalities in the breast at an early stage by woman herself & 2.2% understand as a method to cure breast cancer.

- (b) 3.7% of FCHV respond as early detection of breast cancer, 59.3% gave reason as cure of breast cancer, 3.7% said confirmatory diagnosis of breast cancer, 14.8 percent reasoned as palliative care of breast cancer and 18.5% were unknown about it.
- (c) 3.7% respondents said to check breast monthly beside this 96.3% were unknown about it.
- (d) 100% of respondents were unknown about the age of starting of BSE.
- (e) 3.7% of respondents wait for 6 months, 92.6% of respondents consult the doctor of 3.7 percent do nothing unless it is painful in case of any changes/finding after BSE.
- (f) 100% of respondents were unknown about age group prone to breast cancer.
- (g) 5.2% of respondents had CBS but 94.8% had not examine their breast by health professional.
- (h) 7.4% responds to examine their breast through inspection only 2.2% palpation only, 5.2% inspection and palpation & 85.2% were unknown about it.
- (i) About 1.5% respond to palpate areola only, 3.7% respond to palpate entire breast and axilla & 94.8% were unknown about it.
- (j) 2.2% respond upper outer quadrant, 2.2% respond upper inner quadrant & 95.6% were not known about the common site of breast cancer.

Practice Regarding Breast Self-Examination

- (a) Among (135), 5 respondents practice BSE.
- (b) As reference to Inspection, 5 respondents inspect the breast standing before the mirror with her shoulders straight & her arms on her hips.
- (c) 5 respondents look at the breast and note any differences in change in size, shape or symmetry, dimpling, inverted nipples, redness, swelling any discharge from nipples.
- (d) 5 respondents raise her arms and look for the same change.
- (e) As considering palpation 100% feel their breasts while lying down position.
- (f) 5 respondents use her right hand to feel her left breast.
- (g) 3 respondents palpate her breast using pads of three middle fingers but 2 respondents don't use three middle finger.
- (h) All 5 respondents those who practiced BSE repeat procedure using left hand to right hand.

CHAPTER V

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

On the basis of study researcher found a clear picture of the knowledge and practice of BSE among female community health volunteers.

As all of the FCHYS were literature, few FCHVS performed BSE and had not adequate knowledge of breast cancer and also about breast self-examination.

The health workers, especially FCHVS are role models for other people in society through their health protective behavior. The knowledge level and practice of FCHVS are important factors in the control of breast cancer. It is obvious that health will improve in a society in which FCHVS play an active role in health education in the society.

5.2 Recommendations

-) Training programs and in service education program for FCHVS working in different ward of Itahari Sub-Metropolitan City can be organized intermittently to ensure health practices of FCHVS working in different ward of Itahari Sub-Metropolitan City.
-) Breast cancer awareness program on screening and early detection program has to be expanded throughout the country with proper media. Nurses and paramedical staffs to be trained on different screening methods, its benefit, how to perform and to provide adequate message to the general public.
-) Sample size of this study was too small for generalization of the findings. So, similar study can be carried out by using larger samples in different settings.
-) In order to bring awareness about breast self-examination, health education programme should be organized in the community.
-) Further studies can be conducted using other methods such as comparative study, focus group discussion interventional study.
-) All channels of the national mass media could efficiently be utilized to disseminate a healthy positive attitude towards BSE by presenting specific programs associated with BSE & women's health.

As above can be further distinguish in following ways as specific recommendation to improvement for practice level, for National Policy Level and for further study.

5.2.1 Recommendation to improvement for practice level

- a) Mass media should provide information about different types of breast related problems, cancer and care according to the need of health workers/health volunteers.
- b) Local participation and FCHVs participation is important to launch different types of awareness programs on BSE, CBE, breast care and cancer.
- c) The Myths regarding BSE and breast care, cancer of FCHV and entire women's and their wrong attitudes towards it should be replaced with appropriate and adequate information.
- d) Health education programs on BSE and BC should be launched in prompt way.
- e) Some major facilities, training should be provided regularly and effectively. Thus can be made, active, knowledgeable and responsible.
- f) For the extension of existing knowledge, attitude, practice, concept, understanding of FCHV of Itahari Sub-Metropolitan city. Prompt and timely awareness programs and further search should be carried out effectively.

5.2.2 Recommendation for National Policy Level

Develop a system of policy advocacy through regular production and dissemination of evidence based, ready to use recommendation, plan, strategy, goals for policy makers and civil society stakeholders and enhance capacity of the organization through expertise development to staffs. National strategy for improving knowledge, attitude and practice status should reinforce such as;

- a) Health Education, promotion and in service training should be provided to FCHVs.
- b) Timely screening programs should be launched and make effective through prompt management.
- c) Increase awareness regarding BSE, breast care through National programs, plan, strategy and scheme at proper time schedule.

- d) Health education to mother group, grass root level public and FCHV should be given.
- e) Government should formulate the plan, policy, long-term goal and short term goal to increase KAP among FCHVs.

5.2.3 Recommendation for further study.

- a) A comparative study on BSE and BC can be carried out.
- b) An analytical study can be done on KAP of FCHV in our region.
- c) A study can be undertaken in to planning and implementing a model of an effective reproductive health education for the welfare of FCHV.
- d) Further more descriptive study, analytical and experimental studies can be carried out to uplift skill, knowledge, attitude, practice, concept, behavior of FCHVs. Thus, helps to meet the national goal "HEALTH FOR ALL".

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Research Tool

TITLE "Knowledge and Practice of Breast Self-Examination among female community health volunteer working at Itahari sub metropolitan city.

INSTRUCTION: You are requested to give honest information of the asked questions. Answers will be filled according to your response. The obtained information will be used for research purpose only and it will be kept confidential.

INTERVIEW SCHEDULE

PART I

Demographic data

Serial no

1. Age in years....
2. Marital status....
3. Educational status...
4. Religion...
5. Ethnicity...
6. Income ...per /month Total family member
7. Age of menarche...
8. Age of menopause...
9. Family history of breast cancer...
 - Yes/no
 - If yes, specify relationship.....
10. Training related to Breast Self Examination
 - Yes/No
 - If Yes, duration...

11. Do you have children?

Yes/no

If yes, at what age 1st child was born?

12. Do you have breast feed?

Yes/no

If yes

Specify duration....

13. Do you use any contraceptive devices?

Yes/no

If yes, which method and how long?

14. Have you ever heard about Breast Self Examination?

Yes/no

If yes, from where

a. Health professional

b. Book /magazines

c. Relative/ Friends

d. TV/Radio

e. Training

f. others

15. Have you ever performed Breast Self Examination?

Yes/no

If no what is the reason for it?

a. Lack of knowledge

b. Lack of confidence

c. Lack of time

d. Feeling of shyness

PART II**KNOWLEDGE REGARDING BREAST SELF EXAMINATION**

1. In your opinion, what do you mean by Breast Self Examination?
 - a. Expensive method to diagnose the breast cancer
 - b. Method to cure breast cancer
 - c. A method to detect abnormalities in the breast at an early stage by woman herself
 - d. Don't know
2. In your opinion, Why women should do Breast Self-Examination?
 - a. Early detection of breast cancer
 - b. cure of breast cancer
 - c. confirmatory diagnosis of breast cancer
 - d. palliative care of breast cancer
3. How often should female check their breasts?
 - a. Once a month
 - b. twice a month
 - c. Yearly
 - d. don't know
4. At what age should, female begin to examine her Breasts?
 - a. 20 years
 - b. 25 years
 - c. 30 years
 - d. 35 years
5. The best time for menstruating women to examine breasts.
 - a. 1st day of period
 - b. 5- 7th day of period
 - c. 1st day of month
 - d. End of month
6. Which is the best time for menopausal women for Self Breast Examination to examine breasts?
 - a. Every week at the same time
 - b. Every month at the same time
 - c. Every month at different time
 - d. Every week at different time
7. If you find any changes in your breast during Breast Self-Examination what should you do first?
 - a. Wait for 6 months
 - b. Inform friend
 - c. .consult doctor
 - d. Do nothing unless it is painful
8. In which age group does the breast cancer occur more often?
 - a. 30-34 years
 - b 35 -39years
 - c. 40 -44 years
 - d. 45 -49years
9. How often should women between 20 and 40 years of age visit a doctor for a breast examination?
 - a. Once a year
 - b. Every 2 years
 - c. Every 3 years
 - d. Every 4 years

10. How often should women over age 40 visit a doctor for a breast examination?
- a. once a year
 - b. Every 2 years
 - c. Every 3 years
 - d. Every 4 years
- 11 Do you examine your breasts more frequently?
- a. Yes
 - b. No
- If yes, how often do you check your breasts?
- a.. Every day
 - b. Every week
 - c..Every 2 weeks
 - d. Every month
12. Did you have breast examination by health professionals?
- a. Yes
 - b. No
- If yes, which are the reasons for check up?
- a. Breast mass
 - b. Discharge from nipple
 - c. Increased size of breast
 - d. abnormal arm swelling
13. During Breast Self-Examination, breast is examined by
- a. Inspection only
 - b. Palpation only
 - c. Auscultation
 - d. Inspection and palpation
14. During BSE, what are the things do you observe?
- a. Size and shape of breast
 - b. Inverted nipples
 - c.. Dimpling
 - d. Discharge from nipples
15. Inspection is best done during BSE while....
- a. Standing in front of the mirror
 - b. lying down
 - c. Taking bath
 - d. sitting on chair
16. During Breast Self-Examination, areas to be palpated are...
- a. Areola only
 - b. Entire breast
 - c. Entire breast and axilla
 - d. Areola and axilla
17. Which motion of fingers is the best for palpation during BSE?
- a. Circular motion of fingers
 - b. Vertical motion of fingers
 - c. Horizontal motion of fingers
 - d. none
18. How many ways are there to palpate a breast during BSE?
- a 1
 - b.3
 - c.5
 - d. 7
19. Which part is the most common site for breast cancer?
- a. Upper outer quadrant
 - b. Upper inner quadrant
 - c. Lower outer quadrant
 - d. Lower inner quadrant

PART III**PRACTICE REGARDING BREAST SELF EXAMINATION (CHECK LIST)**

S.N	TASKS/ACTIVITIES	YES	NO
A.	INSPECTION		
1.	Inspect the breast Standing before the mirror with her shoulders straight and her arms on her arms on her hips.		
2.	Look at the breast and note any differences in: <ul style="list-style-type: none"> I. Changes in size II. Shape, or symmetry III. Dimpling IV. Inverted nipples V. Redness, swelling VI. Any discharge from nipples VII. Puckering 		
3.	Raise her arms and look for the same changes.		
B	PALPATION		
1.	Feel her breasts while lying down position		
1	Using her right hand to feel her left breast and Put left hand behind her head.		
3.	.Palpate her breasts in a circular motion of fingers.		
4.	Palpate her breasts using pads of three middle fingers.		
5.	Palpate her breasts using one of these (circular, vertical or wedge) patterns Apply steady pressure, pushing down to the level of the chest wall. Apply enough pressure to palpate to 3 levels of depth: first superficial, then medium, and then deep/to the level of the chest wall.		
6.	Palpate her breasts and axilla while examine her breasts		
7.	Squeeze the nipples gently to watch for any discharge		
8.	Repeat the procedure by using left hand to right breast		

Research Tool

नेपाली प्रश्नावली
अन्तरवार्ता प्रश्नावली

भाग १

(सामाजिक तथा व्यक्तिगत विवरण)

- | | |
|--|----------------------|
| १. उमेर (वर्ष) | क्र.सं. |
| २. वैवाहिक अवस्था | |
| ३. शैक्षिक अवस्था | |
| ४. धर्म | |
| ५. जात | |
| ६. मासिक आमदानी | |
| ७. पहिलो महिनावारी भएको उमेर | |
| ८. महिनावारी सुकेको उमेर | |
| ९. तपाईंको परिवारमा कसैलाई स्तन क्यान्सर भएको छ ? | छ / छैन |
| छ भने कसलाई भएको हो ? नाता भन्नुहोस् | |
| १०. स्वयम् / स्वयम् स्तनजाँच सम्बन्धी तालिम लिनुभएको छ ? | छ / छैन |
| छ भने कति दिनको | |
| ११. तपाईंसँग छोराछोरी छन् ? | छ / छैन |
| छ भने कति बच्चालाई दुध खुवाउनु भयो ? | |
| १२. कति समयसँग खुवाउनु भयो अवधि भन्नुहोस् | |
| खुवाए / खुवाइन | |
| कति समयसम्म खुवाउनु भयो अवधि भन्नुहोस् | |
| १३. तपाइले परिवार नियोजनको साधन अपनाउनु भएको छ ? | छ / छैन |
| छ भने कुन साधन र कति अवधिसम्म | |
| १४. तपाईंले स्वयम् स्तन जाँच सम्बन्धी सुन्नुभएको छ ? | छ / छैन |
| छ भने कहाँबाट सुन्नुभयो ? | |
| क. स्वास्थ्य कार्यकर्ता | ख. किताब/पत्रपत्रिका |
| ग. आफन्त/साथी | घ. टि.भी./रेडियो |
| ड. तालिम | च. अन्य |

१५. तपाईले स्वयम् स्तन जाँच गर्नुभएको छ ? छ / छैन

छैन भने किन ? नगर्नुको कारण

क. ज्ञान नभएर

ख. गर्न नआएर

ग. समय नभएर

घ. लाज लागेर

ड. अन्य

भाग-२

स्तन जाँच बारे ज्ञान

१. तपाईंको विचारमा महिला स्वयम्ले गर्ने स्तन जाँच भन्नाले के बुझ्नुहुन्छ ?

क. स्तन क्यान्सर पत्ता लगाउने एक महँगो जाँच

ख. स्तन क्यान्सर निको पार्ने एक तरिका

ग. स्तन सम्बन्धी समस्याहरूलाई महिला आफैँले आफ्नो जाँच गरी समय अगावै पत्ता लगाउन सक्ने एक तरिका

२. तपाईंको विचारमा महिलाले किन स्तन जाँच गर्नुपर्छ ?

क. रोग चाडै पत्ता लगाउन

ख. स्तन क्यान्सरबाट बच्नलाई

ग. स्तन क्यान्सर भएको पक्का गर्न

घ. स्तन क्यान्सरको उपचार गर्न

ड. अन्य

३. महिलाले कति पल्ट स्तन जाँच गर्नुपर्छ ?

क. महिनामा एक पल्ट

ख. महिनामा दुई पल्ट

ग. वर्षपिच्छे

घ. थाहा छैन

४. महिलाले कति वर्षमा जाँच सुरु गर्नुपर्छ ?

क. २० वर्ष

ख. २५ वर्ष

ग. ३० वर्ष

घ. ३५ वर्ष

ड. थाहा छैन

५. महिनावारी भइरहेका महिलाले स्तन जाँच गर्नुपर्ने उचित समय कुन हो ?

क. महिनावारी भएकै दिनमा

ख. महिनावारी भएको ५-७ दिनमा

ग. महिनाको पहिलो दिनमा

घ. महिलाको अन्तिम दिनमा

ड. थाहा छैन

६. महिनावारी बन्द भएको महिलाले स्तन जाँच गर्नुपर्ने उचित समय कुन हो ?

क. प्रत्येक हप्ताको एकै समयमा

ख. प्रत्येक महिनाको एकै समयमा

ग. प्रत्येक महिनाको फरक समयमा

घ. प्रत्येक हप्ताको फरक समयमा

ड. थाहा छैन

७. यदि तपाईले आफ्नो स्वयम् स्तन जाँच गर्दा कुनै परिवर्तन पाउनुभएमा, पहिला के गर्नुहुन्छ ?

- क. ६ महिनाको लागि पर्खिनुपर्छ ख. साथीलाई भन्नुपर्छ
ग. डाक्टरसँग जाँच गराउनुपर्छ घ. नदुखेसम्म केहि पनि गर्नुपर्दैन

८. कुन उमेर समुहमा स्तन क्यान्सर बढी देखापर्छ ?

- क. ३०-३४ वर्षमा ख. ३५-३९ वर्षमा
ग. ४०-४४ वर्षमा घ. ४५-४९ वर्षमा
ड. थाहा छैन

९. २०-४० वर्षका महिलाहरूले कति पटक स्तन जाँच गराउन डाक्टरकहाँ जानुपर्छ ?

- क. वर्षमा एक पटक ख. हरेक दुई वर्षमा
ग. हरेक तिन वर्षमा घ. हरेक चार वर्षमा
ड. अन्य

१०. ४० वर्ष पुगिसकेका महिलाहरूले कति पटक स्तन जाँच गराउन डाक्टरकहाँ जानुपर्छ ?

- क. ३०-३४ वर्षमा ख. हरेक वर्षमा
ग. हरेक तिन वर्षमा घ. हरेक चार वर्षमा
ड. अन्य

११. तपाई आफ्नो स्तन जाँच बारम्बार गर्नुहुन्छ ?

गर्छु/गर्दिन

यदि गर्नुहुन्छ भने कति पटक स्तन जाँच गराउनुहुन्छ ?

- क. प्रत्येक दिन ख. हप्तामा दुई पटक
ग. प्रत्येक हप्ता घ. प्रत्येक महिना
ड. अन्य

१२. तपाईले स्वास्थ्य कर्मिसँग स्तन जाँच गराउनु भएको छ ?

छ/छैन

छ भने जाँच गराउनुको कारण के हो ?

- क. स्तनमा गाँठागुँडी आएर आ. स्तनको मुटोवाट पानी आएर
ग. स्तनको आकार बढेर घ. काखी सुन्निएर

१३. स्वयम् स्तन जाँच कुन तरिकाले गरिन्छ ?

- क. स्तनलाई हेरेर मात्र ख. स्तनलाई छामेर मात्र
ग. स्टेथेस्कोप लगाएर सुनेर घ. हेरेर र छामेर
ड. अन्य

१४. स्वयम् स्तन जाँच गर्दा के के कुरा हेर्नुपर्छ ?

- क. स्तनको आकार ख. मुटोभिन्न छिरेको
ग. स्तनमा खाल्डो परेको घ. मुटोवाट भोल पदार्थ बगेको
ड. माथिका सबै

१५. स्तनलाई हेरेर गरिने जाँच सबैभन्दा प्रभावकारी कहिले हुन्छ ?

- | | |
|--------------------------|------------------------|
| क. ऐना अगाडि उभिएर गर्दा | ख. सुतेर गर्दा |
| ग. नुहाएको बेला गर्दा | घ. कुर्सीमा बसेर गर्दा |
| ड. थाहा छैन | |

१६. आफ्नो स्तन जाँच गर्दा कुन-कुन भाग छामेर हेर्नुपर्छ ?

- | | |
|---------------------|---------------------------|
| क. स्तनको कालो भाग | ख. स्तनपुरै |
| ग. पुरै स्तन र काखी | घ. स्तनको कालो भाग र काखी |
| ड. थाहा छैन | |

१७. स्तन जाँच गर्दा औँलाहरुको कुन चाल सबैभन्दा उपयुक्त हुन्छ ?

- | | |
|------------|------------------|
| क. गोलाकार | ख. तल माथि |
| ग. तेर्सो | घ. कुनै पनि होइन |

१८. स्तनलाई छामेर जाँच कति तरिकाहरु छन् ?

- | | |
|-------------|--------|
| क. एक | ख. तीन |
| ग. पाँच | घ. सात |
| ड. थाहा छैन | |

१९. स्तन क्यान्सर सबैभन्दा बढी स्तनको कुन भागमा हुन्छ ?

- | | |
|------------------------|------------------------|
| क. माथिल्लो बाहिरी भाग | ख. माथिल्लो भित्री भाग |
| ग. तल्लो बाहिरी भाग | घ. तल्लो भित्री भाग |
| ड. अन्य | |