

**KNOWLEDGE, ATTITUDE AND PRACTICES OF SELF BREAST
EXAMINATION AMONG WOMEN AGED 18-45 YEARS IN
GYNECOLOGICAL WARD AT KIU-TEACHING HOSPITAL**

**A RESEARCH REPORT SUBMITTED TO UGANDA NURSES
AND MIDWIVES EXAMINATION BOARD**

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AWARD OF A DIPLOMA IN NURSING SCIENCE**

BY

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ABSTRACT

The study determined the knowledge, attitude, and practices on SBE among women aged 18-45 years in gynecological ward at KIU-teaching Hospital

The Specific objectives of the study were; to determine the knowledge, to identify the attitude and determining practices of SBE among women aged 18-45 years in gynecological ward at KIU-teaching Hospital.

The study was conducted through a descriptive cross sectional study design qualitative in nature.

The findings showed how lack of knowledge among women has hindered the practice of SBE they included; failing to do it in the right time, lack of self confidence in their ability to perform SBE correctly and embarrassment associated with manipulation of the breasts.

The findings revealed that the negative attitudes among respondents towards SBE included; fear of detecting breast cancer and BSE is an embarrassment, some women thought they did not have any problem in their breasts therefore no need of SBE.

The findings of the study recommended the benefits of the practices among women aged 18-45 years in gynecology ward at KIU-TH included; Diagnosis of breast cancer at an earlier stage, and being an inexpensive method of breast cancer screening.

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APPROVAL FORM

This research report entitled “knowledge, attitude and practices of self-breast examination among women aged 18-45 years in gynecology ward at KIU.TH has been developed under my guidance and supervision, and is being submitted with my approval.

Signature..... Date

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SUPERVISOR

DEAN'S APPROVAL

SIGNATURE.....DATE.....

MS. KABANYORO ANNET

DECLARATION

I, **Wasswa Matthew**, hereby assert that this report is my original and has never been presented to any institution of higher learning for any award whatsoever except for references to the work of others, which have been cited out.

Signature.....Date.....

WASSWA MATTHEW

RESEARCHER

DEDICATION

I dedicate this research to my cherished son F.X.K Mattnez ssembuya, my mother Nalongo Theopista and all my family members, the Uganda Catholic medical Beural (UCMB) mostly Rev.Fr Katabaazi Emmanuel for their impact towards my academic triumph, my colleagues at Kampala International University Western Campus mostly my class mates, best friends Kayanja frank and Nassonko Pauline for their endeavors and finally my supervisor Mr. Jonathan Kamanda for his binder during my research process.

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LIST OF ABBREVIATIONS:

CBE: Clinical Breast Examination

KIU- WC: Kampala International University- Western Campus.

KIU: Kampala International University

KIU-SONS: Kampala International University-School of Nursing Science

KIU-TH: Kampala International University-Teaching Hospital

SBE: Self-Breast Examination

T.V: Television

WHO: World Health Organization

DEFINITION OF KEY TERMS

ATTITUDE: A settled way of feeling or thinking about something, typically reflected in a person's behavior.

CLINICAL BREAST EXAMINATION: is the physical examination done by a health care provider for example doctor, nurse or other medical staff.

KNOWLEDGE: Facts, information and skills acquired by a person through experience or education.

METASTASIS: A medical term for cancer that spreads to a different part of the body from where it started.

PRACTICES: Performing an activity regularly in order to improve or maintain ones proficiency.

SELF-BREAST EXAMINATION: Is a screening method used in an attempt to detect early breast cancer involving a woman her self-looking at and feeling each breast for possible lumps, distortion or swelling.

CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND OF THE STUDY

This chapter contains a brief overview of the study. It covers the background of the study, statement of the problem, study objectives, research questions, justification of the study and operational definitions.

Breast cancer is the leading cause of cancer related deaths among women worldwide. Diagnosis of breast cancer at an earlier stage allows women more treatment choices and greater chance of long term survival. In a bid to reduce the incidence of mortality from breast cancer there is need for an effective screening program. Empowering all health workers and creating awareness amongst them could go a long way in enhancing the screening program for breast cancer. Prevention or identification of breast cancer at an early stage is of paramount importance in saving lives as well as improving the quality of life. Breast cancer lends itself to early detection and subsequent early treatment if women use early detection measures, (Anderson, 2015). Breast Self-Examination is one method of primary level of prevention of breast cancer, which should be adopted by all females started with age of 20 years and above. It does not improve mortality but decreases morbidity. The aim of the study is to assess the level of knowledge, attitude, and practice of self-breast examination among women aged 18-45 years at KIU.TH.

Screening for early detection and diagnosis of diseases and health conditions is an important public health principle. SBE is a process whereby women examine their breasts regularly to detect any abnormal swelling or lumps in order to seek prompt medical attention. The procedure though simple, non-invasive and requiring little time, can only be practiced with the right attitude to sustain it and achieve the desired goal, of early diagnosis and treatment before metastasis, which is a prerequisite for better outcome, (Christmas & Nicholas 2015).

Breast cancer is the most common malignancy affecting women, with more than one million cases occurring worldwide annually. In India, it is the second commonest cancer among females.

Though it can be detected early by self and clinical breast examination or mammography, in Uganda only 15% patients present in the localized stage; and 75% regional lymph nodes are already involved while 10% have distant spread at the time of reporting (Rajvir .B 2009).

This is due to lack of awareness and non-existent breast cancer screening programs. Early detection and prompt treatment offer the greatest chance of long term survival and self-breast examination (SBE) seems to be an important viable optional substitute for early detection of cancer (Ertem & Kocer, 2009).Hence by knowing the situation in our community we can plan for awareness Programs involving our medical students, interns

and post graduates. The data is also useful for policy makers for planning screening programs.

The available and advisable method for breast cancer screening worldwide are self-breast

Examination (SBE), clinical breast examination (CBE) and mammogram. However, in most of developing countries the routine screening mammography are often unavailable (Coughlin & Ekwueme, 2009). Therefore, it is important to empower women on the SBE as a primary tool in screening the breast cancer. American Cancer Society did recommendations on SBE as option breast awareness and for early detection of breast cancer. It was reported that women who practicing SBE regularly were presented more often with clinically early tumors and had shorter patient delay in presentation.

Doctors recommend having physical breast exams every two or three years in your 20s and 40s, and an annual exam if you are 50 years or older; however, self-examination at home can bridge the gap in between check-ins with your ob-gyn. That means you'll be even more likely to detect breast cancer symptoms early, (Ertem & Kocer, 2009).

Here are the steps to perform a breast self-exam at home:

Look at your breasts in the mirror with your arms at your side. Monitor for changes in the size, shape, texture, and color of your breasts. (Remember, it's totally normal to have

breasts that are two different sizes or shapes.) Repeat this examination with your hands raised over your head, and with your hands on your hips, flexing your chest muscles.

Gently squeeze each nipple between your thumb and forefinger. No liquid should discharge (unless you are breastfeeding).

Lie down and do a physical examination. Raise one arm over your head and use the alternate hand to feel the breast. Use the pads of the three middle fingers and make dime-sized circular movements, covering every part of the breast and repeating with different levels of pressure. Repeat with the other breast (using the alternate hand).

Repeat the same physical examination while standing up. Repeat the procedure every after a month.

1.2 STATEMENT OF THE PROBLEM

Screening for early detection of diseases is an important public health principle. Self-Breast examination is one of the vital screening techniques for early detection of breast disease and breast cancer, which is the commonest cancer in women. Women who receive personal instruction on self-breast Examination from a health care professional demonstrate greater knowledge and confidence and are more likely to practice routine self-breast Examination than those who become aware of the method from other sources. Nurses among other health care professional play a unique role in alerting the community about early detection of breast problems because they usually have the closest contacts with female patients?

Breast cancer has been considered as a major health problem in females, because of its high incidence in recent years. Self-Breast examination (SBE) has a role in early diagnosis and prevention of morbidity and mortality rate of breast cancer, promoting Women knowledge, capabilities and attitude are required in this regard.

In developing countries owing to resource crunch and diagnostic facilities being too costly, breast self-examination is an effective and economic preventive mode. Hence, early detection and screening by self-examination should be promoted.

It is on this background that this study on the knowledge, attitude, and practice of self-examination among women. The objective of this study is to inquire about the practice of self- breast examination among women in Uganda since mammography is expensive and not readily available.

1.3 STUDY OBJECTIVE

To determine the knowledge, attitude, and practices on self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital.

1.4 SPECIFIC OBJECTIVES

1. To determine the knowledge on self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital.
2. To identify the attitude of women aged 18-45 years towards self-breast examination among women in gynecological ward at KIU-teaching Hospital.
3. To determining practices for proper self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital.

1.5 RESEARCH QUESTIONS

1. What is the knowledge on self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital?
2. What is the attitude towards self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital?
3. What are the practices for proper self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital?

1.6 JUSTIFICATION OF THE STUDY

There is need to create awareness about the importance of Breast self-examination amongst women so as to improve this practice of in a bid to detect breast cancer at an early stage.

The study might motivate medical personnel to so that screening methods for breast cancer should be included in the curricula of all health professionals so as to empower them to take up the challenge of breast cancer detection through self-examination.

Medical doctors might be encouraged to pay more attention to clinical breast examination especially where there are identified risk factors.

The future researchers and educationalists might use the research as a basic of reference for secondary data.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

This chapter deals with review of literature relevant to the study that was obtained from various sources that include medical and nursing journals, text books and internet and is presented in relation to the study objectives.

2.2 THE KNOWLEDGE ABOUT SELF- BREAST EXAMINATION AMONG WOMEN AGED 18-45 YEARS.

According to the study carried out by Omolase (2013), about a third of the respondents knew about the different methods for detection of breast cancer, this finding is disappointing considering the fact that the respondents were health workers. More than half of the respondents attributed lack of information as a barrier to practice of self-breast examination. This finding and the later one brings to fore the need to incorporate the methods of detection of breast cancer in the training of the core health professionals.

This is due to lack of awareness and nonexistent breast cancer screening programs. Early detection and prompt treatment offer the greatest chance of long term survival and self-breast examination (SBE) seems to be an important viable optional substitute for early detection of cancer (Ertem & Kocer, 2009).

Shaikhaand & Salama (2011) findings showed that two third of the study sample had heard of SBE. Many studies reported that high percentage rate among women who heard

about SBE regardless of their age group and occupational status (17-18, 21). While many others studies showed opposite result (14, 22-23). The present study revealed that the main source of knowledge was T.V. program (72.9%), while health professional form (34.4%) i.e., not main source of knowledge in spite of presence of Iraqi national education program. The respondents had opportunity and access of these electronic media and watching T.V. including internet especially after year 2003 in addition to that the study sample were well educated and can interact with such program, or may be had no time in seeking proper medical advice as busy in their work. T.V. programs were seen as a main source of information regarding BSE among many studies (Alwan et al. (2012) & Dandash A (2007).). A study in Egypt 2000, showed that the main source was peer groups and health professional was the least source of information. This could be due to the long time that women spent with each other at the workplace, discussing different issues (Seif N & Aziz M, 2000).

Although WHO documented that health team play an important role in teaching, counseling, and convincing women to practice BSE ((Seif N & Aziz M, 2000), but the opposite result seen among previous studies the explanation may be due to absence of national educational program, unavailability of health resources centers, careless of the participant to seek medical advice, in addition to mult-barrier for education according to participant response in that studies.

The study depict that 84.4% of participant had knowledge about technique about BSE, but knowledge regarding general information was low. A Similar result was seen In

Teheran, Iran 2002, although the study was done among female health care workers (Haji-Mahmoud et al., 2009). Regionally there are wide variation regarding this point. Certain studies revealed that low percentage regarding both knowledge of procedure and general information as in study among working women in Ain Shams University in Egypt 2000 , a study among high school students in Turkey 2008, (Kara Y ,2008) and a study including 10% of school teacher in Turkey 2008, Other studies showed that high percentage regarding both knowledge of procedure and general information as in study done among working women in hospital in Jordan 2010, this explain on Obases that health worker are more contact with problem and more medically oriented and /or reflect the activity of Jordan national program for early detection of educational program (Jaradeen, 2010).

Grand mean assessment value regarding knowledge of procedure for BSE among study samples of 1st steps was 2.17 above the (cut – off point = 2), for 2nd steps was 1.99 just below the (cut – off point = 2). 3rd step was 1. The grand mean of the all steps was 1.72. A cross study survey was done among working women in Ain Shams University in Egypt 2000 revealed that grand mean assessment value 1.14 below the (cut – off point = 2) (Kara Y , 2008).

In a study conducted in Udipi among college going students they found 72% of them had average knowledge on BSE, one was performing occasionally (Shalini etal.2011). Even though BSE is simple, quick and cost free procedure the practice is low. 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 the breast have been cited as reasons for not practicing BSE (Lierman et al., 1994).

The importance of knowledge of these risk factors and the need for every woman to be aware of the need for surveillance on her breasts and the various ways to do this cannot be over emphasized. The poor knowledge and wrong beliefs about cancer breast prevention among women are responsible for a negative perception of the curability of a cancer detected early and of the efficacy of the screening tests, (Sung et al., 2007). Studies that detect the awareness of breast cancer and the practice of BSE among Arab women were few and pointed to a lack in breast cancer knowledge of females.

2.3 THE ATTITUDE OF WOMEN AGED 18-45 YEARS TOWARDS SELF-BREAST EXAMINATION.

According Mbanaso et al. (2011), changes in the behavior of women and physicians are needed to increase the use of BSE, clinical breast examination and mammographic screening. Mammography is the method of choice for the early detection of breast cancer. However the its limited use in developing countries due to the high cost and limited availability make BSE a convenient, and cost effective method, though less reliable, (Rutledge et al. 2011).

The study carried out by World Health Organization (2012) stated that a woman can notice changes by being aware or using a specific schedule (a step by- step) to examine

her breasts. The best time for a woman to examine her breasts is when the breasts are not tender or swollen. Women who examine their breasts should have their technique reviewed by their health care professional. BSE is a simple, effective, and inexpensive method of breast cancer screening that made suitable for all women to use in practice. However, it is suggested that BSE may prove to be of particular interest in countries where breast cancer is an increasing problem, but where mammography services are almost nonexistent. The current recommendations for BSE to be performed monthly beginning at the age of twenty years were agreed by many national organizations such as: American Medical Association 2007, Susan G. for the Cure 2009, & American Cancer Society 2012.

Breast self-examination general information include: (ideal age to start practicing BSE is ≥ 20 years old, right time to practice BSE is immediately after end of menses, ideal time required to perform BSE is ≤ 10 minute, the frequency for practicing BSE is once monthly, (Ministry of Health (MOH), (2008).

Respondents were asked if they discovered a lump in their breast, how fast would they seek medical attention and majority, 89%, stated that within one week of discovery, while 7% stated within one month, and 4% stated within 1-3 months. Respondents were asked if they believe that breast cancer only occurred in elderly women and 34% stated yes while 66% stated no. In addition, respondents were asked if they were at risk for developing breast cancer and 25% did not perceive themselves at risk, 10% perceived

they had a low risk of developing breast cancer, and 30% believed to be at a medium risk and 35% stated that they were at a high risk for developing cancer, (Sarfo, et al., 2013).

According to Rutledge et al. (2011) women's attitude toward SBE consist of three items. (I do not have any problem in my breasts, so there is no reason to examine my breasts, BSE is difficult and time consuming, and BSE is embarrassment).The present study revealed that more than half of the study sample believed that SBE is neither difficult and time consuming nor embarrassing. A similar result was seen in Teheran & Iran (2002), showed that the majority of respondent believed that SBE is not difficult and time consuming or embarrassment (63% and 72%) respectively (15). A study in Saudi Arabia 2007, (376) 67.6% of the participant show a negative attitude toward SBE (22)

In many countries, there are cultural attitudes that make women feel uncomfortable to receive information about SBE by male healthcare personnel. As especially important role models in such situations, female nurses must have accurate information and positive attitudes about SBE and should perform it regularly themselves (Alsaif, 2004).

2.4 THE PRACTICES OF SELF-BREAST EXAMINATION AMONG WOMEN AGED 18-45 YEARS.

Diagnosis of breast cancer at an earlier stage allows women more treatment choices and greater chance of long term survival. In a bid to reduce the incidence of mortality from

breast cancer there is need for an effective screening program. Empowering female through creating awareness amongst them could go a long way in enhancing the screening program for breast cancer. Prevention and identification of breast cancer at an early stage is of paramount importance in saving lives as well as improving the quality of life. Breast cancer lends itself to early detection and subsequent early treatment if women use early detection measures, (Abimbola 2012).

According Mbanaso et al. (2011), there is need to create awareness about the importance of SBE amongst women so as to improve this practice of in a bid to detect breast cancer at an early stage. Screening methods for breast cancer should be included in the curricula of all health professionals so as to empower them to take up the challenge of breast cancer detection. Medical doctors should pay more attention to clinical breast examination especially where there are identified risk factors. Mammography should be made more readily available in Nigeria. Similar studies should be done amongst non-health practitioners preferably in a rural setting.

Screening for early detection and diagnosis of diseases and health conditions is an important public health principle. SBE is a process whereby women examine their breasts regularly to detect any abnormal swelling or lumps in order to seek prompt medical attention. The procedure though simple, non-invasive and requiring little time, can only be practiced with the right attitude to sustain it and achieve the desired goal, of

early diagnosis and treatment before metastasis, which is a prerequisite for better outcome, (Kayode. 2010).

From various studies about breast cancer in Nigeria, very low level of knowledge about symptoms of breast cancer and screening methods has been reported, Cancer facts and figures, (2009). Therefore there is a need for information and enlightenment, if patients are to present early in hospital. Nurses, who form a major part of health workers, often give health talks in clinics and interact with patients and their relations; they can now play a crucial role in patient education about breast cancer screening methods. In some parts of the developed world, the specialist breast-care nurse has evolved and these nurses are involved in public advocacy, care giving, support and research, (White & Wilkes 2014). This is required more in developing countries such as Nigeria, where diagnostic facilities are inadequate. Apart from nurses, other health workers are also regarded as important role models in the communities where they live.

Various risk factors for breast cancer have been reported, and this include; increasing age, hormone replacement therapy (HRT), high dietary fat, excessive alcohol consumption, smoking and family history among others . The importance of knowledge of these risk factors and the need for every woman to be aware of the need for surveillance on her breasts and the various ways to do this cannot be over emphasized. The recognized screening methods include; self-breast examination (SBE), clinical breast examination (CBE), and mammography. SBE as a screening method is

controversial but it has been reported that this makes women more "breast aware", which in turn may lead to earlier diagnosis of breast cancer, (Siahpush & Singh, 2002).

Based on the research conducted by Sarfo, et al., (2013), it is recommended that there is a need to create awareness about the importance of SBE amongst women so as to improve the practice of it. Furthermore, public awareness on the importance of SBE should be intensified using mass media and the health service personnel should promote SBE during their contact with female clients. In order to function as effective promoters of breast cancer control through early detection, nurses/nursing students should possess the accurate knowledge and the appropriate attitude and practice concerning the disease and its early detection. Nurses should adopt such preventive screening procedures and act as role models for the community.

The three screening methods recommended for breast cancer include self-breast examination (SBE), clinical breast examination (CBE) and mammography. It is important to adequately motivate women to regularly carry out SBE so as to curtail the increasing mortality rate from breast cancer. Although the role of regular SBE has been debated, it can nevertheless be utilized in enhancing breast cancer awareness among women. In fact regular SBE has been suggested as part of overall health promotion concept. The practice of SBE can help women to know the structure and composition of their normal breast thereby enhancing their sensitivity to detect any abnormality at the earliest time, (Jemal et al. 2010).

CHAPTER THREE: METHODOLOGY

3.1. INTRODUCTION

This chapter presents the research methodology which is a detailed procedure of the study. The chapter comprised of the following sections; study design, study setting, study population, selection criteria, sample size determination, sampling technique, study variables, data collection techniques, instruments, data management and data analysis.

Quality control techniques and ethical consideration of the study are also discussed in this chapter as well.

3.2. STUDY DESIGN AND RATIONALE

The study was conducted through a descriptive cross sectional study design qualitative in nature whereby the study design was used to examine the knowledge, attitude, and practices on self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital. The design was selected because it aids in rapid data collection and allowed a snap shot interaction with a small number of respondents at a point in time.

3.3. STUDY SETTING

The study was carried out at KIU-TH Gynecological ward. The site was selected because it's currently a recognized referral hospital for Bushenyi district with a consistent high number of gynecological conditions with breast cancer inclusive. The setting is convenient for the researcher in terms of transport since it's within his locality of training. Geographically, KIU.TH is located in the western part of Uganda about 405km from Kampala, the national capital city, 50km from Mbarara city and it is approximately 03km away from Ishaka Municipality (the district main town), Ishaka Municipality – Bushenyi district. The area has relatively flat and gently sloping areas and the climate is relatively cool throughout the year because of the surrounding swamps. In the North, it is bordered by Rubirizi district, Buhweju district in the East, Sheema district in the South and Mitoma district in the West.

The dominant tribe in this area is Banyankole and Runyankole is their local language. However, other tribes like Bakiga, Baganda and Batoro and Bakonzo are also found in this area.

KIU is a private institution with many faculties. The hospital has a capacity of 1000 beds receiving both in patients and out patients with advanced technology and patient care especially to patients having sexually transmitted diseases. Advanced laboratory for investigative procedures to confirm the presence of diseases like sexually transmitted diseases and others.

3.4 STUDY POPULATION

The study targeted women aged 18-45 years in gynecological ward because this age group shams the highest risk of breast cancer worldwide hence the need for assessment in this study.

3.4.1 SAMPLE SIZE DETERMINATION.

The study involved 52 respondents who were selected in the ward using simple random sampling method. The sample size was determined by using an efficient method of determining the sample size needed to be representative of a given population as given by Krejcie & Morgan (1970) tables as shown on appendix III.

3.4.2 SAMPLING PROCEDURES.

A simple random sampling method was used for qualitative data collection. To reduce the bias, the number of respondents (women) present at gynecological ward was elicited; equal number of papers branded “yes or no” and then were folded and mixed together in one box. Then each qualifying woman was given a chance to pick one. Those that picked yes automatically qualified for the study. Any woman that picked “no was excluded from the study. The sample size was not achieved on the first day, another day was considered to get the determined sample size but excluding those who had qualified before.

3.4.3 INCLUSION CRITERIA.

The study included all the female patients at KIU-TH gynecological ward between 18-45 years and willing to consent for this study because breast cancer cases are more prevalent in the reproductive age as above. Therefore they could cite their knowledge, attitude and practices of SBE.

3.5 STUDY VARIABLES.

3.5.1 Dependent variables.

Breast self-examination among women aged 18-45 years in gynecological ward.

3.5.2 Independent variables.

The knowledge, attitudes, and practice women aged 18-45 years.

3.6. RESEARCH INSTRUMENTS.

Structured questionnaires were used as tool of gathering information. Questionnaires were divided into four parts that is first section were to collect data about social demographic profile, the second were used to Identifying the methods used by women aged 18-45 years to carry out breast self-examination among women in gynecological ward at KIU-teaching Hospital , the third was to determine the knowledge and attitudes, on breast self-examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital and the fourth section determined practices for proper breast self-examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital.

3.7. DATA COLLECTION PROCEDURE.

Permission to conduct a study was obtained from research committee of KIU-SONS.

After the completion of sampling process, the investigator interviewed the health workers and women aged 18-45 years in gynecological ward at KIU-teaching Hospital.

The investigator introduced himself to the prospective participants and read to individual participants the consent form that detailed the title and purpose of the study as well as the rights of the participants.

Whenever the participant agrees to be interviewed, he/she was asked to provide a written consent by signing or finger printing. If they refuse to participate, the interview did proceed.

After obtaining the written consent, the investigator entered the questionnaire serial number and date of the interview and proceed from the first up to the last questionnaire using a number and date of interview and proceed from first up to last question using the language understood by the participant. The investigator entered understood responses given by the participants by ticking the appropriate response and entering the same number into the coding box. This was done to ensure data quality as the one enter in the coding box. If the numbers are different, it was not be valid response. The researcher reviewed the questionnaire on daily basis to ensure they are being completed and any error corrected to avoid being repeated.

3.7.1 Data Management

Quantitative data was collected using structured questionnaires. Completed questionnaires were checked for accuracy, validity, any missing data, and competences on daily basis after data collection at the end of the day. Data was coded manually and it was entered correctly in the computer. The questionnaire was kept properly in a lock and key to avoid access by those not authorized and losses.

3.7.2 Data Analysis and presentation.

Data was analyzed by descriptive statistics using statistical package for social scientists (SPSS) version 16.0 software and presented in frequency tables, pie charts and bar graphs.

3.8 QUALITY CONTROL TECHNIQUES (STEPS TO MINIMIZE ERRORS)

For reality and validity, the questionnaires were presented with a tenth of the sample size outside the study area in (Kabwohe health Centre IV). The questionnaires were then revised and content adjustment made accordingly.

After data collection, questionnaire was checked daily for completeness, clarify, consistency and uniformly by the principal investigator.

3.9 ETHICAL CONSIDERATION.

A letter of introduction was obtained from KIU-TH SONS to permit the researcher to carry out the research. Permission was obtained from KIU-TH Executive Director and Head of gynecological ward.

All the respondents that participated in the study were selected on basis of informed consent.

The study was on voluntary basis and information was kept private and confidential. Participants' anonymity was kept. The study was conducted while upholding the professional code of conduct in a manner that would not compromise the scientific inclination of research.

3.10 STUDY LIMITATIONS.

- **Funds.** The research faced the problem of funding throughout the study however money was got from friends' contributions to finance the study.
- **Language barrier.** KIU being an international institution it is endowed with people from different parts of the world therefore there was problem of language barrier however the researcher hired the translator (assistant) to help during the study.

3.11 DISSEMINATION OF RESULTS.

Copies of the results were disseminated to;

- ✓ Bushenyi district health office for appropriate interventions.

- ✓ KIU WC School of nursing library.
- ✓ Uganda Nurses and Midwifery Examination Board as one of the requirements for the award of diploma in Nursing Sciences.

CHAPTER FOUR: PRESENTATION OF RESULTS

4.1 INTRODUCTION

This chapter presents findings of qualitative and quantitative data collected. The results were obtained from a study on knowledge, attitude and practice of self-breast examination among women aged 18-45 years in gynecology ward at KIU.TH Ishaka municipality Bushenyi district.

A total of 52 respondents were selected, data was analyzed manually and findings were presented in tables and figures.

4.2 SOCIO-DEMOGRAPHIC DATA

Table 1: showing Socio-demographic data of the respondents

VARIABLE	FREQUENCY(N=52)	PERCENTAGE
Age		
21-26	14	26.9
27-32	18	34.6
33-38	11	21.2
39-44	8	15.4
45- above	1	1.9
Total	52	100
Religion		
Catholic	16	30.8
Protestant	15	28.8
Muslim	7	13.5
Others	14	26.9
Total	52	100
Occupation		
Self employed	15	28.8

Formal employment	16	30.8
Others(e.g. House wives, maids)	21	40.4
Total	52	100
Marital status		
Single	11	21.1
Married	24	46.2
Divorced/Separated	5	9.6
Widow	12	23.1
Total	52	100
Highest level of education		
None	5	9.6
Primary	12	23.1
Secondary	15	28.8
Tertiary	20	38.5
Total	52	100.0

Source: Primary data

From table 1 above, the study findings revealed that most participants 14(26.9%) were between the age blanket of 33-38 years followed by those between 27-32 years 18(34.6%), trailed by 21-26 years 14(26.9%), shaded by 39-44 years 8(15.4%), and the slightest number of respondents 1(1.9%) was 45 years.

Utmost respondents were of the Catholic denomination 16(31%) and the minimum were Moslems 7 (13%).

Record of the respondents 24(40.4%) were house wives, trailed by formally employed women 16 (30.8%), and the slightest were Self-employed 15(28.8%).

Greatest number of the participants 24(46.4%) were married/cohabiting, shadowed by widows 12 (23.1%) and the minimum 5(9.6%) had separated/divorced.

Furthermost of the respondents 20(38.5) had attained tertiary level of education surveyed by those of secondary 15(28.8%), and the most minuscule were not educated at all 5 (9.6%).

4.3 The Knowledge on Self-Breast Examination among Women Aged 18-45 Years in Gynecological Ward of KIU-Teaching Hospital.

Table 2: Showing respondents' response on the need for knowledge, possession of knowledge and whether and how Lack of knowledge of SBE hinders the practices.

Response	Frequency(N=52)	Percentage
As a woman do you have the basic knowledge on SBE?		
Yes	10	19
No	42	81
Total	52	100
Do you need more knowledge on SBE?		
Yes	52	100
No	0	0
Total	52	100
Does lack of knowledge hinders you to practice of SBE?		
Yes	52	100
No	0	0
Total	52	100
If yes how?		

Lack of information is a barrier to SBE	34	65
Lack of self confidence	08	15
Awkwardness associated with manipulation of the breast	05	10
Fear of spoiling the breast	00	00
Not knowing the necessity of examining the breasts	04	08
Failing to do it in the right time	01	02
Total	52	100

Source: Primary data

From table 2 above, the study findings showed that entirely all Respondents 52(100%) needed knowledge of self- breast examination of which virtually all 42 (81%) had no basic knowledge while the tiniest 10(19%) had basic knowledge on SBE.

Completely all 52(100%) respondents agreed that lack of knowledge hindered them to practice SBE. Nearly two thirds 34(65%) were hindered by lack of concrete information on the procedure, followed by lack of self-confidence 08(15%) and the slightest number of respondents 01(02%) were hindered by laziness and failure to perform it regularly as

advised by health workers. Not a soul of the respondents had fear of the procedure to spoil her breasts.

4.4 The Attitude of Self-Breast Examination among Women Aged 18-45 Years in Gynecological Ward at KIU-Teaching Hospital.

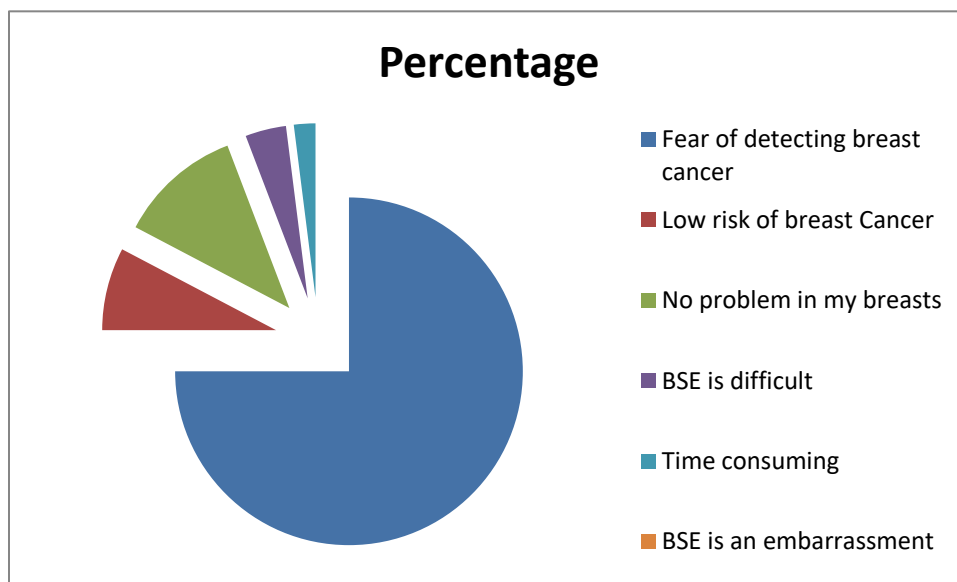


Figure 1 A
pie chart
showing
the
negative
attitude of
respondent
s towards
SBE.

N=52

Source: Primary data

Results from figure 1 above revealed that; roughly three quarters of the respondents 39(75%) don't practice SBE in fear of being diagnosed with breast cancer. A minimum 06(11.5%) had no problem with their breasts so they realized no reason to perform SBE. The most minuscule 01(02%) revealed that the practice is time consuming. None of the respondents had an attitude of embarrassment on SBE

Table 3 Showing Benefits of the practice and need for sensitization among respondents.

Response	Frequency(N=52)	Percentage
Helps to detect cancer at early	21	40.4
Self-examination at home can bridge the gap in between check-ins with your ob-gyn.	11	21.2
Inexpensive method of breast cancer screening	15	28.8
There are cultural attitudes that make women feel uncomfortable to receive information about SBE by male healthcare personnel	05	9.6
Does early diagnosis of breast cancer avail women more treatment choices and greater chance of long term survival?		
Yes	52	100
No	00	00
Respondents' response on need for sensitization about SBE so as to improve the practice in a bid to detect breast cancer at an early stage.		
Yes	48	92.3
No	4	7.7

Figure 2 A

bar graph

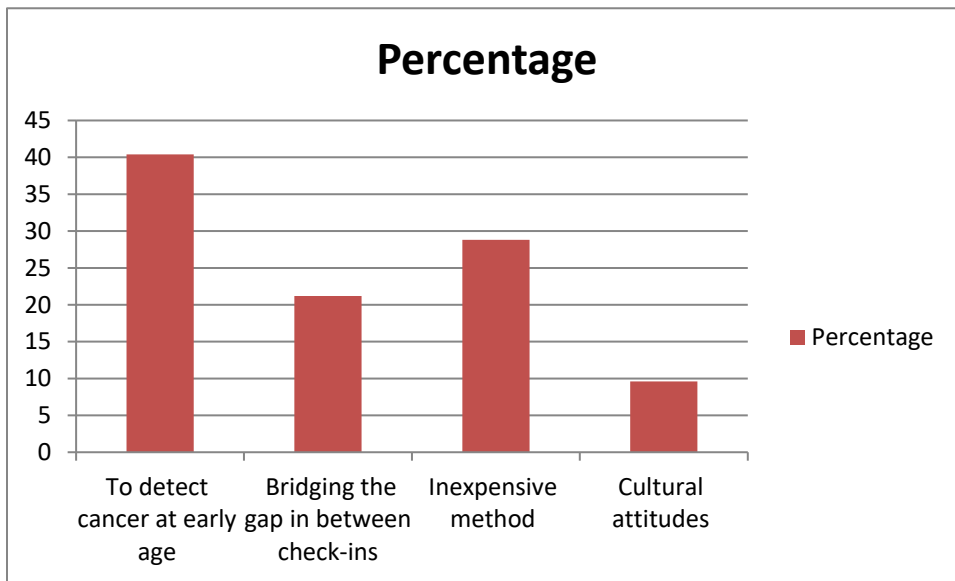
showing

Benefits of

SBE

practice

N=52



According to the graph above, Virtually a half 21(40.3%) of the respondents held SBE in early detection of breast cancer, 15(28.8%) alleged its inexpensive method of breast cancer screening, limited respondents 11(21.2%) supposed it bridges the gap between check-in with the medical workers, the minute 5(9.6%) believed SBE favors women with cultural restrictions to breast examination by male medical practitioners.

Table 4: The practices of proper self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital

Response	Frequency(N=52)	Percentage
Early diagnosis renders women more treatment choices and greater chance of long term survival	10	19
Empowering all health workers and creating awareness amongst them could go a long way in enhancing SBE	03	06
SBE for early detection and diagnosis of diseases and health conditions is an important public health principle.	07	13.5
Women who practice SBE should have their technique reviewed by their health care professional.	05	10
Screening methods for breast cancer should be included in the curricula of all health professionals.	05	9.6
Medical doctors should pay more attention to clinical breast examination especially where there are identified risk factors.	04	08
Nurses/nursing students should possess the accurate knowledge and the appropriate attitude towards SBE.	07	13
Nurses should adopt such preventive screening procedures and act as role models for the community	09	17
Knowing the structure of the normal breast hence enhancing sensitivity for early detect of any abnormality.	02	04

Results from table 5 above, revealed that most respondents 10(19%) admitted SBE and early diagnosis of breast cancer, renders women more treatment options and longer survival, hardly any 05(10%) suggested that women who practice SBE should have their technique reviewed regularly by health workers and a minimum 02(04%) of the respondents, agreed that through regular practice of SBE, women know the normal structure of their breasts hence enhancing their sensitivity to detect any abnormality earlier.

CHAPTER FIVE: DISCUSSION, CONCLUSION, NURSING IMPLICATIONS AND RECOMMENDATIONS

5.1: INTRODUCTION

This chapter discusses and concludes the findings of the study. An attempt is further made to highlight recommendations.

5.2: DISCUSSION

The findings showed ways how lack of knowledge among women aged 18-45 years hindered them from practicing self-breast examination as given by the respondents including;

Nearly two thirds 34(65%) did not practice SBE because they lacked concrete information on how to carry out the procedure, fewer 08(15%) due to lack of self-confidence, followed by 05(10%) due to awkwardness associated with manipulation of the breasts, a minimum 04(08%) not knowing the necessity of SBE and the least 01(02%) failing to do it at the right interval. None of the respondents was hindered by fear to spoil the breasts.

In agreement with the above, the study carried out by Omolase (2013), about a third of the respondents knew about the different methods for detection of breast cancer, this finding is disappointing considering the fact that the respondents were health workers. More than half of the respondents attributed lack of information as a barrier to practice

of self-breast examination. This finding and the later one brings to fore the need to incorporate the methods of detection of breast cancer in the training of the core health professionals and regular sensitization of the community about SBE and its benefits.

The findings revealed that the negative attitudes towards self- breast examination among women 18-45 year in gynecological ward at KIU-teaching Hospital as given by all the respondents included; roughly three quarters of the respondents 39(75%) don't practice SBE in fear of being diagnosed with breast cancer. A minimum 06(11.5%) had no problem with their breasts so they realized no reason to perform SBE. The most minuscule 01(02%) revealed that the practice is time consuming and none of the respondents had any embarrassment on SBE.

The study found out that the positive attitude towards self-breast examination among women among women aged 18-45 years in gynecological ward at KIU-teaching Hospital as given by all the respondents included;

Virtually a half 21(40.3%) of the respondents held SBE in early detection of breast cancer, 15(28.8%) alleged its inexpensive method of breast cancer screening, limited respondents 11(21.2%) supposed it bridges the gap between check-in with the medical workers, the minute 5(9.6%) believed SBE favors women with cultural restrictions to breast examination by male medical practitioners.

To supplement on the above, the study carried out by World Health Organization (WHO). (2012) stated that a woman can notice changes by being aware or using a specific schedule (a step by- step) to examine her breasts. The best time for a woman to

examine her breasts is when the breasts are not tender or swollen. Women who examine their breasts should have their technique reviewed by their health care professional. SBE is a simple, effective, and inexpensive method of breast cancer screening that made suitable for all women to use in practice. However, it is suggested that SBE may prove to be of particular interest in countries where breast cancer is an increasing problem, but where mammography services are almost nonexistent. The current recommendations for SBE to be performed monthly beginning at the age of twenty years were agreed by many national organizations such as: American Medical Association 2007, Susan G. Komen for the Cure 2009, & American Cancer Society 2012.

The findings of the study showed that the practices for proper breast self-examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital include;

Most respondents 10(19%) admitted SBE and early diagnosis of breast cancer, renders women more treatment options and longer survival, hardly any 05(10%) suggested that women who practice SBE should have their technique reviewed regularly by health workers and a minimum 02(04%) of the respondents, agreed that through regular practice of SBE, women know the normal structure of their breasts hence enhancing their sensitivity to detect any abnormality earlier.

To support the above, from various studies about breast cancer in Nigeria, very low level of knowledge about symptoms of breast cancer and screening methods has been reported, Cancer facts and figures, (2009). Therefore there is a need for information and

enlightenment, if patients are to present early in hospital. Nurses, who form a major part of health workers, often give health talks in clinics and interact with patients and their relatives can now play a crucial role in patient education about breast cancer screening methods. In some parts of the developed world, the specialist breast-care nurse has evolved and these nurses are involved in public advocacy, care giving, support and research, (White & Wilkes 2014). This is required more in developing countries such as Nigeria, where diagnostic facilities are inadequate. Apart from nurses, other health workers are also regarded as important role models in the communities where they live.

5.3 CONCLUSION

The findings showed the reasons why lack of knowledge among women aged 18-45 years has hindered them from practicing breast self-examination as given by the respondents include; failing to do it in the right time, lack of self confidence in their ability to perform the technique correctly, embarrassment associated with manipulation of the breast, not knowing the procedures to be followed in examination, not knowing the necessity of examining the breasts and lack of information is a barrier to practice of self-breast examination.

The findings revealed that the negative attitudes among women aged 18-45 years towards self-breast examination among women in gynecological ward at KIU-teaching Hospital as given by all the respondents include; fear of detecting breast cancer, SBE is an embarrassment, some women thought they did not have any problem in my breasts,

so there is no reason to examine my breasts, BSE is difficult, and some women perceived they had a low risk of developing breast cancer.

The study found out that the positive attitude among women aged 18-45 years towards self-breast examination among women in gynecological ward of KIU-teaching Hospital as given by all the respondents include; it helps them to detect cancer at early age, it is a health practice among the women, inexpensive method of breast cancer screening, favors women with cultural attitudes that make them feel uncomfortable to receive information about SBE by male healthcare personnel and self-examination at home can bridge the gap in between check-ins with medical practitioners.

5.4 RECOMMENDATION.

The findings of the study recommended the practices for proper self-breast examination among women aged 18-45 years in gynecological ward at KIU-teaching Hospital include;

Diagnosis of breast cancer at an earlier stage allows women more treatment choices and greater chance of long term survival

Screening for early detection and diagnosis of diseases and health conditions is an important public health principle

Women who examine their breasts should have their technique reviewed by their health care professionals regularly.

The practice of SBE can help women to know the structure and composition of their normal breast thereby enhancing their sensitivity to detect any abnormality at the earliest time

All female health professionals should adopt such preventive screening procedures and act as role models for the community.

Screening methods for breast cancer should be included in the curricula of all health professionals so as to empower them to take up the challenge of breast cancer detection.

5.5 NURSING IMPLICATIONS

Nurses should always conduct health education talks to sensitize women on the benefits and practices of SBE for early diagnosis of breast cancer. All nurses should be welcoming, approachable, and non-judgmental in practice.

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APPENDIX I: QUESTIONNAIRE

I am **Wasswa Matthew** a student of Kampala International University pursuing a Diploma in Nursing Science, am conducting a study on the knowledge, attitudes, and practice on breast self-examination among women aged 18-45 years in gynecological ward of KIU-teaching Hospital.

I kindly request you to participate in this study. The information given will be kept with confidentiality. You are free to/or not to participant

Instructions

Do not write your name on this questionnaire

- i. Tick the appropriate answer(s) in the box or use the space for the right answer**

Section A: Demographic Data.

1. Age

- a. 21-26 () b. 27-32 () c. 33-38 () d. 39-44 () e. 45-49 ()

- 2. Sex** a. Female () b. Male ()

3. Tribe

- a. Munyankole () b. Mutoro () c. Mukiga () d. Others (specify.....)

4. Religion

- a. Pentecostal () b. Catholic () c. Moslem () d. Born again ()

- b) Lack of self confidence in their ability to perform the technique correctly Yes ()
No ()
- c) Embarrassment associated with manipulation of the breast Yes () No()
- d) Fear of spoiling the breast Yes () No()
- e) Not knowing the procedures to be followed in examination Yes () No()
- f) Not knowing the necessity of examining the breasts Yes () No()
- g) Failing to do it in the right time Yes() No()

Section c: The attitude of women aged 18-45 years towards breast self-examination among women in gynecological ward of KIU-teaching Hospital.

12. Identify the negative attitudes among women aged 18-45 years towards breast self-examination among women in gynecological ward of KIU-teaching Hospital.

- a) Fear of detecting breast cancer.....Yes () No ()
- b) Have allow risk of developing breast cancer..... Yes () No ()
- c) No problem in my breasts, so there is no reason to examine them Yes () No ()
- d) BSE is difficultYes () No ()
- e) Time consuming.....Yes () No ()
- f) BSE is an embarrassment..... Yes () No ()

13. Identify the positive attitude among women aged 18-45 years towards breast self-examination among women in gynecological ward of KIU-teaching Hospital.

Cancer detection at early age. True () False ()

I. Early diagnosis of breast cancer and allows women more treatment choices and greater chance of long term survival.

YES () No ()

II. Empowering all health workers and creating awareness amongst them could go a long way in enhancing the screening program for breast cancer

Yes () No ()

III. Screening for early detection and diagnosis of diseases and health conditions is an important public health principle.

Yes () No ()

IV. Women who examine their breasts should have their technique regularly reviewed by their health care professional.

Yes () No ()

V. Screening methods for breast cancer should be included in the curricula of health professionals so as to empower them to take up the challenge of breast cancer detection.

True () False ()

VI. Medical doctors should pay more attention to clinical breast examination especially where there are identified risk factors.

True () False ()

VII. In order to function as effective promoters of breast cancer control through early detection, nurses/nursing students should possess the accurate knowledge and

the appropriate attitude and practice concerning the disease and its early detection.

Yes () No ()

VIII. Female medical workers should adopt such preventive screening procedures and act as role models for the community.

True () False ()

IX. The practice of SBE can help women to know the structure and composition of their normal breast thereby enhancing their sensitivity to detect any abnormality at the earliest time.

True () False ()

Thank you

APPENDIX II: DETERMINING SAMPLE SIZE

Table: Small Sample Technique for Selection of Sample

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357

100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	397
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note. - N is population size

S is sample size

Source: Robert Krejcie & Daryl Morgan (1970)

APPENDIX I11: INTRODUCTORY LETTER



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E-mail: akabanyoro@gmail.com
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Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: WASSWA MATTHEW - DNS/E/5677/162/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and he is in his final academic year.

He is recommended to carry out his data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

His topic is **THE KNOWLEDGE, ATTITUDES AND PRACTICE ON BREAST SELF EXAMINATION AMONG WOMEN 18 – 45 YEARS IN GYNECOLOGICAL WARD OF KIU – TEACHING HOSPITAL**

Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.

Nabaliisa Sarah
RESEARCH COORDINATOR



Signature of Nabaliisa Sarah

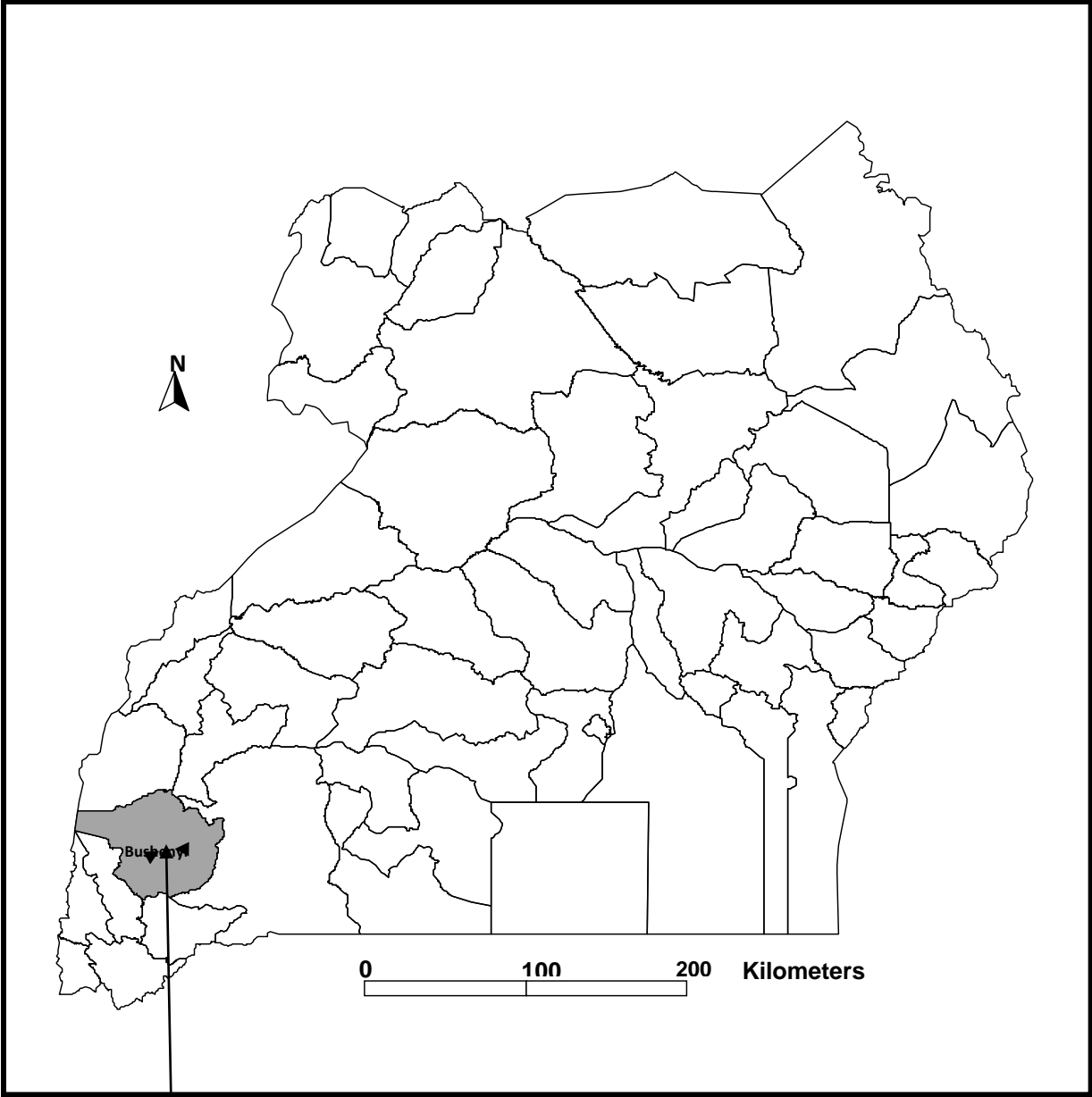
"Exploring the Heights"

APPENDIX 1V: THE MAP OF ISHAKA BUSHENYI DISTRICT SHOWING THE LOCATION OF KAMPALA INTERNATIONAL UNIVRERSITY TEACHING HOSPITAL



KIU.TH

**APPENDIX V: THE MAP OF UGANDA SHOWING THE LOCATION OF
BUSHENYI DISTRICT**



BUSHENYI DISTRICT