



University of Basrah
Collage of Nursing

**Evaluation of Collegians' Undergraduate Female
Nursing Knowledge about Breast Self-Examination**

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By students

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الآية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قال تعالى :

﴿وَلَقَدْ آتَيْنَا دَاوُودَ وَسُلَيْمَانَ عِلْمًا وَقَالَا الْحَمْدُ لِلَّهِ الَّذِي فَضَّلَنَا عَلَى كَثِيرٍ مِّنْ عِبَادِهِ
الْمُؤْمِنِينَ﴾

صدق الله العظيم

سورة النمل (آية ١٥)



الإهداء

الحمد لله رب العالمين والصلاة والسلام على خاتم الأنبياء والمرسلين واله
الطيبين الطاهرين أهدي هذا العمل.....

إلى من لا يمكن للكلمات أن توفي حقهم الى من ضحوا بأنفسهم في سبيل
الوطن الى شهداء العراق العظيم

إلى من ربّني وأنارت دربي وأعانتني بالصلوات والدعوات ، إلى أعلى
إنسان في هذا الوجود أمي الحبيبة

إلى من عمل بكد في سبيلي وعلمي معنى الكفاح وأوصلني إلى ما أنا عليه
أبي الكريم أدامه الله لي

إلى من عمل معنا بإخلاص بغية إتمام هذا العمل مشرفتنا الفاضلة حفظها
الله

Supervisor's certification

I certify that this project of research *Evaluation of Collegians' Undergraduate Female Nursing Knowledge about Breast Self-Examination* was prepared under my supervision at the College of Nursing, University of Basrah as partial fulfillment of the requirements for the degree of Bachelor in Nursing.

Supervisor

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/ / 2022

In view of the available recommendations, I forward this research for debate by the examining committee.

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Abstract

Introduction: Breast self-examination is simple, non-invasive, requires little time and cost free practice and it can be perform by both young and old women. However, the women who not perform Breast Self-Examination (BSE) are high risk for breast cancer.

Objective: To assess the knowledge on breast self-examination among female nursing students.

Methodology: Descriptive, probability study was conducted among (120) female students at college of nursing in University of Basrah from November 1st 2021 to April 1st 2022, Data were collected by using a questionnaire format constructed to meet the study objective, it is consisted from two parts, the first one concerned with socio demographic data, the second part reflect knowledge of them about breast self-examination. Data was analyzed manually and then by using SPSS, version 23.

Results: The results of the study presents that Majority of study sample are in the age group (21 – 24) years, high percent of them don't have family history of breast cancer and most of them were not performing regular breast self-examination, their source of information were books. There was significant association between students' Knowledge toward breast self-examination and performing regular breast self-examination.

Conclusion: Most female nursing students had high knowledge about BSE but did not perform BSE.

Recommendation: The study recommends for improvement of the practice of breast self-examination via improvement of the teaching curriculum

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List of Abbreviations

Items	Meaning
BSE	Breast Self-Examination
PBE	Physical Breast Examination
HRT	Hormonal Replacement Therapy
CBE	Clinical Breast Examination
AAUJ	Arab American University/ Jenin
MS	Mean of Square
SPSS	Statistical Package for Social Science

Chapter One

Introduction

Chapter One

Introduction

1.1. Introduction:

Breast Self-Examination (BSE) is a screening method used in an attempt to detect early breast cancer. The method involves the women herself looking at and feeling each breast for possible lumps, distortions or Swelling. *(Ferlay J et al.,2014)*

Breast self-examination were once promoted heavily as a means of finding cancer at a more curable stage, but large randomized controlled studies were found that it was not effective in preventing death and were actually caused harm through needless biopsies, surgery and anxiety. Breast awareness is an informal alternative to structured breast self-examinations. *(Saran et al., 2019)*

One of the potential obstacles to early diagnosis of breast cancer in Iraq and other middle- and low-income countries include the lack of public health awareness programs. It has been demonstrated that early detection and screening for breast cancer, specifically when combined with adequate therapy, could lead to a reduction in breast cancer mortality. The main recognized methods of screening involve mammography, physical breast examination (PBE) and breast self-examination (BSE). *(Nada et al., 2012)*

The risk factors for breast cancer include advancing age, women with history or family history of breast cancer, women who started menstruation early or went through menopause late, and the use of hormonal replacement therapy (HRT) with combined estrogen and progesterone, using tobacco, obesity and alcohol. *(Lisa R et al.,2019)*

Breast cancer in the early stages typically do not produce symptoms but as the tumour enlarges, symptoms produced include; painless lump in the breast, lump under the armpit, breast pain, swelling or thickness of the breast's skin, spontaneous discharge of the nipple particularly if bloody and erosion or inversion in the nipple.(*Peter F. et al.,2014*)

Every year, breast cancer kills more than 500,000 women around the world. In resource-poor settings, a majority of women with breast cancer are diagnosed at an advanced stage of disease; their 5-year survival rates are low, ranging from 10% to 40%. In settings where early detection and basic treatment are available and accessible, the 5-year survival rate for early localized breast cancer exceeds 80%. (*WHO*)

Breast cancer can be detected early through two strategies: early diagnosis and screening. More than one million women are estimated to be diagnosed with breast cancer every year. In 2018, it is estimated that 627,000 women died from breast cancer that is approximately 15% of all cancer deaths among women. While breast cancer rates are higher among women in more developed regions, rates are increasing in nearly every region globally. (*Abdullah et al., 2019*)

The lack of knowledge and incorrectly held beliefs about breast cancer prevention among females are responsible for the negative perception of the curability of cancer detected early and of the efficacy of the screening tests. It is, therefore, important to assess the level of knowledge of BSE toward breast cancer in our communities. (*Obeidat R et al.,2013*)

1.2. Importance of the study:

The breast cancer considered to be a progressive disease with a poor prognosis if detected late, so a breast self-exam that was the done for breast awareness helps to understand the normal look and feel of the breasts.

1.3. Statement of the Problem:

Evaluation of female nursing student's knowledge about breast self-examination.

1.4. Objective of the Study:

To evaluate knowledge of female nursing students about breast self-examination.

1.5. Definition of Terms:

Knowledge: Knowledge is a familiarity with someone or something and it can include facts, information, descriptions, or skills acquired through experience or education. It can refer to the theoretical or practical understanding of a subject. In this study knowledge refers to the awareness and familiarity about breast self-examination among female students in college of nursing. (*Vignesh T et al.,2019*)

Breast self-examination (BSE): A Breast self-examination (BSE) is an inspection by a woman of her breasts to detect breast cancer early. In this study BSE refers to gain knowledge regarding Breast self-examination among female students of nursing college. (*Vignesh T et al.,2019*)

Evaluation: Determine or evaluate the knowledge on breast self-examination among female nursing students. (*Vignesh T et al.,2019*)

Chapter Two

Literature Review

Chapter Two

Literature Review

This chapter presents a survey of relevant literature and previous studies concerned with respect to the phenomena underlying the present study.

2.1. Part One: Overview

Breast self-examination involves checking the breasts for lumps or changes. Many breast problems are first discovered by women themselves, often by chance. Breast lumps can be non-cancerous (benign) or cancerous (malignant). (*Martin J et al.,2021*)

Breast cancer can occur at any age, though it is most common in women older than 50. Lumps or changes also may be signs of other breast conditions, such as mastitis or a fibroadenoma. (*Kathleen R. et al., 2021*)

Breast self-exam can be an important way to find a breast cancer early, when it's more likely to be treated successfully. While no single test can detect all breast cancers early, performing breast self-exam in combination with other screening methods can increase the odds of early detection. (*Marcia B et al.,2021*)

Over the years, there has been some debate over just how valuable breast self-examination is in detecting breast cancer early and increasing the likelihood of survival. For example, a 2008 study of nearly 400,000 women in Russia and China reported that breast self-examination does not have a meaningful impact on breast cancer survival rates and may even cause harm by prompting unnecessary biopsies (removal and examination of suspicious tissue). Because of the ongoing uncertainty raised by this and other studies, the American Cancer Society no longer

recommends breast self-exam as a screening tool for women with an average risk of breast cancer. (*Sameer G et al.,2019*)

Believes that breast self-examination is a useful and important screening tool, especially when used in combination with regular physical exams by a doctor, mammography, and in some cases ultrasound and/or MRI. Each of these screening tools works in a different way and has strengths and weaknesses. Breast self-exam is a convenient, no-cost tool that can use on a regular basis and at any age. (*Marcia B. et al., 2019*)

General Rules for BSE

- BSE should be done in a warm, comfortable, private place free from distractions. This allows women to be mindful of the exam, and the warmth allows the breast tissue to relax, facilitating the exam.
- BSE should be conducted using the pads, not the tips, of the three middle fingers.
- The right hand should be used to examine the left breast, the left hand to examine the right breast.
- The woman should examine all tissue from the maxillary line to the clavicle and to the sternum.
- Three levels of pressure should be applied: light, medium, and firm.
- The breast should be examined in small “massaging” circles. The fingers should maintain contact with the breast at all times. Lifting the fingers could lead to an area being missed.
- BSE should be performed both lying down, and in an upright position. The upright portion of the exam can be done in the shower. Additionally, a visual inspection should be done in front of a mirror.

- A small amount of oil, soap, or powder may be applied to the fingers to reduce friction and allow the fingers to glide more smoothly over the skin.

- The following areas should be examined thoroughly with each BSE:

- Outside: armpit to collar bone, and below the breast

- Middle: the breast itself

- Inside: the nipple area

Although cancerous growths are most likely to be found in the upper, outer breast quadrant or behind the nipple, they can occur in any area of the breast, chest, or lymph network; therefore, a thorough exam is essential. (*Aviva R. et al., 2010*)

Breast Masses

Breast self-examination (BSE) should begin at age 20 and be performed monthly. The breast is usually easiest to examine on the days immediately following the menstrual cycle. BSE can be frustrating to patients, particularly when they have fibrocystic change because they are not certain what they are feeling or supposed to feel. The technique of BSE should be taught early and reinforced regularly. If a palpable tumor develops, women who regularly perform BSE present with tumors 1 cm or smaller more frequently than women who do not perform BSE. Improvement in survival from breast cancer has not been demonstrated, however. Some women should not practice BSE because of the psychological trauma they suffer from repetitive false-positive findings. Those women need to rely on their physician to do a breast examination once or twice a year. (*Christina A et al., 2009*)

Clinical or physician breast examination (CBE) also should begin at age 20 and be performed annually for women at average risk for breast

cancer. Although tumors between 0.5 cm and 1.0 cm occasionally can be detected by an experienced physician, tumors between 1.0 and 1.5 cm can be detected 60% of the time. As the tumor grows, 96% of tumors larger than 2.0 cm can be identified on physician physical examination. Clinical breast examination should be part of the primary care physician's health maintenance and screening program. (*Andrew M et al.,2020*)

Screening mammography has had the most substantial impact on the early diagnosis of, and subsequent decrease in mortality from, breast cancer. (*Ann M. et al., 2009*)

2.2. Part Two: Previous Studies

1. Breast Self-Examination in Terms of Knowledge, Attitude, and Practice among Nursing Students of Arab American University/ Jenin

Results: Study results have shown that 15.5% of the respondents had good overall knowledge towards BSE, The major source of information about BSE (57.6 %) was mass media in the study, 75.3% of participants had positive attitude towards BSE, and 4.1% practice BSE always every month. There was a significant difference between age and academic level towards knowledge of BSE. At the same time, there was a significant difference between overall knowledge and practice of BSE ($P= 0.000$). (*Ahmad A. et al.,. 2015*)

2. Knowledge, attitude, and practice of breast self-examination in female nursing students at Indira Gandhi Medical College in India

Results: Response rate was 94.5%. Total mean knowledge score was 14.08 ± 3.42 . 87.5% accepted that early detection can improve the chance of survival. 89.2% have heard of BSE and agreed that BSE can help in

early detection of breast cancer. 93.3% felt it was necessary to do BSE and 87.5% have done BSE before. 5% of nursing students felt that doing BSE was embarrassing. Only 33.3% performed BSE regularly in a year. Conclusion: BSE functions as an effective preventive health behavior and an important component of any program for the early detection of breast cancer. Nursing students, being future health advisors, should be adequately informed about early detection methods and trained in BSE. (*Elamurugan S. et al ,.2015*)

3. Assessment of Female Nursing Students knowledge and practice about Breast Self-Examination in Mosul University

Results: The study founded that 46% of the sample were at 20- 21years old, 91% of them from urban residence, about 66% of the sample having healthy nutritional habits, history of hormonal and menstrual disturbance was found among 30% of the sample, about 73% of female nursing students aware of breast cancer risk that represented by their knowledge about breast self-examination, but only 23% of them conducting the examination regularly, this is due to their feeling of wellness and also because of absence of obligation in conducting the examination. (*Marwa I. et al.,2018*)

Chapter Three

Methodology

Chapter three

Methodology

3.1. Design of the study:

A descriptive probability study was conducted on (120) female students at college of nursing in University of Basrah to evaluation their knowledge about breast self-examination .

3.2. Setting of the study:

The study was conducted in college of nursing at Al -Basrah city through the period from November 1st 2021 to April 1st 2022 .

3.3. Sample of the study:

The sample of the study were (120) female students at college of nursing to evaluate their knowledge about breast self-examination in Al - Basrah city.

3.4. Instrument of the study:

For the purpose of the present study a questionnaire format was constructed to evaluate the knowledge of female student's college of nursing about breast self-examination. The study instrument comprised of two parts, which were distributed through the following: (Appendix).

Part One: Sociodemographic Characteristics:

It is concerned with the identification of the socio-demographic characteristics of the study group, which include the following variables (age, marital status, address, Academic stage, family history for breast

cancer, performing regular breast self-examination and source of information).

Part Two: Female students Knowledge about Breast Self-Examination:

This part consists of items concerning the knowledge about breast self-examination and this domain and they are responded by I know. (Correct answer, scored 2), or I don't know, (incorrect answer, scored 1) includes (20) items.

3.5. Inclusion and Exclusion criteria:

1. Inclusion criteria

1. Female students at college of nursing
2. convergent numbers from female students were collected from each of the stages 2, 3, 4 from morning and evening study and no one refused to participate

2. Exclusion criteria

Male students, first stage female students and Other Colleges

3.6. Data Collection:

The data was collected for the present study through the interview technique. The data collected from the study sample through the period from 1Jan. to 30Jan. 2022.

3.7. Statistical Analysis:

Statistical programs such as SPSS (Statistical Package for Social Science) version 23 were used to analyze the data.

There were two types of statistical data analysis which were used to obtain the results of the research study as the following:

3.7.1. Descriptive Data Analysis:

3.7.1. A. Frequencies, Percentages and Mean of Scores were used in tables in order to get the total results of the sample.

$$\% = \frac{\text{Frequencies}}{\text{Sample size}} \times 100$$

3.7.1. B. Arithmetic Mean (\bar{x})

$$\bar{x} = \frac{\sum xi}{n}$$

3.7.2. Inferential Data Analysis:

The purpose of using this type of data analysis was to determine the level of acceptance or rejection of research hypothesis and it includes the following:

3.7.2. A. Pearson correlation coefficient was used to find out the relationship between two variables and to determine the direction as well as the strength of this relationship.

$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n(\sum x^2) - (\sum x)^2][n(\sum y^2) - (\sum y)^2]}}$$

3.7.2. b. Cronbach's Alpha was used to test the reliability of research instrument

$$\alpha = \frac{N.\bar{c}}{\bar{v} + (N-1).\bar{c}} \quad \text{Where}$$

- N- Refer to items number.
- \bar{c} - Refer to average covariance between item pairs.
- \bar{v} - Refer to average variance.

Chapter Four

Results of the Study

Chapter Four

Results

Chapter four represents the research problem explained in details through the analysis of its variables' data and organized systematically in tables in form to be compatible with the research objectives.

Table 4-1: Distribution of the study sample by socio-demographic characteristics.

Variables	Frequency	Percent	
Age	18-20	52	43.3
	21-24	63	52.5
	25 and above	5	4.2
Marital status	Unmarried	111	92.5
	Married	9	7.5
Address	Urban	94	78.3
	Rural	26	21.7
Academic stage	Stage 2	39	32.5
	Stage 3	42	35.0
	Stage 4	39	32.5
Family history for breast cancer	Yes	19	15.8
	No	101	84.2
Performing regular breast self-examination	Yes	45	37.5
	No	75	62.5
Information sources	Books	70	58.3
	Family	42	35.0
	Internet	8	6.5

Table 4-1: presents that the percent (52.5%) of the study sample are at age group (21-24) years, 92.5% of them unmarried, 78.3% of study sample lived in urban area, most of them (35.0%) at the stage three of study, high percent 84.2% of them don't have family history for breast cancer, and most of them (62.5%) were not performing regular breast self-examination, and 58.3% take books as an information sources.

Table 4-2: Total mean of the student knowledge about self-breast examination.

No.	Items	I know	I don't know	M.S
1	The meaning of breast self-exam is a check-up a woman done at home to look for changes or problems in the breast tissue.	116	4	1.97
2	The main purpose of breast self-examination (BSE) is that (BSE) is a lifesaving habit. It is the best defense we have against breast cancer	112	8	1.93
3	Women should preferably start breast self-examination at the age of 20 years, but can start earlier if desired.	92	25	1.74
4	Breast self-examination must be done between day 7 until day 10 after menses	63	57	1.53
5	Breast self-examination should be done during this period because breast becomes soft	51	69	1.43
6	Breast self-examination should be done every month	58	62	1.48
7	Breast self-examination done to detect any abnormality	106	14	1.88
8	Breast self-examination should be done in front of the mirror	118	2	1.98
9	Undress until the waist when doing the breast self-examination	108	12	1.90
10	Hands should be raised up alternately above the head when doing the breast self-examination in front of the mirror	96	24	1.80
11	Breast self-examination should be done from the front and lateral view	75	45	1.63
12	Breast self-examination can be done in a supine position	65	55	1.54
13	Palpate in the right breast while left-sided lying when doing the breast self-examination	73	47	1.61
14	Use finger pulps to examine any lumps or thickening of the skin	91	29	1.76
15	Breast self-examination can be done using the vertical strip and circular technique	77	43	1.64
16	Need to press on the nipple to check any unusual discharge	95	25	1.79
17	Breast self-examination includes armpit	105	15	1.88

	examination to check for any lump			
18	Need to observe any unusual change in the shape and size of breast	108	12	1.90
19	Retraction of the nipple is a warning sign that should be observed	98	22	1.82
20	Lump is the early sign for cancer	105	15	1.88
	TOTAL			1.75

Poor knowledge =less than 1.5, good knowledge =more than 1.5.

Table 4-2: this table shows that knowledge of student about self-breast examination was poor at items (5,6) and have good knowledge at the all remaining items and as a total level the student have good level of knowledge about self-breast examination at total means of score (1.75).

Table 4-3: the Correlation between Total students' Knowledge toward breast self-examination and demographics variable by Pearson Correlation.

Variables	Total patient's knowledge	Statistics
Age	Mean \pm S.D	1.61 \pm 5.69
	Pearson correlation	1.20
	Sig. (2 tailed)	1.94
	N	120
Marital status	Mean \pm S.D	1.08 \pm 2.64
	Pearson correlation	0.72
	Sig. (2 tailed)	4.34
	N	120
Address	Mean \pm S.D	1.22 \pm 4.14
	Pearson correlation	0.52
	Sig. (2 tailed)	5.75
	N	120
Academic stage	Mean \pm S.D	2.00 \pm 8.10
	Pearson correlation	0.78
	Sig. (2 tailed)	3.99
	N	120
Family history for breast cancer	Mean \pm S.D	1.84 \pm 3.67
	Pearson correlation	0.30
	Sig. (2 tailed)	7.43
	N	120
Performing regular breast self-examination	Mean \pm S.D	1.63 \pm 4.86
	Pearson correlation	2.54**
	Sig. (2 tailed)	0.05
	N	120
Information sources	Mean \pm S.D	1.53 \pm 7.44
	Pearson correlation	0.40
	Sig. (2 tailed)	6.67
	N	120

****Correlation is significant at the 0.05 level (2-tailed), Mean =Arithmetic Mean, S.D= Standard. Deviation, N= Number of group sample.**

This table revealed (no significant) correlation between Total student's knowledge toward breast self-examination and demographic variable except there are (high significant) correlation between Total students' Knowledge toward breast self-examination and performing regular breast self-examination P value < 0.01.

Chapter Five

Discussion of the Study Results

Chapter Five

Discussion of the Study Results

Today, women in Iraq live with a lot of challenges, they are always fighting against malignant Diseases, breast cancer is the most prevalent cancer among women and it is started to take new epidemiological pattern by the affection of the youngest group of women. As this challenge increases the key to safe life is to detect the disease in its early stages, this can be achieved by conducting regular breast self-examination by the women, especially the risky group of them. The present study concentrated on how much the female nursing students know and perform breast self-examination of its importance in detecting the disease. (*Suha S. et al., 2018*)

5.1. Discussion of Socio-Demographic Characteristics (Table 4-1):

The majority of the participants were aged between (21-24) years, 78.3% of them from urban residence. 92.5% of the sample were single, this result is consistent with that obtained by (Dalal M.et al.,2014). 39 female students were selected from the 2nd and 4th stages and 42 females from the third stage. In this study, it was determined that students with a family history of breast cancer were quite small amounts and this is in agreed with other researchers (Rajani R .et al., 2019). The performance of regular breast self-examination was low where a similarly low prevalence of practicing breast self-examination was reported in a study from Ajman in the United Arab Emirates (Al-Sharbatti S. et al.,2013). The source of

information was during the study and books where educational intervention in knowledge about breast self-examination among female students of nursing was proven to be effective. Contrary to a study conducted in Turkey, which showed that the source of the students' information was the Internet (Sevim C. et al., 2014)

5.2. Discussion of the student knowledge about self-breast examination (Table 4-2):

The study shown that the participants had good knowledge about breast self-examination, total means of scores (1.75). This finding consistent with study done by (Elamurugan et al., 2015), (Suha J. et al., 2019) who said that the participants have good knowledge about this object. This knowledge derived mainly from their teaching curriculum in nursing college and We think that the positive finding obtained in the research study result from the level of knowledge of the students about health and diseases, their comprehension of the impact of the protective forms of behavior on the length and quality of life as well as from their ability to develop a sense of responsibility for their own health.

5.3. Discussion of Correlation between Total students' Knowledge toward breast self-examination and demographics variable by Pearson Correlation (Table 4-3):

This results revealed no significant correlation between Total student's knowledge toward breast self-examination and demographic variable except there are high significant correlation between Total students' Knowledge toward breast self-examination and performing regular breast self-examination. This result is consistent with (Ahmad et al., 2015) who find that There were highly statistically significant relation between knowledge about breast self-examination and performing regular

breast self-examination. Contrary to a study conducted at Cairo University, which showed that there is a correlation between place of residence and total knowledge about breast self- examination (Seham K. et al., 2019).

Chapter Six

Conclusions and Recommendations

Chapter Six

Conclusions and Recommendations

6.1. Conclusions

6.1.1- Majority of study sample are in the age group (21 – 24) years, most of them their Unmarried , more of them at the stage three, high percent of them don't have family history of breast cancer and most of them were not performing regular breast self-examination, their residence was urban and their source of information was books.

6.1.2- Knowledge of students about self-breast examination as a total level the students have good level

6.1.3- There was no significant association between student's knowledge toward breast self-examination and demographic variable and significant association between students' Knowledge toward breast self-examination and performing regular breast self-examination.

6.2. Recommendations

6.2.1. We recommend that the College of Nursing at the University of Basrah can experiment with newer teaching methods to convey positive situations where creating an exciting learning environment and using the breast model for teaching is more impactful than just giving educational lectures, it is important to explore new ideas to motivate female students to practice breast self-examination regularly.

6.2.2. The students should read and communicate with in friends and family for increasing of their knowledge about BSE.

6.2.3. Media is a very important source of information about BC and BSE to all women in the society. Because a large part of them are aware about it via the media, so it need to be initiated to improve women's practice of BSE.

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Appendix

Questionnaire

Evaluation of Undergraduate Female Nursing Collegians' Knowledge about Breast Self-Examination

First part: Demographic characteristics:

1. Age group

18-20 year

21-24 year

25 and above

2. Marital status

Unmarried

Married

3. Address

Urban

Rural

4. Academic stage

Year 2

Year 3

Year 4

5. Family history for breast cancer

Yes

No

6. Performing regular breast self-examination

Yes

No

7. Your source of information about BSE

Books

The internet

Friends and relatives

Second part: student's knowledge about Breast Self-Examination

No.	Items	I know	I don't know
1	The meaning of breast self-exam is a check-up a woman done at home to look for changes or problems in the breast tissue.		
2	The main purpose of breast self-examination (BSE) is that (BSE) is a lifesaving habit. It is the best defense we have against breast cancer		
3	Women should preferably start breast self-examination at the age of 20 years, but can start earlier if desired.		
4	Breast self-examination must be done between day 7 until day 10 after menses		
5	Breast self-examination should be done during this period because breast becomes soft		
6	Breast self-examination should be done every month		
7	Breast self-examination done to detect any abnormality		
8	Breast self-examination should be done in front of the mirror		
9	Undress until the waist when doing the breast self-examination		
10	Hands should be raised up alternately above the head when doing the breast self-examination in front of the mirror		
11	Breast self-examination should be done from the front and lateral view		
12	Breast self-examination can be done in a supine position		
13	Palpate in the right breast while left-sided lying when doing the breast self-examination		
14	Use finger pulps to examine any lumps or thickening of the skin		
15	Breast self-examination can be done using the vertical strip and circular technique		
16	Need to press on the nipple to check any unusual discharge		
17	Breast self-examination includes armpit examination to check for any lump		
18	Need to observe any unusual change in the shape and size of breast		
19	Retraction of the nipple is a warning sign that should be observed		
20	Lump is the early sign for cancer		

الاستبيان

تقييم معرفة طالبات كلية التمريض حول الفحص الذاتي للثدي
الجزء الأول: الخصائص الديموغرافية:

١. الفئة العمرية

١٨-٢٠ سنة

٢١-٢٤ سنة

٢٥ وما فوق

٢. الحالة الاجتماعية

عازب

متزوج

٣. العنوان

حضاري

ريفي

٤. المرحلة الجامعية

المرحلة ١

المرحلة ٢

المرحلة ٣

٥. التاريخ العائلي للإصابة بسرطان الثدي

نعم

لا

٦. إجراء الفحص الذاتي المنتظم للثدي

نعم

لا

٧. مصدر المعلومات حول الفحص الذاتي للثدي

خلال الدراسة والكتب

النت

الأصدقاء و الأقارب

الجزء الثاني: معرفة الطالبات بالفحص الذاتي للثدي

الرقم	الفقرة	أعرف	لا أعرف
1	معنى الفحص الذاتي للثدي هو فحص تقوم به المرأة في المنزل للبحث عن تغيرات أو مشاكل في أنسجة الثدي.		
2	الغرض الرئيسي من الفحص الذاتي للثدي هو أن الفحص الذاتي للثدي عادة (طريقة) منقذة للحياة. إنه أفضل دفاع لدينا ضد سرطان الثدي		
3	يفضل أن تبدأ النساء الفحص الذاتي للثدي في عمر 20 سنة ولكن يمكن أن تبدأ قبل ذلك إذا رغبت في ذلك.		
4	يجب إجراء الفحص الذاتي للثدي ما بين اليوم السابع حتى اليوم العاشر بعد الحيض		
5	يجب إجراء الفحص الذاتي للثدي خلال هذه الفترة لأن الثدي يصبح رخواً		
6	يجب إجراء الفحص الذاتي للثدي كل شهر		
7	الفحص الذاتي للثدي للكشف عن أي خلل		
8	يجب إجراء الفحص الذاتي للثدي أمام المرأة		
9	خلع الملابس حتى الخصر عند القيام بالفحص الذاتي للثدي		
10	يجب رفع اليدين بالتناوب فوق الرأس عند إجراء الفحص الذاتي للثدي أمام المرأة		
11	يجب أن يتم الفحص الذاتي للثدي من المنظر الأمامي و الجانبي		
12	يمكن إجراء الفحص الذاتي للثدي في وضعية الاستلقاء		
13	جس الثدي الأيمن أثناء الاستلقاء على الجانب الأيسر عند إجراء الفحص الذاتي للثدي		
14	استخدم أطراف الأصابع لفحص أي كتل (ورم) أو سماكة في الجلد		
15	يمكن إجراء الفحص الذاتي للثدي باستخدام الطريقة العمودية والتقنية الدائرية		
16	يجب الضغط على الحلمة للتحقق من أي إفرازات غير عادية		
17	يشمل الفحص الذاتي للثدي فحص الإبط للتحقق من وجود أي كتلة		
18	يجب ملاحظة أي تغيير غير عادي في شكل وحجم الثدي		
19	يعد تراجع الحلمة علامة تحذير يجب مراعاتها		
20	الكتلة هي العلامة المبكرة لسرطان		

قائمة بأسماء الخبراء

مكان العمل	اللقب العلمي	اسم الخبير	ت
كلية التمريض-جامعة البصرة	استاذ دكتور	سجاد سالم عيسى	١
كلية التمريض-جامعة البصرة	مدرس دكتور	سندس باقر داوود	٢
كلية التمريض-جامعة البصرة	استاذ دكتور	محفوظ فالح حسن	٣
كلية التمريض-جامعة البصرة	مدرس	افكار فاضل كريم	٤
كلية التمريض-جامعة البصرة	استاذ دكتور	سميرة محمد إبراهيم	٥
كلية التمريض-جامعة البصرة	مدرس	عطور طالب جاسم	٦
كلية التمريض-جامعة البصرة	مدرس مساعد	فراس عبدالقادر	٧

الخلاصة

المقدمة: الفحص الذاتي للثدي بسيط، وغير جراحي، ويتطلب القليل من الوقت وممارسة مجانية، ويمكن إجراؤه من قبل كل من الشباب والكبار. عن طريق إجراء الفحص الذاتي للثدي يمكن التعرف على التغييرات ، مثل السماكة ، والكتل ، وإفرازات الحلمة التلقائية أو تغير الجلد ، والتنقيير. ومع ذلك ، فإن النساء اللواتي لا يقمن بالفحص الذاتي للثدي معرضات بشكل كبير للإصابة بسرطان الثدي. سرطان الثدي هو ثاني أكثر أنواع السرطانات شيوعاً بين النساء.

الأهداف: تقييم المعرفة بالفحص الذاتي للثدي لدى طالبات التمريض.

المنهجية: دراسة احتمالية وصفية أجريت على (120) طالبة في كلية التمريض جامعة البصرة من 1 تشرين الثاني 2021 إلى 1 نيسان 2022 ، حيث تم جمع اعداد متقاربة من الطالبات من كل مرحلة من المراحل 2 ، 3 ، 4 في كلية التمريض. تم جمع البيانات باستخدام نموذج استبيان تم إنشاؤه لتحقيق هدف الدراسة ، ويتكون من جزأين ، الأول يتعلق بالبيانات الاجتماعية الديموغرافية ، ويعكس الجزء الثاني معرفتهم بالفحص الذاتي للثدي الذي يعكس وعيهم تجاه هذا الموضوع. تم استخدام الإحصاء الوصفي والاستنتاجي لتحليل البيانات. تم تحليل البيانات يدوياً ثم باستخدام الحزمة الإحصائية للعلوم الاجتماعية (SPSS الإصدار 23).

النتائج: أظهرت نتائج الدراسة أن غالبية عينة الدراسة في الفئة العمرية (21 – 24) سنة ، معظمهم غير متزوجين ، وأكثرهم في المرحلة الثالثة ، نسبة عالية منهم ليس لديهم تاريخ عائلي من الثدي. السرطان ومعظمهن لم يقمن بفحص ذاتي منتظم للثدي ، وكان محل إقامتهن حضري ومصدر معلوماتهن كان الكتب ، ولم يكن هناك ارتباط كبير بين معرفة الطالبة بالفحص الذاتي للثدي والمتغير الديموغرافي وارتباط كبير بين معرفة الطلاب تجاه الفحص الذاتي للثدي وإجراء الفحص الذاتي المنتظم للثدي.

الاستنتاجات: معظم طالبات التمريض لديهن معرفة عالية بالفحص الذاتي للثدي ولكنهن لم يقمن بإجراء هذا الفحص.

التوصيات: أوصت الدراسة بتحسين ممارسة الفحص الذاتي للثدي من خلال تحسين المناهج التعليمية ومن خلال وسائل الإعلام التي تعد مصدراً مهماً للمعلومات حول الفحص الذاتي للثدي لتحسين الوعي بين المجتمع.



جامعة البصرة
كلية التمريض

تقييم معرفة طالبات كلية التمريض حول الفحص الذاتي للثدي

بحث مقدم لكلية التمريض - جامعة البصرة
كجزء من متطلبات الحصول على شهادة البكالوريوس في
علم التمريض

من قبل الطالبات

خنساء جاسب حسين

نور سمير خنجر

تحت إشراف

م.م. علياء حسين علي

المرحلة الرابعة 2021_2022