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## A Descriptive Study to Assess the Knowledge, Screening behaviour, Risk Perception and Cancer Worry regarding Breast Cancer among Adolescent Girls of Selected Areas of Jalandhar District, Punjab

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### ABSTRACT

Breast cancer is the most common cancer in women in India and accounts for 14% of all cancers in women. The incidence rates in India begin to rise in the early thirties and peak at ages 50-64 years. Overall, 1 in 28 women is likely to develop breast cancer during her lifetime. In urban areas, 1 in 22 women is likely to develop breast cancer during their lifetime as compared to rural areas where 1 in 60 women develops breast cancer in their lifetime. The main aim of the study was to assess the knowledge, screening behaviour, risk perception and cancer worry regarding breast cancer among adolescent girls. For this study a descriptive research design was used. The study was conducted on purposively selected 100 adolescent girls of selected areas of district Jalandhar, Punjab. Data was collected by using tool consisting of –Part-A- socio-demographic variables, Part-B- Self structured Knowledge questionnaire, Part-C- Champion health belief model scale, Part-D- Powe Breast cancer Fatalism scale and Part-E- Likert Cancer fear scale. Collected data was analyzed by descriptive and inferential statistics.

The results of the study revealed that majority of adolescent girls had poor knowledge regarding breast cancer. In relation to screening behaviour regarding breast cancer among adolescent girls, maximum had low susceptibility, high seriousness, high benefits perceived (BSE), high barrier perceived (BSE), high confidence and high health motivation. In relation to risk perception regarding breast cancer among adolescent girls, majority had low perceived risk. As per cancer worry regarding breast cancer among adolescent girls, maximum had high fear.

**Keywords-** Knowledge, Screening behaviour, Risk perception, Cancer worry, Breast cancer, Adolescent girls.

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### INTRODUCTION

Breast cancer is cancer that develops in breast cells. Typically, the cancer forms in either the lobules or the ducts of the breast. Lobules are the glands that produce milk, and ducts are the pathways that bring the milk from the glands to the nipple. Cancer can also occur in the fatty tissue or the fibrous connective tissue within breast. According to Indian council of Medical Research (ICMR, 2018) breast cancer is the commonest cancer in Indian women overall. In 2018, 1, 62,468 new cases and 87,090 deaths were reported for breast cancer in India. Adolescents have little knowledge of preventive breast care or breast screening, yet exposures in youth influence the risk of future breast disease. It is now known that exposures

during adolescence can be more important than adult exposures in the development of benign breast disease (BBD) and breast cancer (BC), and that preventive care of the breast programs should also focus on youth.

## **OBJECTIVES**

- 1) To assess the knowledge, screening behaviour, risk perception and cancer worry regarding breast cancer among adolescent girls.
- 2) To find out association between knowledge, screening behaviour, risk perception and cancer worry regarding breast cancer among adolescent girls and their selected socio-demographic variables.

## **DESCRIPTION OF TOOL**

**PART A:** Performa for collecting socio-demographic variables of adolescent girls with benign breast disorders consisting of 8 items for obtaining information about selected background factors *i.e.* Age, Religion, Mother's education, Area of residence, Family monthly income, Regularity of menstruation, Family history (first degree relative) of breast cancer and Source of information regarding breast cancer.

**PART B:** Self-structured Knowledge questionnaire to assess the knowledge regarding breast cancer among adolescent girls with benign breast disorders. It consisted of total 40 multiple choice questions with four responses out of which only one correct response. Each correct response carries '01' score and incorrect response carries '00' score. The maximum score is 40 and minimum score is 00.

**PART-C:** Champion Health Belief Model scale, a self-report 42 item instrument, to assess screening behaviour regarding breast cancer among the adolescent girls with benign breast disorders. Champion health belief model scale has been developed in 1984. The scale was revised in 1993, 1997 and lastly in 1999 for the health beliefs concerning breast self-examination was added. This particular version includes 42 Likert type items in six subscales: susceptibility, seriousness, breast self-examination benefits, breast self-examination barriers, confidence and health motivation comprising a five-point Likert scale measure response as Strongly agree -5; Agree-4; Neutral-3; Disagree-2 and strongly disagree-1. The cronbach's alpha coefficient of the scale was 0.91.

**PART- D:** Powe Breast cancer fatalism scale having 11 items to assess risk perception regarding breast cancer among adolescent girls with benign breast disorders. Powe breast cancer fatalism scale was developed by Ersin et al. in America and the original version of the scale consists of 15 questions. However, it was revised in 2001 by Mayo, Ureda & Parker. There are 11 items on the scale, the scores that can be obtained from the scale vary between 00-11. This scale has a cronbach's alpha of 0.79. The total score is 11 and higher the score, higher is the perceived risk.

**PART-E:** Likert cancer fear scale to assess the cancer worry regarding breast cancer among adolescent girls with benign breast disorders. The scale was developed by Champion in 2004. The 8-item fear scale had a range of score from 8 to 40, using the score as: Strongly agree -5; Agree-4; Neutral-3; Disagree-2 and strongly disagree-1. The Maximum score was 40 and Minimum score was 08. The cronbach's alpha for the scale was 0.91.

## **RESULTS**

### **I] Distribution of Socio-demographic Variables**

According to age (in years), majority of adolescent girls 48 (48%) were of 19 years, followed by 36 (36%) were of 18 years and minority 16 (16%) were of 17 years. As per religion, maximum adolescent girls 49 (49%) were Hindu, followed by 43 (43%) were Sikh, followed by 5 (5%) were Muslim and minimum 3(3%) were Christian. According to mother's education, maximum number of adolescent girls 31 (31%) whose mothers were studied up to senior secondary, followed by 26 (26%) whose mothers were non-literate, followed by 24 (24%) whose mothers were studied up to matriculation and minimum 19(19%) whose mother's education was graduation and above. In accordance with area of residence, highest number of adolescent girls 52 (52%) were from rural areas and lowest number 48 (48%) were from urban areas. In relation to family monthly income (in Rupees), majority of adolescent girls 34 (34%) had family income of 10001- 15000 and  $\geq 15000$ , followed by 22 (22%) had family income of 5001 – 10000 and minority of adolescent girls 10 (10%) had family income of  $\leq 5000$ . According to regularity of menstruation, maximum adolescent girls 60 (60%) had regular menstruation and minimum 40(40%) had irregular menstruation. In relation to family history (first degree relative) of breast cancer, maximum 96 (96%) had no family history of breast cancer and only 4 (4%) had family history of breast cancer. As per source of information regarding breast cancer, most of the adolescent girls 30 (30%) had information from mass media, followed by 29 (29%), followed by 22 (22%) had from mother and least 19 (19%) had from friends and relatives.

### **II] Analysis of Knowledge, Screening Behavior, Risk Perception and Cancer Worry regarding Breast Cancer among Adolescent Girls**

Majority of 82 (82%) adolescent girls had poor knowledge, followed by 18(18%) had average knowledge and no one had good and excellent knowledge regarding breast cancer. In relation to screening behaviour regarding breast cancer among adolescent girls, 80 (80%) had low susceptibility and 20 (20%) had high susceptibility, 57 (57%) had high seriousness and 43 (43%) had low seriousness, 62 (62%) had high benefits perceived (BSE) and 38 (38%) had low benefits perceived (BSE), 82(82%) had high barrier perceived (BSE) and 18 (18%) low barrier perceived (BSE), 63 (63%) had high confidence and 37 (37%) had low confidence, 61 (61%) had high health motivation and 39 (39%) had low health motivation. In relation to risk perception regarding breast cancer among adolescent girls, majority 49 (49%) had low perceived risk, followed by 37 (37%) had moderate perceived risk, followed by 12 (12%) had no perceived risk and minority 2 (2%) had high perceived risk. As per cancer worry regarding breast cancer among adolescent girls, maximum 77 (77%) had high fear, followed by 16 (16%) had moderate fear and minimum 7 (7%) had low fear regarding breast cancer.

### **III] Analysis of Association between Knowledge, Screening Behavior, Risk Perception and Cancer Worry regarding Breast Cancer among Adolescent Girls and their selected Socio-demographic Variables**

Age, religion, mother's education, area of residence, monthly income & source of information are not significantly associated with knowledge regarding breast cancer among adolescent girls and their selected socio-demographic variables.

Socio-demographic variables *i.e.* age, religion, mother's education, area of residence, monthly income, regularity of menstruation, family history of breast cancer & source of information are not significantly associated with screening behaviour susceptibility regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* age, religion, mother's education, area of residence, monthly income, regularity of menstruation, family history of breast cancer & source of information are not significantly associated with screening behaviour seriousness regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* age, religion, mother's education, area of residence, monthly income, regularity of menstruation, family history of breast cancer & source of information are not significantly associated with screening behaviour benefits regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* age, religion, mother's education, area of residence, monthly income, regularity of menstruation, family history of breast cancer & source of information are not significantly associated with screening behaviour barriers regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* age, religion, mother's education, area of residence, monthly income, regularity of menstruation, family history of breast cancer & source of information are not significantly associated with screening behaviour confidence regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* religion, mother's education, area of residence, monthly income, regularity of menstruation, family history of breast cancer & source of information except age are not significantly associated with screening behaviour health motivation regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* religion & regularity of menstruation are significantly associated with risk perception regarding breast cancer among adolescent girls.

Socio-demographic variables *i.e.* mother's education is significantly associated with cancer worry regarding breast cancer among adolescent girls, other socio-demographic variables are found to be non-significant.

## **CONCLUSION**

The study concludes that majority of adolescent girls had poor knowledge regarding breast cancer. In relation to screening behaviour regarding breast cancer among adolescent girls, maximum had low susceptibility, high seriousness, high benefits perceived (BSE), high barrier perceived (BSE), high confidence and high health motivation. In relation to risk perception regarding breast cancer among adolescent girls, majority had low perceived risk. As per cancer worry regarding breast cancer among adolescent girls, maximum had high fear.

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