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Research

Knowledge and Attitude Regarding Breast Cancer Among Female Attendants of Patients with Cancer in a Cancer Hospital, Guwahati, Assam

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Abstract

Breast cancer is a major health concern for women globally, with high rates of late-stage diagnoses contributing to increased mortality. A descriptive research design was employed, involving 74 female attendants selected through purposive sampling technique. Data collection tool included sociodemographic proforma, self-structured questionnaire for knowledge, and 5-Point Modified Likert scale for attitude. Majority of the participants were: aged 20-30 years (36.5%), with educational qualification up to higher secondary and graduate and above (29.7%), homemaker (52.7%), married (66.2%), had Rs≤10,000/- family income per month (35.1%), from rural area (59.5%), and did not have family history of breast cancer (74.3 %). Most had heard about breast cancer (74.3%), mainly from social media (29.1%). Knowledge assessment revealed that 50%, 35.1% and 14.9% had moderate, inadequate and adequate knowledge respectively with a mean score of 7.14(SD=3.25). Regarding attitude, 56.8% had neutral, while 43.2% had favourable attitude. Significant associations were noted between occupational status and knowledge, as well as between occupational status, family income, and those who heard about breast cancer with attitude. There is a need for educational campaigns to enhance women's knowledge and attitude towards breast cancer.

Keywords: Knowledge, Attitude, Breast cancer, Female attendants.

BACKGROUND OF THE STUDY:

According to a report released by ICMR-NCDIR North Eastern States of India have a high burden of Cancer. Among females, breast was the most common site of cancer, while cervix uteri come second. Less than one-third of breast, cervix, head and neck, stomach, and lung cancers were localized when diagnosed, while the remaining were spread either nearby or far throughout the body.[1] Study on delays in diagnosis and treatment of breast cancer

and the pathways of Care: A Mixed Methods Study from a Tertiary Cancer Centre in North East India by Kumar A et al. (2019) shows that India has a high mortality rate from breast cancer (BC) due to the fact that over half of cases are detected too late, at an advanced stage. It was concluded that more awareness is needed regarding warning symptoms of breast cancer and misconceptions of the disease.[2] Therefore, early diagnosis of breast cancer is strongly determined by what people know, think and believe about it.

STATEMENT OF THE PROBLEM:

"A descriptive study to assess the knowledge and attitude regarding breast cancer among female attendants of patients with cancer in a cancer hospital, Guwahati, Assam."

AIM OF THE STUDY

To assess the knowledge and attitude regarding breast cancer among female attendants of patients with cancer in Dr. B. Borooah Cancer Institute, Guwahati, Assam.

OBJECTIVES OF THE STUDY

Primary Objectives:

1. To assess the level of knowledge regarding breast cancer among female attendants of patients with cancer.
2. To assess the attitude towards breast cancer among female attendants of patients with cancer.

Secondary Objectives:

1. To find out the association between knowledge regarding breast cancer among female attendants of patients with cancer with selected demographic variables.
2. To find out the association between attitude towards breast cancer among female attendants of patients with cancer with selected demographic variables.

HYPOTHESES

H1-There is significant association between knowledge of breast cancer and selected demographic variables among the female attendants of patients with cancer.

H2- There is significant association between attitude towards breast cancer and selected demographic variables among the female attendants of patients with cancer.

METHODOLOGY

A quantitative research approach and descriptive research design were adopted for the study. The study was conducted at Dr. B. Borooah Cancer Institute, Guwahati, Assam. Target population included all female attendants aged between 20-60 years, accompanying patients with cancer admitted in a cancer hospital, Guwahati, Assam. 74 female attendants were selected using purposive sampling technique based on sampling criteria.

Inclusion Criteria:

1. Female attendants between age group 20-60 years accompanying patients with cancer.
2. Female attendants of patients with cancer who were available during the period of data collection.
3. Female attendants of patients with cancer willing to participate in the study.
4. Female attendants of patients with cancer who can understand English or Assamese language.

Exclusion criteria:

1. Female attendants who were with critically ill patients.
2. Health personnel

DESCRIPTION OF THE TOOL: The tool consists of the following sections:

Section A: Sociodemographic Proforma, including age, educational qualification, occupational status, marital status, family income per month, place of residence, family history of breast cancer and previous knowledge regarding breast cancer.

Section B: Self-structured Questionnaire for knowledge regarding breast cancer among female attendants, which comprised of 16 questions in multiple choice format.

Section C: 5-Point Modified Likert Scale for attitude towards breast cancer comprised of 16 items. It consisted of 8 positive and 8 negative statements.

RESULTS

The collected data were tabulated, analysed and interpreted by using descriptive and inferential statistics. The data are organized and presented under the following headings:

SECTION A: Description of frequency and percentage distribution of demographic variables of the female attendants of patients with cancer.

Majority 27 (36.5%) were of the age group of 20-30 years, 22 (29.7%) were with educational qualification up to higher secondary and graduate and above, 39 (52.7%) were homemaker, 49 (66.2%) of participants were married, 26 (35.1%) had Rs≤10,000/- family income per month, 44 (59.5%) were from rural area, 55 (74.3 %) did not have family history of breast cancer, 55 (74.3%) of female attendants had heard about breast cancer and majority 16 (29.1%) of female attendants had heard about breast cancer from social media.

SECTION B: Description of distribution of knowledge regarding breast cancer among female attendants of patients with cancer.

Majority 37(50%) had moderate knowledge, 26(35.1%) had inadequate knowledge and 11(14.9%) had adequate knowledge. The mean knowledge score was 7.14 with SD=3.25.

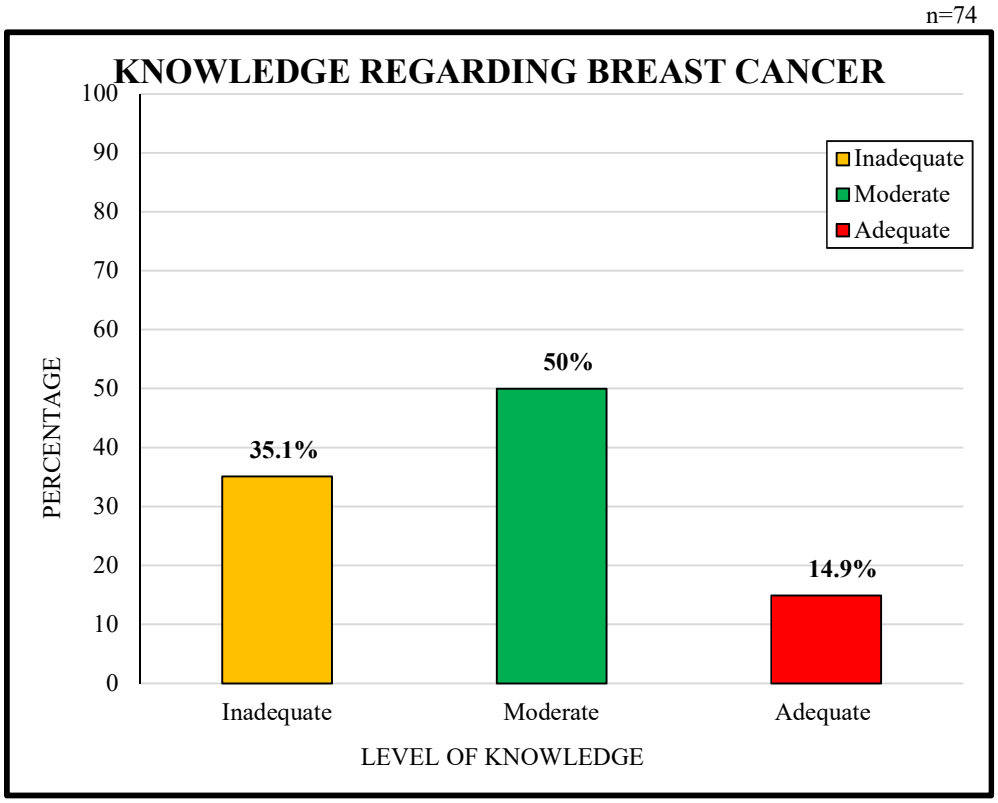


Figure 1: Pyramid Diagram Depicts the Percentage Distribution Of Knowledge.

SECTION C: Description of frequency and percentage distribution of attitude towards breast cancer among female attendants of patients with cancer.

Majority 42(56.8%) had neutral attitude, 32(43.2%) had favourable attitude and none had unfavourable attitude.

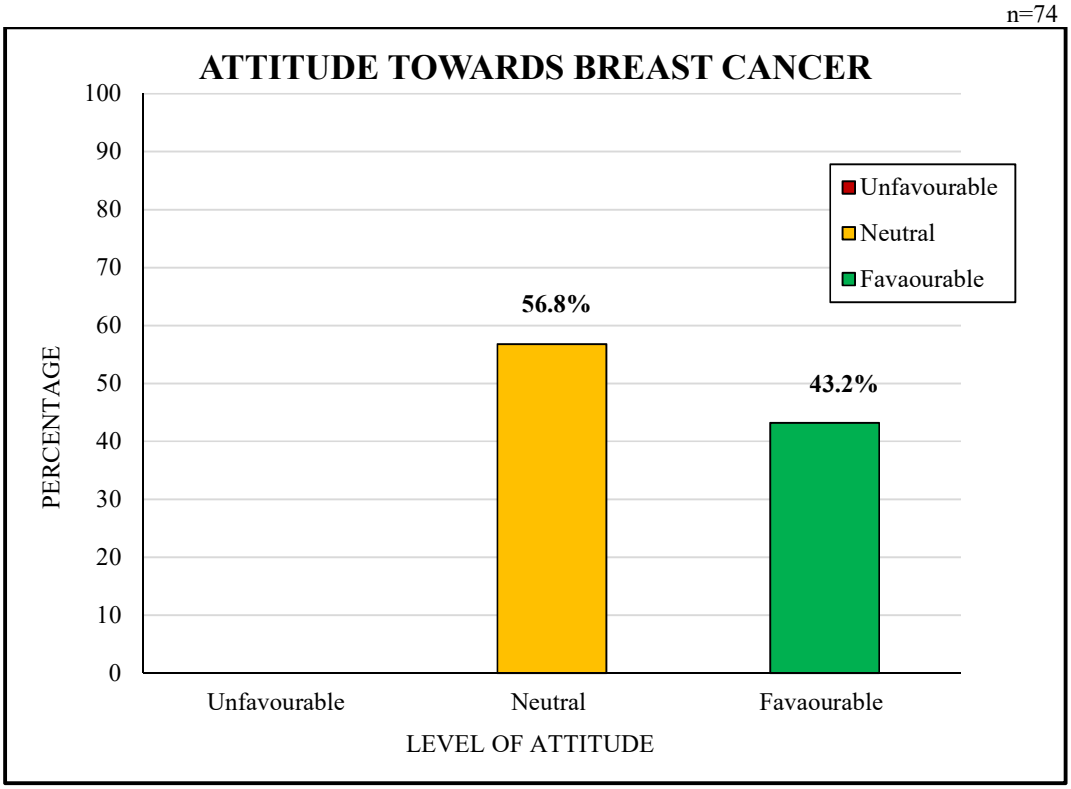


Figure 2: Column Diagram Depicts The Percentage Distribution Of Attitude Of Female Attendants Of Patients With Cancer Towards Breast Cancer

SECTION D: Association between knowledge regarding breast cancer among female attendants of patients with cancer with selected demographic variables

Result showed that occupational status of female attendants of patients with cancer was found significant association with knowledge regarding breast cancer but other demographic variables such as age, educational qualification, marital status, family income per month, place of residence, family history of breast cancer and previous knowledge about breast cancer were found to be non significant with knowledge regarding breast cancer among female attendants of patients with cancer.

SECTION E: Association between attitude towards breast cancer among female attendants of patients with cancer with selected demographic variables.

Result showed that occupational status, family income per month, and those who heard about breast cancer was found significant association with attitude towards breast cancer but other demographic variables such as age, educational qualification, marital status, place of residence and family history of breast cancer were found to be non significant with attitude regarding breast cancer among female attendants of patients with cancer.

DISCUSSION S

The present study was conducted to assess the knowledge and attitude regarding breast cancer among female attendants of patients with cancer in a cancer hospital, Guwahati, Assam. A Self-structured Questionnaire for knowledge and 5-Point Modified Likert Scale for Attitude were used to collect the data. The study's findings had been discussed with regard to the objectives and hypotheses.

It was observed that, majority 27 (36.5%) were of the age group of 20-30 years. Majority 22 (29.7%) were with educational qualification up to higher secondary and graduate and above. Majority 39 (52.7%) were homemaker.

Majority 49(66.2%) of participants were married. Majority 26 (35.1%) had Rs≤10,000/- family income per month. Majority 44 (59.5%) were from rural area. Majority 55 (74.3 %) did not have family history of breast cancer. Majority 55 (74.3%) of female attendants had heard about breast cancer. Majority 16 (29.1%) of female attendants had heard about breast cancer from social media.

The study findings are supported by a similar study conducted by Khan A, Akhtar M, Vanan A, Singhavi H, and Heroor A (2021) on Knowledge, Attitude & Practice Towards Breast Cancer and Breast Self- Examination Among Indian Women: A Prospective Observation Study. The study reveals that, majority 43% of women between age group 18-28 years, 69% women were from Urban area, 66% women were Hindu, 60% of women were married, 49% of women were graduate, 87% women had negative family history of breast cancer, and 67% women had heard of breast cancer.[3]

In the present study majority of the female attendants 37(50%) had moderate knowledge, 26(35.1%) had inadequate knowledge and 11(14.9%) had adequate knowledge. The mean knowledge score was 7.14 with SD=3.25.

The study findings are supported by a similar study conducted by Arif S, Baloch Q, Zaheer F, Agheem R, Ariff M, Ahmed M, (2018) on The adequate breast cancer knowledge assessment: A cross-sectional study done among nonmedical women of Karachi. The Study was carried out in Civil Hospital, Karachi. A sample of 250 females with nonmedical backgrounds was gathered. Three levels of participants' knowledge—poor, fair, and good—were established with reference to knowledge score regarding breast cancer. The results showed that, mean knowledge score was 5.24 ± 2.92. Among all subjects, 40.4%, 38%, and 21.6% had fair, poor, and good knowledge, respectively.[4]

From the present study it has been observed that majority of the female attendants 42(56.8%) had neutral attitude, 32(43.2%) had favourable attitude and none had unfavourable attitude towards breast cancer.

The study findings are supported by a similar study conducted by Daniel J, Venunathan A, Roshan A, Dilsha A, Fathima F, Sherin R, et al, (2022) on Attitude of women towards breast cancer and its prevention: South Indian Scenario. The study included women aged 16 to 55 years. The findings revealed that, more than half (51.25%) of the participants had a neutral attitude, 25% had a negative attitude, and 23.75% had a positive attitude towards breast cancer and its prevention.[5]

Results of the present study showed that occupational status of female attendants of patients with cancer was found significant association with knowledge regarding breast cancer but other demographic variables such as age, educational qualification, marital status, family income per month, place of residence, family history of breast cancer and previous knowledge about breast cancer were found to be non significant with knowledge regarding breast cancer among female attendants of patients with cancer.

This is supported by a similar study conducted by Yambem L and Rahman H (2019), on Knowledge, Attitudes, and Beliefs About Breast Cancer and Barriers to Breast Self Examination Among Sikkimese Women. Marital status, working urban women with higher economic position as well as level of education were found to be significant determinants of breast cancer awareness in the study.[6]

Result showed that occupational status, family income per month, and those who heard about breast cancer was found significant association with attitude towards breast cancer but other demographic variables such as age, educational qualification, marital status, place of residence and family history of breast cancer were found to be non significant with attitude regarding breast cancer among female attendants of patients with cancer.

The findings of the current study are supported by a similar study conducted by Ziuo F, Twoier A A, Huria T R, Fayek K (2018), on Low awareness about breast self examination and risk factors of breast cancer in Benghazi, Libya. Significant differences noted between participant's education and their attitudes. The study result showed

that, among the subjects with university or postgraduate education, 47.6% considered the BSE as very important while 47.2% considered it as important. Association of women's occupation with their attitude was highly significant. Of the subjects, according to whom BSE is very important and important, 29.1% were homemakers, while 39.7% were teachers.[7]

CONCLUSION

The study was conducted with the aim to assess the knowledge and attitude regarding breast cancer among female attendants of patients with cancer in Dr. B. Borooah Cancer Institute, Guwahati, Assam. The study enables the investigator to conclude that, though majority the female attendants of patients with cancer were somewhat informed about breast cancer, but there were evident gaps that need to be addressed to improve their knowledge and deepen their understanding regarding breast cancer. The neutral attitude observed among the majority of female attendants, suggesting that with the right educational programmes, these attitudes can be positively influenced towards more active engagement in breast cancer prevention and early detection practices. Therefore, there is need for educational campaigns among women to enhance both knowledge and attitude towards breast cancer. Women should be motivated to examine their breasts and detect any changes at the earliest.

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