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COLLEGE OF MEDICINE AND HEALTH SCIENCES

DEPARTMENT OF NURSING

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST SELF-EXAMINATIONAMONGAGENA TOWN PREPARATORY SCHOOL FEMALE STUDENT,2020

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A RESEARCH TO BE SUBMITTED TODEPARTMENT OF NURSING COLLEGE OF MEDICINE AND HEALTH SCIENCE,WOLKITEUNIVERSITYIN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE DEGREE IN NURSING

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WOLKITE, Ethiopia

ASSESSMENT OF KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST SELF-EXAMINATIONAMONG FEMALE STUDENTIN AGENA TOWNPREPAROTORY SCHOOLSOUTH NATIONS, NATIONALTIES AND PEOPLES REGION.

ETHIOPIA, DECEMBER 15/ 2013 EC

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abstract

Background: - Breast self-examination is a simple, very low cost, non-invasive screening method used to detect breast cancer(BC) early which involves the women herself-looking at and feeling for any change in their breast as early as possible. Breast self-examination should be done for all women above age of 15 years.

Objective: - to assess the knowledge attitude and practice of breast self-examination among female student inagena town preparatory school from December 1-30, 2020 gc

Method - A cross sectional study design was used to assessknowledge,attitude and practice of breast self-examination among female student in agena town preparatory school. Data was collectedby using structured questionnaires. The response was systematically tabulated and analyzed using SPSS 21, percentage, table and explanations separately gathered depending on the nature of questions by using computer, and calculator for analyzing the data

Result;

Knoweladge toward breast self eximnation

(70.3%) respondent had heard about breast self eximination (table below) approximately 21 in 118(17.8%) of respondent were aware the breast self eximnation should perform monthly

Attitude towards breast self examination

(44.9%) of the 118 female student agree on mantainig good healthy really important to them However, (50%) from 118 female student think that doing BSE embarrassing to them also most of them (56.8%) think BSE take to much time

practice of breast self eximnation

only(55.1%) of the respondent in this study had ever performed BSE clamiad to have performed BSE only (32.2%) Had performed BSE regularyeach month and (44.9%) of them dane BSE at day time (48.3%**)**

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ACRONYM AND ABERIVATION.

ACS…… American Cancer Society

BC……... Breast Cancer

BSE …….Breast Self-Examination

CA ……..Cancer

CBE ……Clinical Breast Examination

KAP……Knowladge,Attitude and Practice

NGO……..Non-Governmental Organization

SSA……..Sub-Saharan Africa

SNNP……South Nation Nationality and Peoples

WHO……..World Health Organization

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CHAPTER ONE

1. INTRODUCTION

1.1.BACK GROUND

Cancer is public global health burden,touching every region and socioeconomic group causing 12% of all cancer deaths globally (1,2). Breast cancer is leading cause cancer death among women in developing countreis and second leading cause of cancer death (following lung cancer) among women in developed countreis (3) .it forms in tissue of the breast ,usually the duct (tubules that carry milkto nipples) and lobules (gland that make milk) and start when cell in the breast begin to grow out control and typically detected either during screening examination , before syptom have developed , or women notices a lump.although it can occur in both men and women ,breast cancer in men is rare (4).It is the most commonly diagnosed cancer among women worldwide with nearly 1.7 million new cases diagnosed in the year 2012, also accounting for 25% of all new cancer cases in women among majority (140 of 184) countries worldwide (3). According to International Agency for Research of Cancer (IARC) estimates new breast cancer cases which occurred in 2012 among 24 countries were 934,832 accounting for 27.9 % of all female cancer cases (3). Since the 2008 estimates breast cancer incidence has increased by more than 20%, while mortality has increased by 14% (3).

According to estimates from GLOBOCCAN 2012, there were 100,000 cases and 49,000 deaths due to female breast cancer in the African region (3). Despite this increasing cancer burden in Africa, it continues to receive a low public health priority, mainly due to limited resources and other pressing public health problems, including communicable diseases such as Human Immunodeficiency Virus(HIV) /(Acquired Immunodeficiency Syndrome (AIDS) infection, malaria, and tuberculosis (5).

Breast cancer, a preventable disease with early detection measures, is on the rise globally, and women in low-resource settings are bearing a disproportionate share of the burden (6). In Ethiopia, despite many competing public health challenges, including high maternal mortality and a rising HIV/AIDS incidence, the Ministry of Health does put a great deal of emphasis on chronic disease management, including cancer control (7).

<<<Breast self examination is a check-up the women do at home to look for changes or problems in the breast tissue.The best time to do monthly breast self examination (BSE) is about 3 to 5 days after period starts and do it at the same time every month(8). It is a screening method used in an attempt to detect early breast cancer.The causes of breast cancer are not fully known. However, researchers have identified a number of factors that increase one's chances of getting breast cancer (CA). These are called risk factors. Risk factors do not cause breast cancer, but can increase the chances of getting breast CA. Some women have many risk factors, but never get breast cancer. And, some women have few or no risk factors, but did get the disease (9). Breast cancer risk factors includes family history of breast cancer; personal history of breast cancer; early menarche (< 12 years); late menopause (> 55 years); aging; alcohol; late age at first full-term pregnancy (> 30 years); never breastfed a child; recent oral contraceptive use; high fat diet; tobacco smoke; obesity (postmenopausal); recent and long-term use of hormone replacement therapy; high-dose radiation to chest; lack of physical activity (10). However, medical advances have shown that one third of all cancer causes are preventable and a further one third, if diagnosed sufficiently early, is potentially curable (10).

The main methods of screening involve mammography, physical examination of the breasts by a physician or qualified health workers or clinical breast examination (CBE), and breast self – examination (BSE). Despite the advent of modern screening methods, more than 90% of cases of cancers of the breast are detected by women themselves. By doing breast self-exams once in a month women can make themselves familiar with the way their breasts look and feel normal and thus may be able to recognize changes such as ;thickening ,lumps, spontaneous nipple discharge or skin changes ,dimpling, or puckering. And it is highly beneficial in low resource countries where mammography is practically nonexistent to detect breast cancer at its earlier stage (11). Early diagnosis of breast cancer is extremely significant in improving the survival rate and quality of life especially in low income countries (12). Therefore, it is important that women examine their breast regularly (8,9).

1.2.Statement of the Problem

According to WHO Global Breast cancer statistics report an estimated 12.7 million new cancer cases and 7.6 million cancer deaths occurred in 2008. Higher burden of cancer observed in less developed regions of the world which accounts 56% of new cancer cases and 63% of cancer deaths. Breast cancer is the second commonly diagnosed cancer which accounts 1.38 million (10.9% of all cancers) next to lung cancer and is the leading cause of cancer death among women worldwide (13,14). Despite the availability of methods for early detection and treatment, breast cancer caused an estimated 458,000 deaths in women, and of the 1.4 million new cases of breast cancer identified, about half were in low- and middle-income countries in 2008 (14).

Another study conducted in Turkey stated that many women miss early detection and treatment opportunities due to lack of information and awareness of breast cancer, as well as to cancer screening practices. Although ,there is debate about the effectiveness of BSE in lowering breast cancer mortality it's important in resource poor countries in promoting breast lump awareness to encourage women to seek health advice, to trigger action and enter into care sooner. BSE makes women more "breast aware", which in turn may lead to an earlier diagnosis of breast cancer (15).

In Sub-Saharan African (SSA) countries and in other low-resource countries a significant increase in the incidence of breast carcinoma has seen (17,18). The high breast cancer mortality rate in SSA has been attributed to a lack of public awareness of the disease which often leads to late diagnosis of the disease (19).In a Nigerian study, as high as 39% of the patients had fumigating tumor's while 13% had clinical evidence of systemic metastasis (20).The reason for the advanced presentation in the Africa could be due to lack health care coverage especially in remote rural areas and poverty as health care is not free in most countries and lack of BSE and early screening (21).

In Ethiopia, Breast cancer is the most frequently diagnosed reproductive organ cancer (ROCs). According to Addis Ababa city cancer registry, from 5701 total registered cancer cases from 2011 to 2014, breast cancer is the most commonly leading cancer among females accounting for 33% of the cases followed by cervix uteri (17%) (41). Advanced breast cancer is more difficult to manage and often has poor prognosis (42). Therefore, early diagnosis remains to be an important strategy in improving breast cancer outcome and survival particularly in low-and middle-income countries (LMICs) where women present to health care facility when the disease is diagnosed in late stages and resources required for treatment are limited. Evidence showed that breast cancer deaths can be reduced significantly if the tumor is discovered at an early stage (43). It has been shown that

approximately 71% of cases of breast cancer in women younger than 50 years are found by women themselves (44). Even though BSE is shown to be the least expensive, less time consuming and noninvasive screening method, various studies conducted in Ethiopia showed that the practice of breast self-examination is poor (45) and the most commonly mentioned reasons for not practicing this behavior were not knowing the technique of performing BSE, not having breast related problem or symptoms, afraid of being diagnosed with breast cancer and no advice or recommendation from HCWs (45)., Breast cancer is become fatal due to late presentation, limited resources, low awareness of breast cancer and its symptoms and strong traditional beliefs that can delay biomedical care examination is the only available means of early screening modality for breast cancer in recourses poor countries likely (22). Due to a lack of private and NGO efforts to increase breast cancer awareness, little has been factually known about the incidence, severity and prevalence of breast cancer in Ethiopia (23). BSE continues to be recommended by health care practitioners because it is free, simple, need low technology and teaching is possible (24).However, we to our best knowledge there was no study conducted in the study area regarding the status of knowledge, attitude and practice of breast self examination amongfemale student inagena town preparatory school. Therefore the aim of this study was to assess KAP on breast self examination among reproductive age female student in agena town preparatory school

1.3 Significance of the study

Understanding the pereception of agena town preparatory school female student about BSE my assist health care providers,healtheducators,and other concerned bodies in addressing benefit of having knowledge on the participation or non participation on the BSE through effective sterategies and programs . The findings of this study could be used to reduced barriers to BSE ,and to enhance the benefits by developing culturally appropriate communication materials to increase the rate BSE practice among the general women by advocating the importance of BSE toagena town preparatory school female student as agent of change and health promoters since those group of women are since as role model both in agena town preparatory school and out side in the community wich the my influence the behavior of other

CHAPTER TWO

2, LITERATURE REVIEW

The American Cancer Society stated that at least 90% of women who develop breast cancer discover the tumors themselves (25). The BSE technique involves palpation of the monthly, on 3th and 5^{th} day after mensturation cycle . Women who are pregnant or breastfeeding can also choose to examine their breasts regularly (26). Although there is controversy surrounding the efficacy of BSE in countries where CBE and mammography are readily available, elsewhere BSE remains a cost-effective method to detect breast cancer in resource-constrained countries. A woman who performs regular BSE may be more motivated to seek medical attention, including CBE and mammography (26). Sixty nine participants in a comprehensive breast cancer treatment program at the main national cancer hospital in Ethiopia were interviewed using mixed qualitative and quantitative approaches, with breast cancer shows that more than half of the patients were age 50 and younger (22). Breast lump was the first symptom experienced by the 82.6% of the patients. Around 69.6% of patients ignored their symptoms initially for an average of more than one and half year

A prospective study conducted at TikurAnbessa was designed to obtain information on demographic characteristics, clinical profile, and problems related to early diagnosis and treatment of breast cancer in 72 (62 females and 10 males) Ethiopian patients, the female to male ratio being 6.2: 1, and the females in this series developed breast cancer at a younger age (72% were premenopausal) and 76% had advanced disease (stages III and IV) at presentation (23).

Education about the importance of early detection in decreasing mortality rates might be of value in raising awareness of the various methods of early detection of breast cancer. More research is also needed to identify the underlying variables that might influence female students' own practice of early detection methods of breast cancer. Empowering female student with information about early detection methods and their related benefits could help in advancing their skills in performing breast self examination

2.2, knowladge of breast self-examination

Knowledge of Breast self-examinationA cross-sectional study done on women dwellers in Nigeria; knowledge of the study participants about risk factors for breast cancer was low and only 26.2% were aware that breast cancer could be inherited in some families. Participant's knowledge about symptoms of breast cancer was poor; only 21.4% knew that breast cancer presents commonly as a painless breast lump and only 43.2% of participants were able to correctly identify breast self-examination (BSE) as a method of detection and a very small proportion indicated mammography as a method. Two-fifths (41.4%) of them correctly noted that breast cancer is curable when detected early (37). Additionally descriptive cross sectional study was conducted about KAP on BSE among 221female students of Ahmadu Bello University Zaria, Nigeria. The result of this study show that 188(87.5%)of them have heard of BSE and media was the major source of information(45.5%) while health workers account for 21.8% . One hundred and ninety five of the respondents (88.2%) are not aware of ideal age of starting breast self-examination as only 11.8% were aware of ideal age of starting BSE (38).

Another descriptive cross sectional study was conducted about KAP on breast cancer screening among 633 adult women in Addis Ababa, Ethiopia. This study show that among those who have heard of breast cancer screening methods, 159 (70.7%) and 31 (13.8%) of women mentioned SBE should be started above the age of 20 years old and below the age of 20 years old, respectively. Most of the women 170 (75.6%) mentioned the appropriate technique of performing SBE (with at least two fingers and palm).Eighty two women (36.4%) also mentioned that SBE should be performed monthly and 18 (8.0%) of women did not know the frequency of SBE. Among those women who have heard of screening methods their most common source of information were media, health facility, school and family for 66%, 28%, 21% , 10 %, respectively. Peers were the least source of information 4% (39).

2.3, Attitude of breast self examination

A descriptive cross sectional study was carried out on 406 sample to assess breast self–examination knowledge and practice among female secondary school teachers in Ilorin West Local Government Area of Kwara State, Nigeria. This study show that One hundred and fifty-five (45.5%) of the respondents strongly agreed that it is highly desirable to examine the breasts monthly, 125 (36.7%) agreed, 38 (11.1%) were undecided, 14 (4.1%) disagreed and 9 (2.6%) strongly disagreed. More than half of the respondents, 190 (55.7%strongly disagreed that breast self-examination is very useful to detect breast swellings, 110(32.3%) disagreed, 25 (7.3%) were undecided, 9 (2.6%) agreed and 7 (2.1%) strongly agreed. Majority of the respondents, (75.0%) had positive attitude to BSE. 17.9% had fair attitude while only 7% of them had negative attitude to BSE(30).

.Another descriptive cross sectional study was conducted about KAP on breast cancer screening among 633 adult women in Addis Ababa, Ethiopia. The result of this study implies that among the respondents who have heard of breast cancer screening methods, "screening improves chance of survival" was mentioned by 218(96.9%) of participants. And the attitude towards "mammography exposes to breast cancer" was believed by 78 (34.7%) of participants. Attitude towards breast cancer screening was also computed as positive attitude and negative attitude towards screening. Among women who were informed about breast cancer screening 143(63.6%) had positive attitude and 82(36.4%) had negative attitude (29).

2.4,Practice of breast self examination

Practice of breast self examination was studied in a nationwide Norwegian representative sample of 284female physician aged 24-67 and was reported in such a way that breast self examination was performed at least once a month in 30.6% of the cancer.

In 1994 breast self-examination practice in Tunisia which is aimed at its frequency was conducted based on a survey of first line patients. The survey showed that the use of breast self-examination

remains slight (28%) and conclude that definition of breast self-examination and information should be given to women in order to captain participation in breast cancer screening (31).

Breast self-examination among female students in tertiary situations in Nigeria noted as 84.6% of the respondents were aware of breast self-examination, very few understood what to look for, when to do the examination and 11.6% were consistent in breast self-examination practice (33).

A cross sect1ional study of all newly diagnosed and pathologically confirmed breast cancer patient were conducted in Egypt. And reported as breast self-examination was practiced in 10.4% of cases. It was performed by patients from higher socioeconomic levels and those with a positive family history of breast cancer or began breast mass and recommended that breast self-examinationawarenesscomplains as a key measure for ensuring earlier diagnosis and better prognosis for breast cancer patients (34).

. In Iran practices of women about breast cancer screening were very low, only 4.5% of women performed BSE on regular basis. Recently there was a debate on the role of regular self-examination of the breast in preventing breast cancer mortality.But studies done among Ethiopian female health care professionals in Addis Ababa revealed that three-fourth of them did practice breast self-examination (35). However, the teaching of BSE can help women to be alert to any abnormal changes in their breasts and seek medical advice immediately (27).

CHAPTER THREE

3, Objectives.

3.1. General objective

To assess the knowledge, Attitude and practice of breast self-examination (BSE) among female student in agena town preparatory school ,2020

3.2, Specific objectives

1.**To determine knowledge of breast self-examination among female student in agena town preparatory school female student**

2. To describe attitude of breast self examination among female student in agena town preparatory schoolfemale student

3. To describe breast self-examination practice among female student in agena town preparatory school female student

CHAPTER FOUR

4.METHODOLOGY

4.1, study area

The study was conducted in Agena town; from December, 1/2020– 30/ 2020, Ezhaworeda, Gurage zone, SNNPR regional state, Ethiopia. Agena is the only urban kebele found in Ezhaworeda, Gurage zone, and SNNPR regional state of Ethiopia. Agena is located on the road to butajira and is 198 km from Addis Ababa (south west), 42 km from wolkite (east) and 23.17 km from the University of Wolkite found in gubre. The woreda is bordered in the north with Muhoraklil, in the south with Chehaworeda, in the east with Gumerworeda and Silte zone and in the west with Aboshege

4.2, Study period

The studywas conducted fromDecember 1-30, 2020 according to GC

4.3, Study design

An institional based cross sectional study design was used

.4.4, Source population

all female student in agena town preparatory school,ethiopia

4.5, Study population

All female student in agena town preparatory schoolfulfilling the inclusion criteria during the study period.

4.6, Sample size

From ourtotalpopulations of297 female student .sample size will be female 118 students included.

4.6, Sample Size Determination

The sample size will be caliculated using simple formula

$$n_i = \frac{Z^2 p(1-p)}{d^2}$$

n_i= Sample size from finite population.

Z = the standard score (value) corresponding to 95% confidence level = 1.96.

d = the proportion of sampling error between the sample and population = 5% (0.05).

p = we took p value 87.5% (38)

$$\frac{(1.96)^2(0.875)(0.125)}{0.05^2} = 168$$

As the target population is 297 we need to apply correction formul

$$n_f = \frac{n_o}{\left(1 + \frac{n_o}{}\right)}$$

Where N

n_f =required sample size when target population is < 10,000

n_0 = calculated (initial) sample size

N = target population

Therefore,

$\frac{168}{1+\frac{168}{297}}$=107.2

Contingency = Sample size (10%)

= 107.2×10%

= 10.72

Sample size = n_f + contingency

The sample size of our study will be= 117.95=118

118sample size study population will be included.From our totalpopulations of the female student of 297of female student

4.7, Inclusion andexclusioncriteria

4.7.1 Inclusioncriteria

- Those female sudent who are above 15 years age in agena town preparatory school was been eligible for the study.

4.7.2, **Exclusion criteria**

- Those female students who are below 15 years age in agena townpreparatoryr school was been excluded from study.
- Those female student (above 15 year age) who were not willing to study

.

4.8Sampling procedure

There is one preparatory school in agena town . from this school297 female student found. In which 118of them wasincluded in the study.Study participants was selected by using simple random sampling techniques.and until the required sample size allocated 118is fulfilled

4.9,Data collection tool and method

Questionnaire was taken from standard published research then modify it that address the objective of research(40). Components of data collection tools includes; Socio-demographic characteristics, knowledge on BSE, attitude towards on BSE and practices on BSE. Data was collected by primary researchers after obtaining informed consent from the study participants by interviewers.

4.10, Variable

Dependent variable

- Knowledge of BSE
- Attitude of BSE
- Practice of BSE

Socio demographic Variable

- Age
- Religion
- Marital status

4.11, definitional term

Mammography –Imaging examination of the breast by means of x-rays, ultrasound and nuclear magnetic resonance, used for screening and diagnosis of breast diseases(40).

.**Knowledgeable**- participants who scored the mean and above value from the provided 8 closed ended questions about the BSE and breast cancer knowledge(40).

Practice of BSE: -defined as performing of BSE at regular and the same time each means and using proper technique which is evidenced by the result of questioner.

4.12, Data quality control

Quality of the data was controlled through continuous checking the completeness of the questionnaire. The questionnaire was preparedin English and pretested. Before data collection training was given for data collector and the data collection process was supervised by researcher.

4.13, Data processing and analysis

The response was systematically tabulated and analyzed using percentage, table and explanations separately or to gather depending on the natureof questions by using computer, excel and calculator for analyzing the data. Finally, the findings of the study was summarized and discussed by table, pie chart based on the nature of question.

4.14, Ethical consideration

Ethical approaches and clearance was obtained from wolkite UniversityCollege of medicine and health sciences department of Nursing of research coordinateorbefore starting the study .The respondents was informed about the objective of the study by making clear explanation and discussion according to the issue raised. The respondents also telled about their response were confidential and no need of raising their name .Then respondents was assessed for their willing tofill the questionnaires.

4.15, Dissemination of Result.

The result of the study wasdisseminated to the respective body after public defense and final approval of our advisor. It was also submit to the responsibly bodies such as wolkite university teaching hospital

` |**5. Result**

Socio demographic characteristic

One hundred and eighteen (118) student were selected to participate in study and all of them completed and returned the questionnaires .the respondent were between age 17-20(100%).among the 118 respondentwere still single(87.3%)while (12%)were married. And there level of education was that of grade 11 (69.5%) and grade 12 was (30.5%)

age	Frequency	Percent
17.00	37	31.4
18.00	42	35.6
19.00	33	28.0
20.00	6	5.1
Total	118	100.0
Religion		
orthodox	31	26.3
Muslim	51	43.2
protestant ,	36	30.5
Total	118	100.0
Marital status		
married	12	10.2
divorced	3	2.5
single/never married	103	87.3
Total	118	100.0
EDUCATION LEVEL		

grade11	82	69.5
grade 12	36	30.5
Total	118	100.0

Knoweladge toward breast self eximnation

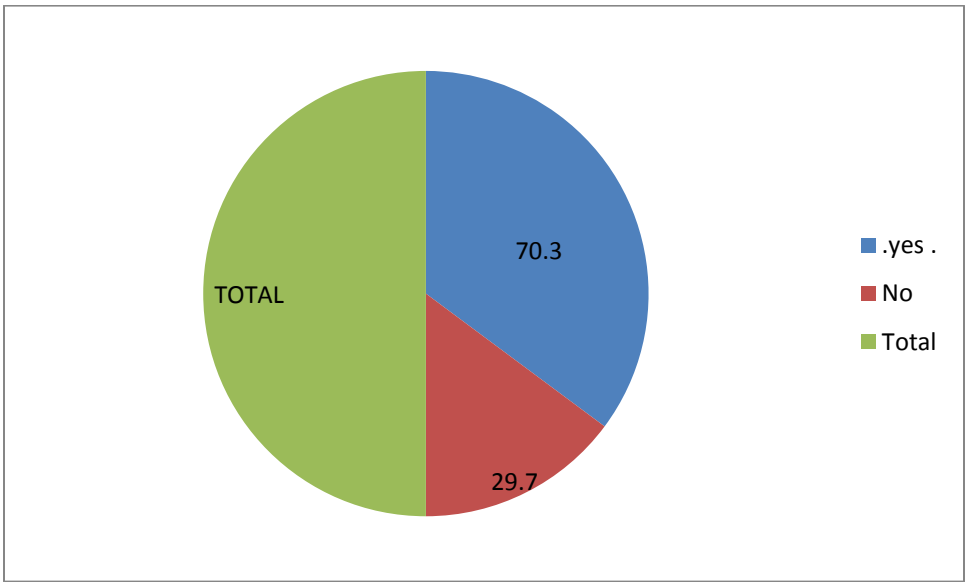
(70.3%) respondent had heard about breast self eximination (table below) approximately 21 in 118(17.8%) of respondent were aware the breast self eximnation should perform monthly. few (39.8%) of respondent actually knew how to perform breast self eximnationfurthermore ,only very few(7.6%)knew what to look for while perfoming breast self eximanation . a majorty (77.1%) of the respondent perceived breast self eximnation as important technique in early detection of breast cancer.from totally 118 student (34.7%)of them had been tought how to do breast self eximnation and from this student (15.3%) of them toughted by there parents. mostof respondent respond ate age 20 breast self eximnation started by(35.6%) few female student responde that breast self eximanation done by indivual (31.4%)and (34.7%)of female student have knowledge of BSE done by standing in front of mirror furthermore(12.7%) know advantage regular breast self eximnation that to detect any abnormality in table…over all just modest (70.3%)of were respondent

Table 1 **Knoweladge toward breast self eximnation**

BY WHOM BSE IS DONE	Frequency	Percent
Doctor	45	38.1
trained nurse	24	20.3
. by individual	37	31.4
.others----------(pls by name)	3	2.5
12.00	6	5.1
14.00	3	2.5
Total	118	100.0
AT WHAT DID BSE START		
Frombirth	6	5.1
from puberty	23	19.5
from 20year .	42	35.6
from 30year	9	7.6
no idea	38	32.2

Total	118	100.0
DO THEY HEAR ABOUT BSE		
.yes .	83	70.3
No	35	29.7
Total	118	100.0
DO YOU KNOW BSE USEFUL		
. Yes .	91	77.1
No .	18	15.3
I d	9	7.6
Total	118	100.0
HOW TO DO BSE		
. Yes	41	34.7
No .	53	44.9
I don't know	24	20.3
Total	118	100.0
. Yes		
WHAT YOU FIND ON BSE PROCEDURE		
. Breast lamp	9	7.6
size of the breast	35	29.7
. change in the nipple and unusual discharge	21	17.8
change in skin color	45	38.1
others, specify_____	8	6.8
Total	118	100.0
HOW TO DO BSE		
palpate with palm and three middle fingers	47	39.8
. plpate with any of the fingers _____	27	22.9
.I Don't know	33	28.0
.others,specify_____	11	9.3
Total	118	100.0

ON WHAT BODY POSITION DONE BSE		
standing straight in front of a mirror	41	34.7
.Lyingdown	42	35.6
. Standing in front of a mirror or sitting down and lying down	9	7.6
. I don't know	26	22.0
Total	118	100.0



Pie chart 1 **Knoweladge toward breast self eximnation**

Attitude towards breast self eximnation

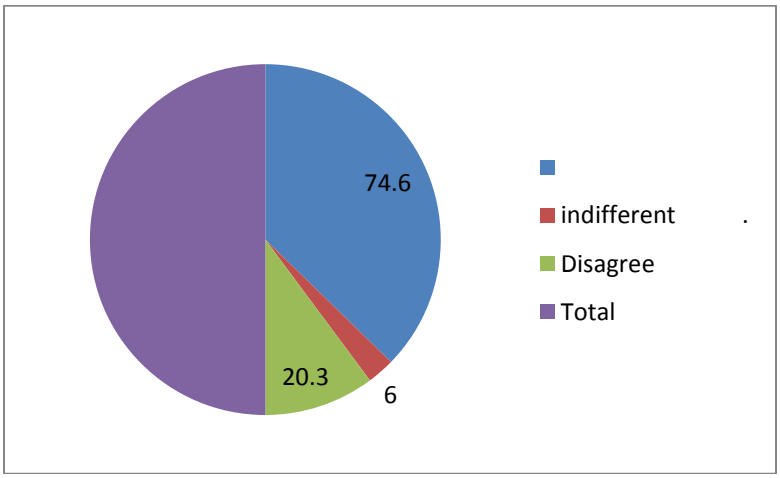
female student agree on mantainig good healthy really important to them (44.9%) of the 118 However, (50%) from 118 female student think that doing BSE embarrassing to them also most of them (56.8%) think BSE take to much time additionally ,most of them think making BSE cause (74.6%).amajortyof respondent(55.1%) approved that breast self eximnation was important and usefully in early detection of breast cancer. approximately(20.3%) of respondent did not consider BSE is “disgrasefully” practice

table 1.2 Attitude towards breast self eximnation

DOES BSE REALY IMPORTANT EARLY DETCTION BSE	Frequency	Percent
Agree .	65	55.1
indifferent .	12	10.2
Disagree	41	34.7
Total	118	100.0
DOING BSE IS EMBARSING ?		
. Agree .	59	50.0
indifferent .	35	29.7
Disagree	24	20.3
Total	118	100.0
DOING BSE IS IT TAKE TIME		
. Agree .	67	56.8
indifferent .	12	10.2
Disagree	39	33.1

Total	118	100.0
DOING BSE MAKE YOU DISCOMFORT		
. Agree .	88	74.6
indifferent .	6	5.1
Disagree	24	20.3
Total	118	100.0
MAINTIANIG GOOD HEALTH IS REALY IMPORTANT TO YOU		
. Agree .	53	44.9
indifferent .	9	7.6
Disagree	56	47.5
Total	118	100.0

DOING BSE MAKE YOU DISCOMFORT



Pie chart 2 **Attitude towards breast self eximnation**

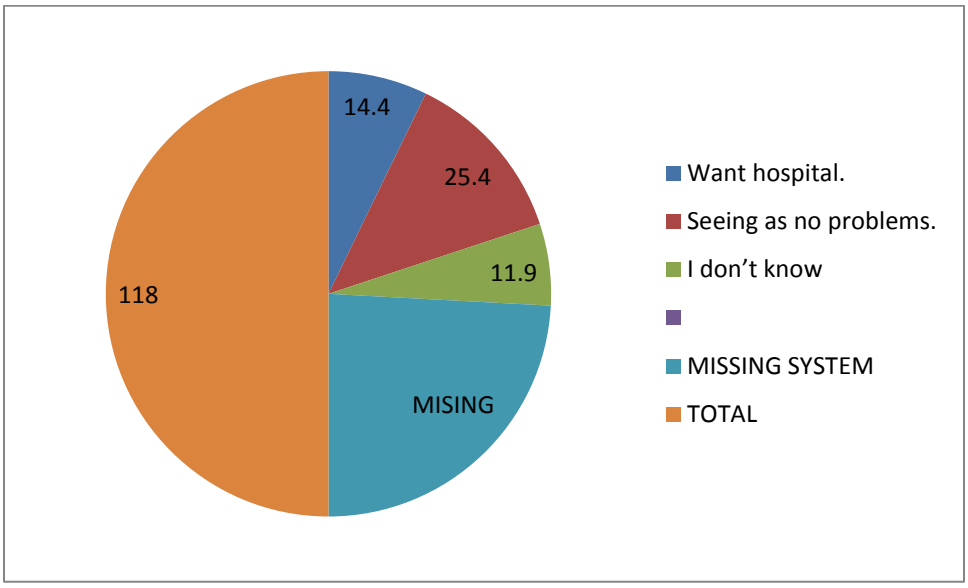
practice of breast self eximnation

only(55.1%) of the respondent in this study had ever performed BSE clamiad to have performed BSE only (32.2%) Had performed BSE regularyeach month and (44.9%) of them dane BSE at day time (48.3%)USEcircular motion while doing BSE (65.3%) look for shape and site of breast and feeling lumps or mass while doing breast self eximanation around (49.2%) of them found lump then majorty of them seeing as no problem (25.4%)only (14.4%) of them take action to went to hospital and (52,5%) embaresseddo to lack of knowledge

table 1.3 practice of breast self eximnation

HAVE YOU DISCOVERED SOMETHING ABNORMAL YET	Frequency	Percent
Yes	58	49.2
. No	60	50.8
Total	118	100.0
PERFORMED BSE BEFORE		
Yes	65	55.1
. No	53	44.9
Total	118	100.0
HOW OFTEN YOU PERFOMRD		
Regularly each month or more often	38	32.2
Occasionally	33	28.0
Total	71	60.2
System	47	39.8
Total	118	100.0

HOW YOU DONE BSE		
Vertical strip	20	16.9
Circular	57	48.3
Wedge or dividing breast into quadrant.	20	16.9
. All	18	15.3
. I don't know	3	2.5
Total	118	100.0
WHAT YOU APPRICIATE WHEN YOU DONE BSE		
Change on the color of the skin	20	16.9
Shape and site of breast and feeling for lumps or mass.	77	65.3
Direction of nipple and discharge from niple.	21	17.8
Total	118	100.0
WHAT YOU DONE IF YOU SEE LAMP		
Want hospital.	17	14.4
Seeing as no problems.	30	25.4
I don't know	14	11.9
Total	61	51.7
MISSING SYSTEM	57	48.3
TOTAL	118	100.0
DOES DOING BSE EMBARSING		
Lack of knowledge .	62	52.5
Negligence	30	25.4
fear of detecting something abnormal	12	10.2
"because I forgot"	6	5.1
Other (specify) _____	8	6.8
Total	118	100.0



Pie chart 3 practice of breast self eximnation

Discussion

Early diagnosis of breast cancer is extremely significant in improving the survival rate and quality of life especially in low income countries (12).thissudy preformed among female student in agena preparatory school was aimed at evaluating their knowledge ,attitude. Practice of BSE

From this study majority of student(70.3%) were aware BSE and most recognized it as method for early detection of breast cancer(.table2) .this finding similar to descriptive cross sectional study was conducted about KAP on BSE among 221female students of Ahmadu Bello University Zaria, Nigeria. The result of this study show that 188(87.5%)of them have heard BSE (38). On this study(39.6%)(table?)of 118 female student were aware of appropriate techiniques doing BSE but on Another descriptive cross sectional study was conducted about KAP on breast cancer screening among 633 adult women in Addis Ababa, Ethiopia Most of the women 170 (75.6%) mentioned the

appropriate technique of performing SBE (with at least two fingers and palm).Among those women who have heard of screening methods their most common source of information were there family 10 %, but on this study major of them heard from there parents (15.3%)

From this study(17.8 %) agree on the BSE done monthly and regulary interval on another similar study .A descriptive cross sectional study was carried out on 406 sample to assess breast self–examination knowledge and practice among female secondary school teachers in Ilorin West Local Government Area of Kwara State, Nigeria. This study show that One hundred and fifty-five (45.5%) of the respondents strongly agreed that it is highly desirable to examine the breasts monthlyAnother descriptive cross sectional study was conducted about KAP on breast cancer screening among 633 adult women in Addis Ababa, Ethiopia. The result of this study implies that among the respondents who have heard of breast cancer screening methods, "screening improves chance of survival" was mentioned by 218(96.9%) of participants on this study also (77.1%) of them BSE usefull to them on preventing breast cancer.another study mentioned that In 1994 breast self-examination practice in Tunisia which is aimed at its frequency was conducted based on a survey of first line patients. The survey showed that the use of breast self-examination remains slight (28%) and conclude that definition of breast self-examination and information should be given to women in order to captain participation in breast cancer screening (31). And result of our study mentioned (55.1%) of them done BSE

CONCLUSION and RECOMMENDATION

AS our study mentioned most of female student heard about BSE however, very few student know what look for when the done BSE.above half of them done breast self examination from them few student done on monthly interval. The practice of BSE in linewith recommended once in monthly is low in preparatory school in agena town having poor knowledge on BSE. BSE must incoroporated into second cycle education awareness campaigns and training must intensified , with more focuse adolescent ,beginning at the preparatory school to make breast self eximnation nearly perfect

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ANNEX

Questionnaires

wolkiteUniversity

College Of Medicine and Health Science

Department of Nursing

Dear respondent we are BSC Nursing student of wolkite University who come for research. We would like to ask you a few questions which is filled yourself. The aim of this study is to assess the knowledge, attitudeand practice, of breast self-Examination among female student in agena town preparatory school. All information you will give as will be used for research purpose only and kept confidential

Please don't write your name on it is questionnaire pages

Instruction

Kindly Read the following questions and encircle the answers you feel right.

Part I: Demography

1. Age in completed years: ----------
2. Religion

   A orthodox B Muslim C protestant d, catholi
3. Marital status

   A married B divorced C single/never married D separated
4. Level of education

   A grade11 B grade 12

Part II: Knowledge of breast self-examination

No	Question	Response	Skip pattern
1	Have you heard about breast self examination	1.yes 2. no	
2	Do you know that breast self eximination is useful	1. Yes 2. No 3. I d	
3	Have you been taught how to do BREAST SELF EXIMNATION	1. Yes 2. No 3. I don't know	
4	If the answer to the question above is yes ,who taught you	1. Parents 2. doctor 3. teacher 4. nurse 5. other	
5	At what age BREAST SELF EXIMNATIONbe started?	1. Frombirth 2. from puberty 3. from 20year 4. from 30year 5. no idea ……	
6	How often should BREAST SELF EXIMNATION be done	1. daily 2. weekly 3. monthly 4. yearly 5. no idea	
7	Breast self-examination done by ?	1.doctor 2.trained nurse 3. by individual 4.others----------(pls by name)	
8	What do we look during Breast self- examination? (more than one answer is possible)	1. Breast lamp 2. size of the breast 3. change in the nipple and unusual discharge	

		4. change in skin color 5. others, specify_____	
9	What will be the position of body while performing Breast self- examination?	1. standing straight in front of a mirror 2.Lyingdown 3. Standing in front of a mirror or sitting down and lying down 4. I don't know	
10	How is breast self examination done?	1. palpate with palm and three middle fingers 2. palpate with any of the fingers 3.I Don't know 4.others,specify_____	
11	What are the advantage of regular breast self-examination?(multiple answer is possible)	1. detect any abnormality in the breast 2. to know normal breast looks like 3. to detect breast cancer earlier and promote treatment 6. Other, specify_____	

Part III:- Attitude towards breast self examination

1)Complete breast self examination each will allow me to find lump early

A.Agree B. indifferent C. disagree

2) Doing breast self examination will be embarrassing to me

A. Agree B. indifferent C. disagree

3) Doing breast self examination will take too much time

A. Agree B. indifferent C. disagree

4)Doing breast self examination cause discomfort

A. Agree B. indifferent C. disagree

5)maintaining good health is extremely important to me

A. Agree B. indifferent C. disagree

Part IV:-Practice of breast self examination

1. Have you ever performed breast self-examination

A. Yes No

If your answer is yes for question no 1

2. How after do you perform breast self-examination

A. Regularly each month or more often B. Occasionally

B. When did you do breast self-examination?

A. Morning B. Day C. Evening

3) Which technique are you using during examination?

A. Vertical strip B. Circular C. Wedge or dividing breast into quadrant. D. All E. I don't know

4) What are you looking for while performing breast self-examination

A. Change on the color of the skin

B. Shape and site of breast and feeling for lumps or mass.

C. Direction of nipple and discharge from niple.

5) Have you ever discover a lump / something abnormal?

A. Yes B. No

6) If yes to Q no 5 what was your immediate action?

A. Want hospital.

B. Seeing as no problems.

C. I don't know.

7) If your answer that doing BREAST SELF EXIMNATION is embarassing, what is your possible reason?

A. Lack of knowledge B. Negligence

C. fear of detecting something abnormal

D. "because I forgot" E. Other (specify) _____

. **The end of questionnaires**

Thank you