A study on assess the knowledge towards warning signs of breast cancer and prevention among the 4th year b.sc nursing student from SBCN

[1]P. Priyadarshini*, [2]Sathiyalatha Sarathi, [3]V. Hemavathy

[1]Research Scholar, Sree Balaji College of Nursing, Bharath Institute of Higher Education and Research, Chrompet, Chennai, Tamil Nadu, India

[2]Supervisor, Sree Balaji College of Nursing, Bharath Institute of Higher Education and Research, Chrompet, Chennai, Tamil Nadu, India

[3]Principal, Sree Balaji College of Nursing, Bharath Institute of Higher Education and Research, Chrompet, Chennai, Tamil Nadu, India

*Corresponding author:
priyadarshini.msc@gmail.com

Abstract

The most life-threatening illness that is the primary cause of female morality is Breast cancer. Breast cancer research has led to extraordinary breakthroughs in our understanding of the illness over the last two decades, leading in more effective medicines. Now days, In most Of all malignant diseases, one of the most deadly occurring cancer are those cancers occurring in the breast, accounting for 23 percent of all cancer fatalities. It is now a global issue, yet it is still detected in its advanced stages due to women's neglect in self-inspection. The greater parts of people learn from their disease is thorough practice of screening procedures. Others may come with a breast lump that was discovered by accident, a change in breast shape or size, or nipple discharge, although mastalgia is not unusual. To diagnose breast cancer, a physical examination, imaging, particularly mammography, and tissue biopsy are required. Early detection increases the chances of survival.

Keywords

Imprint

INTRODUCTION

The leading cause of female morality and is a life-threatening disease is Breast cancer [1] It is the world's second biggest cause of cancer death among women. The breast glands that produce milk are positioned in front of the chest wall. Ligaments that connect the breast to the chest wall and reside on the pectoralis major muscle support them. The breast is made up of fifteen to twenty lobes arranged in a circular pattern; the size and form of the breast is determined by the quantity of fat covering the lobes. Each lobe is made up of lobules, which contain the milk-producing glands that respond to hormone stimulation. Breast cancer grows unnoticed at all times. Routine screenings are how the majority of people learn about their condition. Others may manifest themselves as an unnoticed breast lump, a change in breast form or size, or nipple discharge. The tumour [1] is prone to lymphatic and haematological dissemination, which might lead to distant metastases and a poor prognosis. This article explains and emphasises the need of breast cancer screening programmes. [1] A breast lump is the most common heat symptom in women with breast cancer, and it has a high predictive value for malignancy. In women who are subsequently diagnosed [1] with breast cancer, non-lump breast symptoms may be ascribed to various non-malignant reasons such as hormonal changes, trauma, or breast feeding.

NEED FOR THE STUDY:

- [7] The International Agency for Cancer Research estimates this on a global scale. Breast cancer is one of every four cancers diagnosed in women throughout the world. Breast cancer is responsible for 209 million cases and 627000 deaths worldwide, according to the World Health Organization.

- [7] The most common kind of cancer among women is breast cancer. Breast cancer is the most common cancer in Indian women, accounting for 14% of all malignancies. [5] In 2020, 1.38 million new instances of breast cancer will be diagnosed, with

458000 deaths due to breast cancer per year. An Indian woman is diagnosed with breast cancer every four minutes. Breast cancer claims the life of one woman.

- In India, a cancer case is diagnosed every 13 minutes, with breast cancer cases in Tamil Nadu increasing by 4% per year. As per the data taken from the national cancer registry programme TamilNadu is estimated to have the fifty highest number of breast cancer case in the country. It is the only state in south India to feature in the top five lists. As per the registry TamilNadu and around 10,269 breast cancer cases in 2020 in 2018 the state had 9,486 cases which went up to 9,870 in 2019.

In Chennai alone the [20] occurrence of breast cancer in every 1 lakh women in increasing by 2% breast cancer has been increasing every year.

STATEMENT OF THE PROBLEM:

"A STUDY ON ASSESS THE KNOWLEDGE AND ATTITUDE TOWARDS WARNING SIGNS OF BREAST CANCER AND PREVENTION AMONG THE 4TH YEAR B.SC NURSING STUDENT FROM SBCN".

OBJECTIVES OF THE STUDY:

The findings have been organized and discussed according to the objectives.

- To assess the knowledge level regarding Warning signs of breast cancer and prevention among the nursing students in selected Nursing College at Chennai.
- To find the association of demographic variables with level of knowledge regarding infection control protocol breast cancer among nursing students in selected College at Chennai.

OPERATIONAL DEFINITIONS:

ASSESSMENT:

The collecting of data to characterize or better understand a research is referred to as assessment.

KNOWLEDGE:

[14] Breast cancer is the most frequent malignancy among women, according to statistics. The participants [17] felt that early detection of breast cancer enhanced treatment results by 82.1 percent.

WARNING:

A warning is something that informs you that there is a potential risk or problem, especially one that will occur in the future.

[10] BREAST CANCER:

Breast cancer is a malignant tumor of the breast that develops from the epithelial lining of the lobule, ducts, or nipple.

WARNING SIGNS OF CANCER IN THE BREAST (7-SIGNS):

1. Pain in the breasts or in the chest
2. Itching in the breasts area
3. Shoulder and neck pain in the upper hack
4. Changes in the shape of the breasts
5. Dimensions and appearance
6. A change in the look or sensitivity of the nipple
7. Armpit swelling or lumps, as well as red, swollen breasts

[13] PREVENTION:

Prevention is the process of preventing, removing, or reducing the effects of illness and disability.

REVIEW OF LLITERATURE

Ranjankumar Prusty., et., al., (2020) Breast cancer is the most common cancer among Indian women, accounting for 27% of all malignancies. Factors that concern policymakers and the public health system include an increase in the prevalence of breast cancer in India, as well as high death rates among breast cancer patients. As a result, the current study sought to learn more about breast cancer symptoms and risk factors among women in a Mumbai neighborhood with a poor socioeconomic status.

Rejip John., et.,al., (2020) Understanding awareness is a higher degree of awareness than knowledge, which is more comprehensive and particular. Our findings are consistent with the conclusion that living in poverty and in disadvantaged areas may be the major cause of lack of awareness of any breast symptom or risk factor.

Pravina Shyamkant Mahadalkar., et.,al.,(2018) Breast cancer is a serious health problem for women in both developed and developing nations. It is the worlds and Bangladesh's second biggest cause of mortality for women. To focus on this rapidly developing health problem, we must first understand the whole

condition in terms of incidence, prevalence, risk groups, diagnosis, treatment, survival, and death rates in order to develop a comprehensive policy to address the breast cancer situation in Pune.

A.Gupta et.al., (2017) Breast cancer was the subject of a literature study to determine the level of knowledge of breast cancer risk factors among Indian women and health professionals. The structural searches were limited to studies that had already been published. A total of 7066 women aged 15 to 70 years old exhibited varying levels of risk factor knowledge.

[2] METHODOLOGY

Methodology is an important part of any research study because it allows the project to serve as a blueprint for future research.

RESEARCH DESIGN:

Descriptive Study.

[2] AREA SELECTION:

The area which was selected for the research study is Sree Balaji College of Nursing – for the BSc (N) Students.

[3] SELECTION OF SAMPLES:

30 samples from Nursing Students were selected from the Sree Balaji College of Nursing For the study.

SAMPLING TECHNIQUE:

Convenient sampling technique.

[2] STUCTURE OF QUESTIONNARIE:

Keeping in mind the study's main goal, an interview schedule was created to elicit nursing students' awareness of infection control methods for breast cancer.

SCORING:

Make given to right answer =1
Make given to wrong answer =0

ASSESSMENT OF KNOWLEDGE

LEVEL OF KNOWLEDGE	PERCENTAGE
Adequate	75% and above
Moderately adequate	51-74%
Inadequate	50% and below

[3] METHODS OF DATA COLLECTION:

The samples were given an explanation of the data collecting technique by the investigator. Their content was retrieved, and the investigator conducted individual interviews with the samples.

DATA ANALYSIS PLAN:

The plan for data analysis is as follows:
- Number and percentage to examine the distribution of demographic variables.
- Number and percentage to assess the distribution of degree of knowledge related breast cancer warning signs and prevention among 4thyr b.sc nursing students.

[4] ANALYSIS AND INERPRETATION OF DATA

The data acquired from a selected set of sample is analysed and interpreted in this chapter. [4] The information gathered is collated, evaluated, and presented in accordance with the objectives.

Tabulation of the process of summarizing a raw data and displaying it is the complete form for furthers analysis.

The data which is collected from the samples and analysis as,

[3] Demographic data distribution by number and percentage

The number and percentage distribution of knowledge levels

[4] DEMOGRAPHIC DATA FREQUENCY AND PERCENTAGE DISTRIBUTION

S.NO	DEMOGRAPHIC VARIABLES	NUM-BERS	PER-CENTAGE
1.	**[15] AGE IN YEARS** a) 17 to 18 b) 18 to 19 c) 19 to 20 d) Above 20	 0 12 17 31	- 20% 28% 52%
2.	**[4] SEX** a) man b) woman	 - 30	- - 100%
3.	**RELIGION** a) Hindus b) Christians c) Muslims	 35 24 1	 58% 40% 2%
4.	**CLASS** a) [9] B.Sc (N) I year b) B.Sc (N) II year c) B.Sc (N) III year d) B.Sc (N) IV year	 - 12 10 38	 - 20% 17% 63%
5.	**[4] TYPE OF FAMILY** a) Single family b) Combined family	 46 14	 77% 23%

S.NO	DEMOGRAPHIC VARIABLES	NUM-BERS	PER-CENTAGE
6.	**FAMILY INCOME**		
	a) Below [4] 10000 Rupees	3	5%
	b) 10000 to 20000 Rupees	20	33%
	c) 20000 to 30000 Rupees	19	32%
	d) Above 30000 Rupees	18	30%
7.	**EDUCATION [4] POSITION OF PARENTS**		
	a) Degree	17	28%
	b) Montessori	6	10%
	c) secondary	11	18%
	d) senior secondary	26	4%
8.	**OCCUPATIONOF PARENTS**		
	a) Farmer	10	17%
	b) Employees	13	22%
	c) Daily wages	15	25%
	d) others	22	36%
9.	**[18] LIVING PLACE**		
	a) City	35	58%
	b) municipality	13	22%
	c) Village	12	20%

Based on occupation of parents (17%) are farmers, (22%) are employees, (25%) are daily wages, (36%) are other.

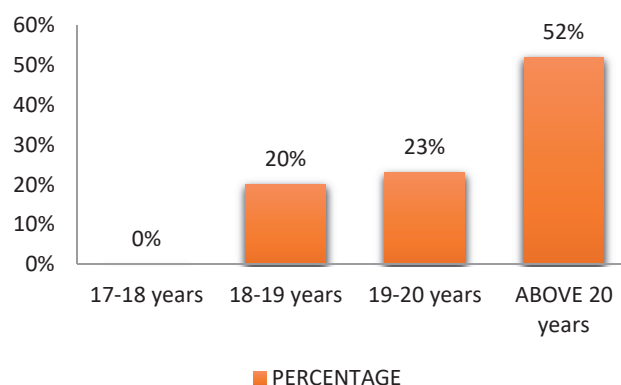Based on living place (58%) are Urban, (22%) are semi-urban, (20%) are rural.

FIGURE 1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF AGE

DESCRIPTION OF DEMOGRAPHIC WARNING SIGN OF BREAST CANCER AND PREVENTION AMONG THE NURSING STUDENT

Regarding to description of demographic variables (0%) of sample were of 17-18 years age group, (20%) of sample were of 18-19 years age group, (28%) of sample were of 19-20 years age group and (52%) of sample were of above 20 years age.

Regarding to the sex (0%) of sample were of male and (100%) of sample were of female.

Regarding to the religion (58%) of sample believes in Hindu religion, (40%) of sample believes in Christian religion, (2%) of sample believes in Muslim.

Regarding to the class (0%) of sample are BSc (N) I year, (20%) sample are BSc (N) II year, (17%) sample are BSc (N) III year, (63%) sample are BSc (N) IV year.

Comparing the knowledge among infection control protocol is, 0% is adequate, 33% is moderate adequate and 67% are inadequate about covid-19.

Based type of family (77%), student belong to Nuclear family (23%) student belong to joint family.

Based on income (51%) student father belong to below Rs. 10,000/- as monthly income, (33%) student father belong to Rs. 10,000-20, 000/- as monthly income, (32%) student father belong to Rs. 20,000-30, 000/- as monthly income, (30%) student father belong to above 30,000 as monthly income.

Based on education status of parents (28%) are literature, (10%) are primary school, (18%) are High school, (4%) are Higher secondary school.

Based on the age 0(0%) students belong to 17-18 year of age, 12(20%) student belong to 18-19 years of age, 17(28%) student belong to 19-20 years of age, 31(52%) of student belong to above 20 years of age.
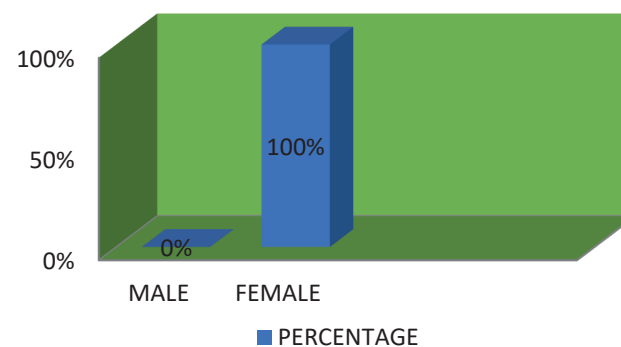

FIGURE 2: FREQUENCY AND PERCENTAGE OF SEX

Based on sex 0 (0%) students belong to male and 30(100%) student belong to female.
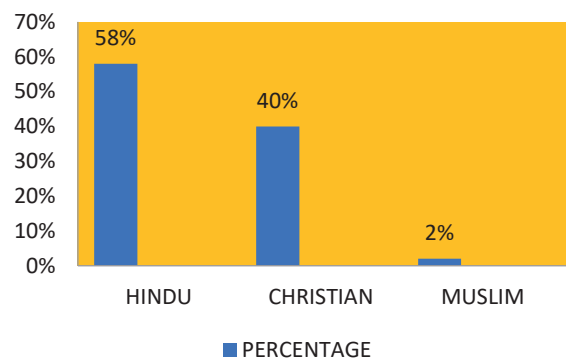

FIGURE 3: FREQUANCY AND PERCENTAGE DISTRIBUTION OF RELIGION

Based on Religion 35(58%) student belong to Hindu, 24(40%) student belong Christian, 1(2%) student belong to Muslim.
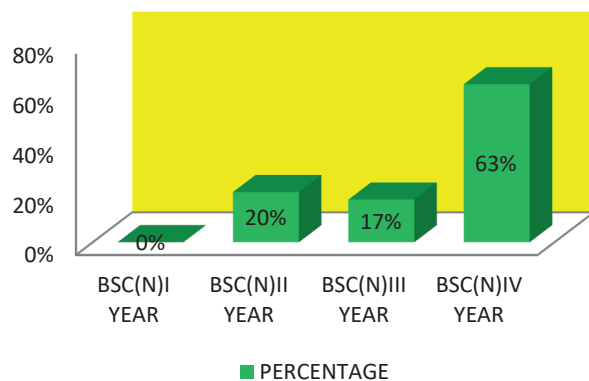

FIGURE 4: FREQUENCY AND PERCENTAGE DISTIBUTION OF CLASS

Based on the class 0(0%) student belong to BSc(N) 1st years, 12(20%) student belong to BSc(N) 2nd years, 10(17%) student belong to BSc (N) 3rd years, 38(63%) student belong to BSc (N) 4th years.

PERCENTAGE DISTRIBUTION OF KNOWLEDGE OF STUDENTS WARNING SIGNS OF BREAST CANCERAND PREVENTION AMONG THE STUDENT.

LEVEL OF KNOWLEDGE	NO.	PERCENTAGE
ADEQUATE KNOWLEDGE	0	0%
MODERATE KNOWLEDGE	20	33%
INADEQUATE KNOWLEDGE	40	67%

Among the sample, 0(0 percent) [2] of them had good knowledge of breast cancer warning signals and prevention, [6] 20 (33%) of them had a fair understanding of breast cancer warning signals and prevention. 40 (67 percent [6]) of them had insufficient understanding of [1] breast cancer warning signals and prevention.
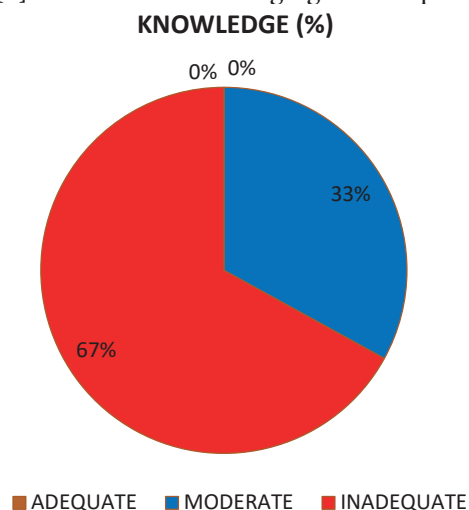
KNOWLEDGE (%)

Among the participants, 0(0 percent) [2] had appropriate knowledge about breast cancer warning signals and prevention. [6] 20 (33%) of them had a fair understanding of breast cancer warning signals and prevention. 40. (67 percent) [6] of them have insufficient understanding about [16] breast cancer warning signals and prevention.

SUMMARY:

The study's goal was to assess nursing students' [21] understanding of breast cancer warning signs and prevention at a particular nursing college in Chennai. 30 samples were gathered using a convenient sampling method. Questionnaire was prepared and administered to every individual after obtaining their consent. Establishing good rapport with people the investigator performed the interview schedule successfully.

With the cooperation from the samples the investigator was able to collect the data. The data collected was analyzed and the findings were interpreted..

CONCLUSION:

Among the participants, 0(0 percent) [2] had appropriate knowledge about breast cancer warning signals and prevention. [6] 20 (33%) of them had a fair understanding of breast cancer warning signals and preventative methods. 40 (67 percent) [6] of them had insufficient understanding of [1] breast cancer warning signals and prevention. Breast cancer prevention requires both early detection and risk reduction. Screening can discover noninvasive malignancies early and treat them before they become invasive, as well as early detection and treatment of invasive tumors. As a result, increased focus on breast cancer warning signs and prevention techniques is required. Early detection and risk reduction are two critical parts of breast cancer prevention. Screening can detect noninvasive cancers early and treat them before they become invasive, or it can detect invasive tumors at an early stage and treat them. However, screening does not prevent cancer in and of itself. As a result, having a thorough understanding of illness early warning indicators and screening methodologies is essential for creating and implementing early detection programmes in a community.

References

1. Turner NC, Ro J, André F, et al; PALOMA3 Study Group. Palbociclib in hormone-receptor-positive advanced breast cancer.;373:209-219.

2.   Bulmer SM, Howell J, Ackerman L, Fedric R. Women's Perceived Benefits During and After Breast Cancer Treatment. Women & Health. 2012; 52: 771-787.

3.   Vetto J, Pommier R, Schmidt W et al. Use of the "triple test" for palpable breast lesions yields high diagnostic accuracy and cost savings. Am J Surg 1995; 169:519–522.

4.   Claus EB, Risch N, Thompson WD. Autosomal dominant inheritance of early-onset breast cancer. Implications for risk prediction. Cancer 1994;73:643–651

5.   Miki Y, Swensen J, Shattuck-Eidens D et al. A strong candidate for the breast and ovarian cancer susceptibility gene BRCA1. Science 1994;266:66–71.

6.   Couch FJ, DeShano ML, Blackwood MA et al. BRCA1 mutations in women attending clinics that evaluate the risk of breast cancer. N Engl J Med 1997; 336:1409–1415.

7.   Howe GR, McLaughlin J. Breast cancer mortality between 1950 and 1987 after exposure to fractionated moderate-dose-rate ionizing radiation in the Canadian fluoroscopy cohort study and a comparison with breast cancer in the atomic bomb survivors study. Radiat Res 1996; 145:694–707.

8.   Little MP, BoiceJr JD. Comparison of breast cancer incidence in the Massachusetts tuberculosis fluoroscopy cohort and in the Japanese atomic bomb survivors. Radiat Res 1999;151:218–224.

9.   Bartelink H, Collette L, FounquetA et al. Impact of a boost dose of 16 Gy on local control and cosmesis in patients with early breast cancer. The EORTC Boost vs. Not Boost Trial. Int J RadiatOncolBiolPhys 2000; 48(suppl):111

10. Haffty BG, Fischer D, Rose M et al. Prognostic factors for local recurrence in the conservatively treated breast cancer patient: a cautious interpretation of the data. J ClinOncol 1991;9:997–1003.

11. Clarke D, Le M, Sarrazin D et al. Analysis of local-regional relapses in patients with early breast cancers treated by excision and radiotherapy: experience of the InstitutGustave-Roussy. Int J RadiatOncolBiolPhys 1985;11:137–145

12. Fourquet A, Campana F, Zafrani B et al. Prognostic factors of breast recurrence in the conservative management of early breast cancer: a 25-year follow-up. Int J RadiatOncolBiolPhys 1989;17:719–725.

13. Haffty B, Fischer D, Rose M et al. Prognostic factors for local recurrence in the conservatively treated breast cancer patient: a cautious interpretation of the data. J ClinOncol 1991;9:997–1003.

14. Matthews R, McNeese M, Montague E et al. Prognostic implications of age in breast cancer patients treated with tumorectomy and irradiation or with mastectomy. Int J RadiatOncolBiolPhys 1988;14:659–663.

15. Veronesi U, Salvadori B, LuiniA et al. Conservative treatment of early breast cancer. Long-term results of 1232 cases treated with quadrantectomy, axillary dissection, and radiotherapy. Ann Surg 1990;211:250–259.

16. Shapiro CL, Recht A. Side effects of adjuvant treatment of breast cancer. NEngl J Med 2001;344:1997–2008.

17. Hortobagyi G, Buzdar A, Marcus C et al. Immediate and long-term toxicity of adjuvant chemotherapy regimens containing doxorubicin in trials at M.D. Anderson Hospital and Tumor Institute. NCI Monogr 1986;1:105–109.

18. Poikonen P, Saarto T, Elomaa I et al. Prognostic effect of amenorrhoea and elevated serum gonadotropin levels induced by adjuvant chemotherapy in premenopausal node-positive breast cancer patients. Eur J Cancer 2000;36:43–48.

19. Stomper PC, Recht A, Berenberg AL et al. Mammographic detection of recurrent cancer in the irradiated breast. Am J Roentgenol 1987;148:39–43

20. Hassell PR, Olivotto IA, Mueller HA et al. Early breast cancer: detection of recurrence after conservative surgery and radiation therapy. Radiology 1990:176:731–73

21. Kroll SS, Ames F, Singletary SE et al. The oncologic risks of skin preservation of mastectomy when combined with immediate reconstruction of the breast. SurgGynecolObstet 1991;172:17–20.

JOURNALS REFERENCE:

1.   Journal of education breast cancer: education responses to a pandemic

2.   A collection journal social analysis and they breast cancer crisis

3.   Journal of environmental health

4.   The American College of Obstetricians and Gynaecologists (ACOG)

5.   ASCO.org - Conquer Cancer ASCO Journals

NET REFERENCE:

1.   https://www.breastcancer.org/symptoms/testing/types

2.   https://www.komen.org/breast-cancer/screening/ & http://www.who.int/cancer.

3.   https://www.radiologyinfo.org/en/info/screening-breast

4.   https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection.html