

ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
SCHOOL OF NURSING AND MIDWIFERY
DEPARTMENT OF MIDWIFERY
POST GRADUATE PROGRAM

**PERCEPTION, INTENTION AND BARRIERS TO BREAST
SELF-EXAMINATION PRACTICE AMONG WOMEN OF
REPRODUCTIVE AGE ATTENDING MATERNAL AND CHILD
HEALTH SERVICES AT DILLA PUBLIC HEALTH FACILITIES;
DILLA, ETHIOPIA 2024:- A QUALITATIVE STUDY**

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LIST OF ABBREVIATIONS

BC	Breast cancer
BSE	Breast self-examination
CBE	Clinical Breast Examination
CI	Confidence interval
HBM	Health belief model
LMICs	Low- and Middle-Income Countries
MCH	Maternal and child health
PI	Principal investigator
SSA	Sub Saharan Africa
WHO	World Health Organization

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ABSTRACT

Background- The ultimate purpose of breast self-examination is detection and treatment of breast cancer in its early stage. Early identification of breast cancer through breast self-examination and diagnosis plays an important role in reducing morbidity from breast cancer. But most women do not perform breast self-examination in low-income countries because of different reasons such as misperception and lack of knowledge of breast self-examination.

Objectives – The study aimed to explore perception, intention and barriers of breast self-examination practice among women of reproductive age attending Maternal and Child Health services at Dilla public health facilities.

Methods- A qualitative method with exploratory design was conducted from February 26 to March 22, 2024 among women of reproductive age attending maternal and child health services at Dilla public health facilities. Participants who meet the inclusion criteria were selected purposively and the data was collected employing an individual, in-depth interview technique using semi-structured interview guide by the principal investigator and the research assistant. An in-depth interview was done until saturation is reached and 24 participants were interviewed. Each interview lasted approximately for 20-30 minutes. Atlas ti 9 program were used to support the analysis.

Result: The data revealed three themes that are consistent with the study's aims: - perception, intention, and Barriers to breast self-examination practice. In this study, women reported that they had no intention to practice breast self-examination due to their misunderstanding about BSE that, breast self-examination is not necessary. Women who perceive breast self-examination beneficial for early diagnosis of breast cancer have more tendencies to practice it while barriers such as lack of knowledge about breast cancer and breast self-examination and also religious and traditional beliefs regarding the disease and its treatments preventing them from practicing.

Conclusion: Most of the women who perceive breast self-examination is unimportant were not intending to practice. Personal factors, lack of knowledge and information and religious & traditional beliefs about breast cancer were the main barriers to breast self-examination practice. Thus, it is essential to collaborate with various responsible organizations, healthcare professionals and community to promote awareness of breast self-examination.

Keywords: Perception, intention, barrier, breast self-examination, reproductive age

CHAPTER ONE

1. INTRODUCTION

1.1. Background

Breast cancer refers to a range of diseases from non-invasive to metastatic carcinomas that develop from proliferation of malignant cells in the breast. Globally, among all cancer forms, breast cancer is the most frequent and the primary cause of cancer-related deaths among women (1,2). Public health concerns related to breast cancer are important in both developed and developing countries. According to the reports of Global Burden of Cancer in 2020, breast cancer (BC) is the primary cause of cancer-related mortality for women aged 20 to 49. It is one of the three most prevalent cancers making up 50% of all new cases diagnosed; where breast cancer alone accounts for 30% of cases (3). This statistics in 2023 shows that, the three most prevalent cancers account for 52% of all new diagnoses, with BC alone accounting for 31% of female cancers (4).

In Ethiopia in 2020, among 50,598 new cancer cases diagnosed in female 16,133 (31.9%) were breast cancer and it accounts for 17.5% of cancer related mortality in the whole population (5).

Early diagnosis is still a key component of detection strategies, particularly in low and middle income countries (LMICs) where resources are scarce and diseases are discovered much later in their course after advancement. Research suggests that doing breast self-examinations gives women more confidence, which is a crucial first step in empowering them to actively take charge of their own health, particularly for people living in LMICs who have limited access to alternative preventative healthcare options (6,7).

The American Cancer Society states that mammography, clinical breast examination (CBE), and breast self-examination (BSE) are the three key screening techniques advised for the early diagnosis of breast cancer (8). Due to lack of technology, skilled personnel and limited health service resources, mammography cannot be frequently utilized in low-resource countries like Ethiopia. It is also expensive when compared to others and that is one of contributing factor for its low utilization (9,10).

Clinical breast examinations necessitate a visit to a medical facility and are dependent on expert skills and knowledge. In contrast to CBE and mammography, BSE allows women to conduct breast examinations without requiring assistance from healthcare professionals. Breast self-examination is still advised as a general strategy to raise awareness of breast health issues and enable early abnormality diagnosis for people without access to medical facilities as well as advanced laboratory testing for the diagnosis of BC (9,10).

Breast self-examination is a type of examination that is done by the woman herself. It is a non-invasive, safe, easy-to-apply and low-cost treatment that doesn't require any specific tools or materials (10). It is a technique for detecting BC in which the woman examines and feels her own breasts for any potential lumps, asymmetry or swellings. It is a simple exercise that is potentially lifesaving for that a woman can detect any abnormality as early as she does the examination (10,11).

Early identification of breast cancer through breast self-examination and diagnosis plays an important role in reducing morbidity and death from breast cancer. But women were less concerned and have misconceptions about breast cancer and had insufficient knowledge of breast cancer and breast self-examination (12). Most of women do not perform breast self-examination in low-income countries because of different reasons such as misperception and lack of knowledge of breast self-examination (13).

Despite all these roles of BSE in early detection of BC, the practice is low in many African countries as well as in Ethiopia. Different factors may prevent a woman from practicing BSE or motivate her to practice. It is clear that knowledge and perception of breast cancer and BSE could influence and motivate women to perform a breast cancer screening behavior including BSE (14).

1.2. Statement of the problem

Breast self-examination is an early detection technique that looks for signs and symptoms of breast cancer by examining the breasts both physically and visually (15). Early detection of BC has a vital role as it increases the likelihood of an effective course of treatment since smaller cancer lesions are easier to treat. Unlike early detection in Western world, women in Ethiopia usually present late screening for BC and are expected to have a very limited life span (16). BSE remains a vital screening technique to take into account, particularly in settings with limited resources. It is reported that Breast cancer was identified through breast self-examination in 15.6% of cases (17). In spite of that, awareness programs on breast cancer screening are limited in many LMICs resulting in low prevalence of knowledge or compliance with the screening (18).

Despite the increasing burden of breast cancer, females are not aware of this easy method of early breast cancer screening technique. Early detection is still the first priority for cancer control program. There is no doubt that screening methods recommended for breast cancer including BSE, can be efficient in reduction of breast cancer mortality (19). Delayed presentation and diagnosis of breast cancer leads to ineffective treatment and short life span. The very long time intervals from symptom recognition to diagnosis in Africa resulted from delays in both presentation and diagnosis (20). A community based study done on women in south west Cameroon revealed that the prevalence of self-reported breast disease symptoms found was low (21).

There are patient related factors influencing late presentation for Breast cancer care including lack of awareness, use of alternative medicine, inability to afford healthcare costs, as well as health system related factors such as misdiagnosis and misinformation by healthcare practitioners (22). Besides, it has been reported that breast cancer knowledge about early detection and treatment is low in Sub Saharan Africa (SSA). Information about BC and how accurate the information is determines the perception and beliefs about breast cancer, its causes and the need to participate in screening methods and BSE practices (23). The primary causes of higher mortality in SSA are late-stage presentations and insufficient access to high-quality care (24). Breast self-examination results in self-discovered cancers at an early stage at diagnosis in women who report practicing BSE in contrast to those who do not. In Ethiopia, studies have

revealed that lower survival rate after late diagnosis, where nearly half of the patients die within 2 years (25,26).

The health belief model (HBM) is a commonly used conceptual framework for researching BSE and other breast cancer detection behaviors. HBM is often used to investigate attitudes and perception towards breast cancer screening practices (27). According to this model, health behavior, which is the integration of personal beliefs and values that guide individuals toward certain ends, is directly related to the development of diseases (28). The model consists of six constructs, including perceived susceptibility (beliefs regarding the chance of contracting a disease), perceived severity (beliefs about the seriousness of a disease and its effects), perceived benefits (beliefs about the potentially positive aspects of a health measure), perceived barriers (beliefs about the potentially negative aspects of a health measure), and self-efficacy (belief in one's ability to take the given measure) and health motivation/cues to action (external measures or events that prompt a desire to make a health change) (29). Enhancing breast self-examination and promoting knowledge and health beliefs about breast cancer can be accomplished effectively and efficiently with the help of education based on the health belief model (30).

In Ethiopia, most of the BSE studies were conducted among university students (31–33), health care providers (34,35), and urban populations (36–38). Most studies were not conducted among women in the general population and qualitative studies were not conducted in which it is more important to understand health-seeking behavior or the reason why people are not utilizing health service. Due to this, many women miss early detection, as well as treatment opportunities.

There is limited study conducted in Ethiopia on the breast self-examination perception, intention and barriers to practice. Moreover, there is no study done in Gedeo zone, Dilla that reveal Breast self-examination practice. Therefore, this study aims to explore perception, intention and barriers to breast self-examination practice among women of reproductive age attending Maternal and Child Health services at Dilla public health facilities.

1.3. Significance of the study

Breast cancer is becoming a significant health concern in our country, as it is a leading cause of mortality. Practice of Breast self-examination can help women to seek medical care and advice immediately before the disease advances.

This study explored women's perception, intention, and barriers to BSE practice which helps to identify gaps that need improvement to increase the practice of BSE among women. It also helps for promoting awareness and fills the gap identified by the findings.

This finding helps health providers and policymakers understand the intentions and barriers to BSE practice among women so that effective counseling practices and promotional activities can be implemented. It is also a baseline work on this issue in the study area to the knowledge of the present researcher. Different researchers could use it as a stepping stone for further investigation.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. Magnitude of Breast cancer

Breast cancer is the most commonly diagnosed cancer in women and the primary cause of cancer-related deaths in women representing a major burden to public health globally. There were an estimated 2.1 million diagnoses and 627,000 deaths in 2018. It accounted for 11.5% of new cancer cases and 6.6% of deaths due to all cancers in 2018 (19).

Globally, Over 2.3 million women of reproductive age are diagnosed with breast cancer and about 685,000 breast cancer related deaths have been documented in 2020 (39,40). It was the most diagnosed cancer in 157 (out of 185) countries, mainly in SSA countries and the leading cause of cancer death in 110 countries in women (41,42). SSA countries, where there is limited access to healthcare suffer a disproportionate burden of this pandemic (43).

The burden of preventable breast cancer mortality falls disproportionately on LMICs, as those under 70 account for nearly 70% of premature breast cancer deaths (41). In order to help reduce the number of deaths from BC worldwide, there is a need to better educate younger women on risk factors and screening procedures (44). It is evident that health systems must be strengthened in order to address the rising incidence of BC by providing equitable, sustainable, and affordable early diagnosis and treatment services, especially in low- and middle-income countries (41).

Sub-Saharan Africa has some of the highest breast cancer death rates in the world, and these rates have grown over time. While most high-income nations have breast cancer 5-year survival rates above 90% (24). Of the patients whose stage was known, 64.9% had an advanced diagnosis, and 18.4% had low-probability distant metastases at the time of diagnosis (42).

In Ethiopia, it is the most commonly and frequently diagnosed cancer among women. According to cancer statistics of 2020, breast cancer is the first mostly diagnosed cancer and accounts for 31.9 of all female cancers (5).

2.2. Breast self-examination practice

The practice of BSE has been reported in different countries in the world and in Africa conducted on different population. The findings of a community based study in Indonesia shows 44.4% of the participants had previously performed BSE stating older age, higher education, and having a history of family member with cancer were all associated with performing BSE (7). Another study in Yemen revealed that 4.5% of participants do BSE regularly and 11.0% performed BSE occasionally. In contrast to the other studies this study showed that there is no relationship between the low rate of performance of BSE and socio-demographic characteristics, their previous history of breast problems and their BC and BC screening related knowledge (45).

A systematic review and Meta-analysis on breast self-examination practice among women in Africa shows the pooled prevalence of ever BSE practice in Africa was 44.0% (95% CI: 36.63, 51.50). Whereas the pooled prevalence of regular BSE practice was 17.9% (95% CI: 13.36, 22.94) which is very low. The lowest BSE practice was reported in South Africa 5.3% (95% CI: 2.73, 10.17) and the highest was in Nigeria 100% (95% CI: 98.12, 100.00). Although The prevalence of BSE in East Africa was 32.18%(95%CI: 23.74,41.24) (46).

Studies in Ethiopia also showed the low practicability of BSE. There exists some variation among different studies conducted at different areas and different population. On a systematic review and meta-analysis of BSE practice in Ethiopia, only a third of women in Ethiopia practiced BSE (41). The pooled estimate of prevalence of BSE in Ethiopia was 36.72% (95% CI: 29.90, 43.53). The highest practice was among health care workers 58.59% (95% CI: 45.69, 71.49) followed by among students, 35.87% (95% CI: 26.93, 44.81). While the lowest practice was observed among the general population which is 20.43% (95% CI: 14.13, 26.72) (47).

In southern Ethiopia, there is a study conducted in South Omo zone on women attending pastoralist health facilities and 21.1% of the participants had ever performed BSE. While causes for not practicing BSE was primarily thinking that they were healthy and by the fear of revealing breast cancer (48).

2.3. Perception and intention towards BSE practice

Women describe breast awareness as reactive fear rather than proactive prevention and suggests that women do not always like to talk about their breasts or look at pictures of them and when they think of breast health they think of cancer (6). Perception and knowledge about breast cancer and its early detection are the main predictors for changing women's behavior towards the disease and start early diagnosis (49). The majority of studies indicate that women's perception toward breast self-examination is a factor that influences the practice. Perceptions of being invulnerable to the disease, especially since the women already feel that they are taking good care of their health. Additionally, people with positive general health behaviors tend to think that negative events are less likely to happen to them than to other people (7).

Perceived benefit and Perceived barrier

These constructs of the health belief model were good predictors of BSE intention and practice. A woman would be more likely to practice BSE if she knows more benefits and have fewer obstacles to perform BSE (28). Perceived benefits are beliefs about the potentially positive aspects of BSE and perceived barriers are barriers that are perceived by the women towards the BSE practice. In South Korea, they discovered that perceived benefits and perceived barriers were the primary predictors of Breast cancer screening (50). These all-in turn have influence on intention to practice BSE. There is a significant association between BSE intention and perceived benefits and perceived barriers of BSE and self-efficacy (confidence to perform BSE) (51). This is an area of concern because knowledge of BSE can lead women to form a positive intention to perform BSE. On a study, Participants reported that practicing BSE can decrease the risk of mortality from breast cancer; while some of them reported that it can decrease the chance of undergoing chemotherapy or having their breasts removed (27).

A perception of the existence of barriers is associated with lower frequency and confidence in the ability to and practice BSE with higher frequency of performing BSE. Despite a considerable proportion of women not being aware of BSE nearly all of them recognized the importance of BSE as for early detection of any breast problem (52). A study on Yemeni women showed that women who regularly performed BSE; perceived more BSE benefits, fewer BSE barriers and more BSE self-efficacy than those women who had never performed BSE (45).

The finding of a study conducted in Ethiopia identified as women who believe about BSE as it is important for early diagnosis and treatment for any breast abnormality have more tendency to practice it. The study also identified the misconception about BSE practice as the other factor for BSE practice (53). A study on perceptions and knowledge of breast cancer and breast self-examination among young adult women in southwest Ethiopia showed a majority of young adult women were less concerned about breast cancer, and some had a lower expectation of net benefit from BSE (12).

2.4. Barriers to BSE practice

Women must have the will, ability and freedom from barriers to incorporate BSE into their healthcare practice. Women use BSE as a means of gaining control over their feelings of the threat of BC when they have relatives with the disease (54). Studies revealed that most women have heard about breast self-examination without practicing it and only some of the women among those who have heard about BSE can practice it. However, BSE is a feasible and easily applicable method for early detection of breast abnormality, poor practice among women due to different factors is the significant barrier to its efficacy (7). Most of the women expressed that they had fears about performing BC screening and BSE and were afraid to visit doctor as they worried about the outcomes (14). Barriers for BSE practice will be discussed as socio demographic factors, health belief factors and personal factors. These all-in turn have influence on intention to practice BSE.

2.4.1. Socio-demographic factors

Educational status, residency, age and occupational status were found to be associated with breast cancer screening methods as they can affect knowledge of a woman towards BC and BC screening methods, including BSE and those in turn can affect BSE practice (37). Occupational status can be one of the factors due to the high level of awareness of BSE among nursing staff and health care professionals than general population as health professionals are more aware and skilled about BSE compared to the general population (55). Educational status was also stated as one of the barrier. As educational level of the women increases, the chances of performing breast self-examination practice also increases. Those who had above secondary education were more likely to practice breast self-examination than those who had no formal education (38).

Studies also revealed that younger aged women were more likely to practice BSE than those who are older than 35 years of age considering that may be due to younger women being more involved in social events and Medias. In addition, younger women being in formal education today than older women and were more exposed to information about health issues than older women. (9,56). Residency is also one of the socio-demographic factors mentioned to be barrier for BSE practice. Compared to women who live in rural areas, urban residents are more likely to engage in breast self-examination. This is primarily because women who resided in an urban setting likely resulted with better awareness and good knowledge, which will bring the good practice of breast self-examination (48,57).

2.4.2. Personal Factors

Different studies reported different personal factors that affect practice of BSE. These factors include family history of breast cancer, understanding about breast cancer and having history of breast lump (47,53). Personal factors identified as the barriers to practicing BSE were pressure of work/being too busy, not having enough privacy to perform BSE, thinking that breast cancer was not possible, forgetfulness, and feeling uncomfortable (11,46,56).

A study conducted in western Ethiopia reported that not feeling comfortable performing BSE, scared of being diagnosed with breast problem or cancer, and not believing it is beneficial were among the barriers to BSE practice.(58). The finding implies that the participants who had no history of a breast lump and symptoms did not believe it important and afraid to talk about the practice of BSE (53). Although the women interested to do breast cancer screening, but they were reluctant and delay it due to their busy lifestyle. It was not the first priority of them. Participants who had low sense of necessity for screening; many women reported that children and family had priority more than their own health. It seems that they were only interested performing breast cancer screening if they were obliged to do it. Tough they had sufficient knowledge and awareness about BSE, some of the females didn't practice it because of negligence (14,59). A 10 year literature review in Africa showed that Many women find BSE disgusting and some are simply too anxious to feel their breasts in case they should discover an abnormality (54). These results suggest that the individuals who had never experienced a breast lump dismissed the symptoms as unimportant and were reluctant to discuss the BSE procedure (53). Religious and cultural barriers are also factors that can affect the BC screening behavior.

According to a study conducted in Afghan immigrant women revealed that BC was fated and therefore could or should not be prevented. Hence, participating in BC screening was futile and interference with God's will (60). A study on Malaysian rural dwelling women revealed that women believed in treating cancer with traditional medicine, either alone or in combination with Western medicine where this belief can prevent women from taking any preventive action (61).

2.4.3. Health belief factors

Health belief factors are based on the constructs of the health belief model (HBM) which is commonly used for researching BSE and consists of six constructs, including perceived susceptibility (beliefs regarding the chance of contracting a disease), perceived severity (beliefs about the seriousness of a disease and its effects), perceived benefits (beliefs about the potentially positive aspects of a health measure), perceived barriers (beliefs about the potentially negative aspects of a health measure), and self-efficacy (belief in one's ability to take the given measure) and health motivation/cues to action (external measures or events that prompt a desire to make a health change) (29). Perceived benefits and barriers to BSE were discussed above and the other four constructs reviewed from different literatures will be discussed below.

2.4.3.1. Perceived susceptibility and perceived severity

Risk perception could be viewed as a powerful force driving women to utilize screening and preventive measures. Poor perception of BC risk among these women has contributed to poor practice of breast self - examination and late presentation of BC to the hospital. Most women had low perception of risk for BC and knew that breastfeeding was a risk factor for BC (62) This showed that women's decision/intention to practice BSE is strongly influenced by their level of risk perception about BC. When a woman perceived the risk of getting BC, that will lead her to take steps that may protect her from getting the disease (62). According to study explored knowledge of breast cancer and practice of BSE among female university students in Bangladesh, the primary obstacle to practicing BSE is lack of knowledge , not having the symptoms and perception to never have breast cancer, and fear of being diagnosed with cancer (63). According to the HBM scale, a woman is more likely to conduct routine BSE if she thinks she has a high risk of developing BC (perceived susceptibility) and that it is a serious illness (perceived severity).

A study in Ethiopia showed that women who thought they were more likely to get the disease performed BSE more frequently, and most of them thought that having a family history of BC, having a childhood breast enlargement, and possessing supernatural abilities increased their risk. (53).

2.4.3.2. Self-efficacy

Self-efficacy is belief or confidence in one's ability to practice BSE. Studies demonstrated that self-efficacy directly predict BSE (64). A study done on application of HBM on Turkish academicians revealed, higher self-efficacy is a factor for the positive attitudes towards BC screening (65). A study conducted on BSE in relation to HBM indicated that several HBM constructs were associated with BSE practice. Higher perceived benefits and self-efficacy, lower perceived barriers and less cues to action were associated with BSE practice (7).

According to different literatures, self-efficacy impacted the likelihood that a woman would perform BSE(7,64,65). On the other hand, self-efficacy among women who performed BSE is higher than among those who never performed it and those who have more BSE self-efficacy were more likely to perform BSE (45). There was uncertainty in knowing what to look for other than a lump. There were also uncertainties about normal variations, the frequency and timing of the examination, and the techniques to use (66).

2.4.2.3. Health motivation

The Medias were reported to be the main sources of information about breast cancer and BSE in literatures. Health care professionals, Social Medias and friends/ relatives were also reported to be sources of information. Among those who reported of having information about BSE, only few had a correct understanding of what BSE involved, had correct knowledge regarding the recommended frequency of performing BSE and knew about the right timing for performing BSE which is 2-3 days after menstruation (54,67). Majority of women reported performing BSE any time when it comes to mind and others any time during the month and on regular days of each month. For the women performing BSE; having previous breast problem, fear of BC from family history, recommended by health professional and fear of developing BC were among the reasons for performing (32,52). There is low practicability of BSE despite a positive attitude of the women towards it as the majority of the respondents have heard about BSE but only one-

third practiced it. The main reasons for practicing BSE were either advice from a healthcare professional or routine examination (67).

Literatures reported that health education was effective in increasing the BC knowledge and BSE practice. However, it is difficult and complex to achieve behavioral change. A randomized control trial showed that positive beliefs about benefits of BSE and confidence of doing BSE were increased after health education while beliefs related to barriers of BSE decreased (65,68)

A study conducted in the North Shewa Zone on Enablers and barriers of breast self-examination demonstrated that participants' primary motivation for performing BSE was their comprehension of BC and BSE. The majority of women who practice BSE recognized having solid knowledge of BC, BSE, and the technique from different sources such as television and radio (53)..

2.5. Theoretical framework

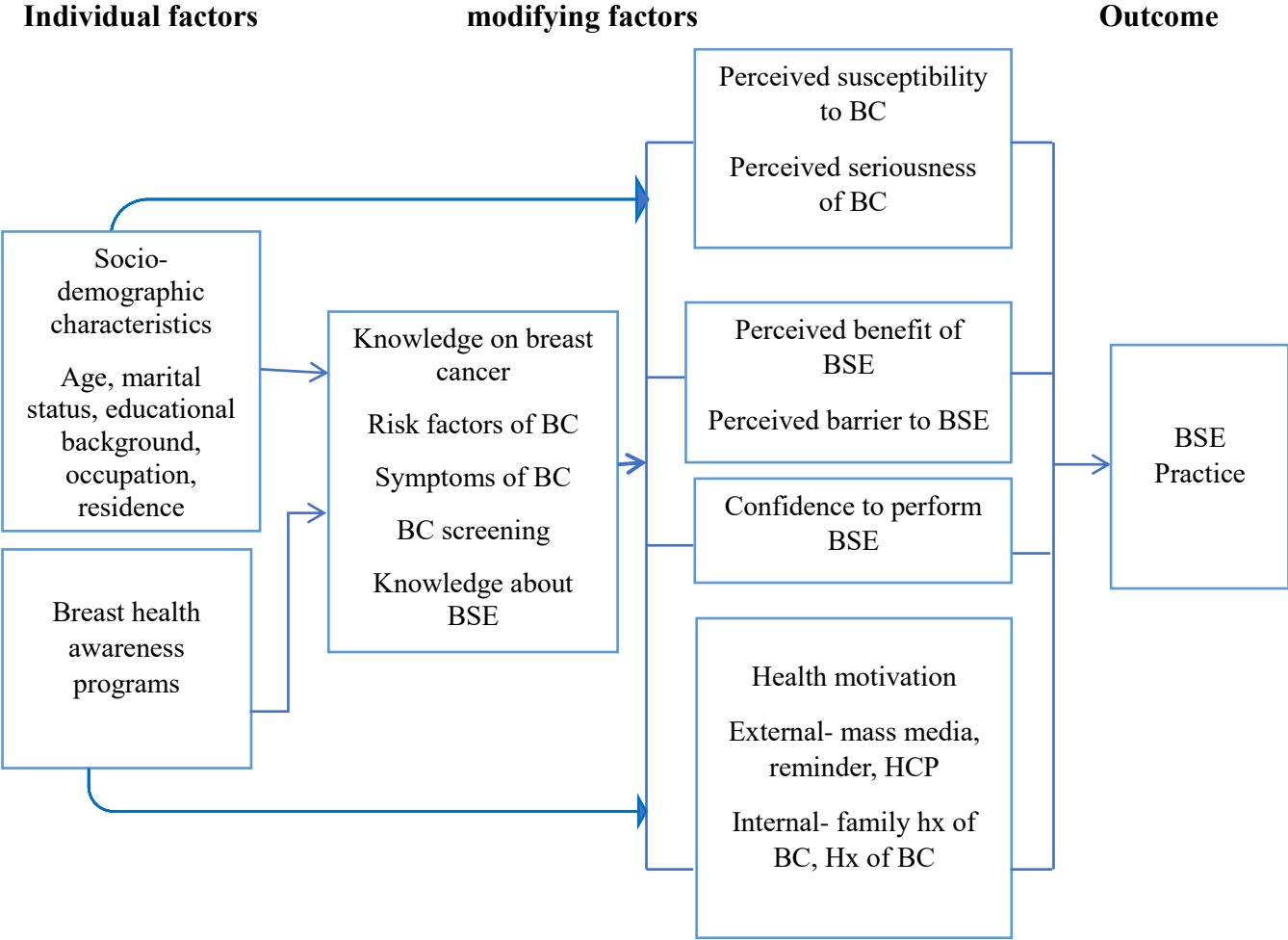


Figure 1: Theoretical framework to explore Perception, intention and barriers to Breast Self-Examination among Women Attending Maternal & Child Health services at Dilla Public Health Facilities, based on a Health belief model (68)

CHAPTER THREE

3. OBJECTIVES

3.1. General objective

To explore Perception, intention and barriers to Breast Self-Examination practice among Women Attending Maternal & Child Health services at Dilla Public Health Facilities; Dilla Ethiopia, 2024.

3.2. Specific objectives

- To explore women's perception about BSE practice among Women Attending Maternal & Child Health services at Dilla Public Health Facilities, Dilla Ethiopia, 2024
- To explore Intention of women to practice BSE among Women Attending Maternal & Child Health services at Dilla Public Health Facilities; Dilla Ethiopia, 2024
- To identify barriers to the practice of BSE among Women Attending Maternal & Child Health services at Dilla Public Health Facilities, Dilla Ethiopia, 2024

CHAPTER FOUR

4. METHODS AND MATERIALS

4.1. Study Area and the Study Period

This study is conducted at Gedeo zone Dilla town. Dilla is a town in South Ethiopia region located at 360 km from the center of Addis Ababa, the capital city of Ethiopia, Addis Ababa. There are two health centers namely Oda ya'a health center and Haroressa health center in which primary health services such as reproductive, immunization, and child development assessment are offered to women and their children and one hospital (Dilla general hospital) in the town. Dilla general Hospital is a governmental hospital which provides preventive, curative and rehabilitative services for the population in the catchment area (69). Maternal and child health (MCH) service is one of the major services provided by the hospital for the community. The study was conducted in Dilla general hospital and haroressa health center. This study was conducted from February 26 to March 22, 2024.

4.2. Study Design

An exploratory study design is used for this study.

4.3. Study participants

- Women of age 20-49 years attending MCH services at Dilla public health facilities during the study period. We used the age recommendation to perform BSE by the American cancer society which is at age 20 and older (15)

4.4. Eligibility criteria

Inclusion criteria

- Women age 20-49 years
- Women who had no history of breast cancer

4.5. Operational definition

- **Perception:** In this study Perception is used to describe how women understand, feel, and imagine the reality of practicing breast self-examination.
- **Intention:** indicates willingness/ Interest to practice breast self-examination

- **Breast self-examination** - an inspection of breasts that a woman does on her own using her eyes and hands to determine if there are any changes to the look and feel of her breasts (15).
- **Women of reproductive age-** women aged 15-49 (70)

4.6. Sampling Methods

- Purposive sampling method was used to select women who meet the inclusion criteria and able to provide detail information. A total of 24 Participants were selected using a purposeful sampling procedure which recruited the women who fulfill the eligible criteria to explain the study objective, procedures, and request their participation. The PI was then speaking with each of interviewed women who consented in person.

4.7. Data Collection Tools

Data is collected via an individual, in-depth interview using semi- structured interview guide. The interview guide is developed considering the objective of the study after performing a thorough literature review. The guide is prepared in English by the principal investigator and translated into Amharic. The researcher used probing questions to guide the interview to achieve the study objectives.

4.8. Data Collection procedures

Face-to-face in-depth interview was conducted by the PI in conjunction with a research assistant. A pilot interview was conducted with three participants other than the main participants. The interview process and questions was modified in line with the Pilot interviews. The interview was taken place at private room where the participants felt comfortable and free from interruption. An in-depth interview was done until saturation is reached, when more data failed to reveal any new emergent codes or themes. The interviews lasted for approximately 20–30 minutes each and were conducted in Amharic. The collected data were checked for its completeness every day before the following day of data collection. Probing questions were used to elicit more information and clarify the participants. When repetitive ideas arise and additional data stops revealing any new emergent codes or themes, saturation has been reached and data collection was stopped. The interviews were audio-recorded with the consent of the participants

and field notes were taken. The audio recordings were transcribed verbatim and translated into English by a language expert.

4.9. Data Analysis

The analysis of data was done simultaneously with data collection in thematic analysis approach. ATLAS ti. 9 qualitative software was used to support the analysis and management of the data by using inductive coding approach. The researcher followed systematic approach with the following six steps.

Step 1: Verbatim transcription: in this step, the audio recordings of individual interviews was transcribed and translated verbatim from Amharic to English. Afterwards, the consistency between the recordings and the transcripts was checked by other qualitative experts.

Step 2: Data were coded and organized in meaningful and systematic way. Code book was developed after interviewing a few study participants to guide the researcher made sure that coding consistency is in-place throughout the data analysis process. Emerging ideas during the interview were added to the code book and similar ideas were merged to previous codes after the researchers coded the transcripts independently.

Step 3: Themes were obtained from the coded data, the investigators checked the codes for clarity and consistency by selecting a given text, and several codes were combined into a single theme.

Step 4: Reviewing themes. The researcher tested themes are useful and accurate representation of the data.

Step 5: The researcher interpreted the coded data and described the themes and categories of the data. In this step, the final lists of themes were named and defined.

Step 6: The researcher wrote up the analysis of the data.

4.10. Trustworthiness

Trustworthiness of a study refers to the degree of confidence in data interpretation and methods used to ensure the quality of a study and that the findings of the inquiry are direct, truthful or reliable. The four criteria for confirming trustworthiness was addressed.

Credibility

To warranty credibility, a member check was done by inviting and emerging themes as truly representing their experiences. The use of peer debriefing with colleagues who have experience in qualitative data collection and analysis. During writing the reports the researcher received comments from peers/staffs, which helps in developing the conclusion of the study. The other strategy was the use of an audio recorder during the interview.

Transferability

In order to improve transferability, a thick description of the participant recruitment procedure is provided. The report also assessed the reliability of the data collecting, processing, and interpretation methods used. The other method was using purposive sampling method which helps the researcher focus on selected participants that particularly give rich information about the issues under investigation and maximize the range of in-depth findings obtained from purposely selected participants.

Dependability (Consistency)

To ensure dependability different techniques was used. All data collection tools, raw data, codes formed during the analysis stage, and inferences drawn was sent to researchers who were not involved in the research for an external audit by the researchers in order to assure dependability. Additionally, verbatim transcriptions, notes collected during the interviews, and audio recordings of the participant interviews were saved for cross-checking the procedure.

Conformability (Neutrality)

For conformability, an audit trail with audio recordings, analytical notes, and coding information was maintained. The other method was using participants' word from interview transcripts to confirm that the data interpretation reflects the exact participants' word instead of the researchers' perspectives or biases.

4.11. Ethical Considerations

Ethical clearance to conduct this research was obtained from Addis Ababa University School of Nursing and Midwifery, Department of Midwifery. Detailed explanation about the objective (purpose) and benefit of the study was described to the study participants to ensure their full cooperation. Participation in the study was on voluntary basis. The rights of those candidate

participants who won't be willing to participate and those who wish to stop their participation in the meantime were kept. To protect the participants' rights to anonymity and confidentiality; The participants' information was treated in strict confidence and only used for the purpose of the study, the collected raw data was kept safe and confidential and names of the participants was not be written in study records and data will be reported in a manner that doesn't identify or link the participants with the information.

4.12. Dissemination of Study Findings

The findings of this study will be submitted to Addis Ababa University, College of Health Science and Medicine, School of Nursing and Midwifery Postgraduate Programs. After the document has been updated with all the feedback, the result of the study will be disseminated to Dilla public health facilities where the data was generated. Finally, the findings will be sent to peer reviewed and reputable journals to both national and international research publishing institutions for publication.

CHAPTER FIVE

5. RESULT

5.1. Socio-demographic Characteristics of Participants

A total of 24 married participants with the mean age of 27.5 (\pm SD = 4.24) years were included in this study.

Table 2: Socio-demographic characteristics of participants (n=24)

Variables	Categories	Frequency	Percentage (%)
Age (Years)	20–24	6	25
	25–29	11	45.8
	30-34	4	16.7
	35 and above	3	12.5
Residence	Urban	22	91.7
	Rural	2	8.3
Religions	Protestant	13	54.2
	Orthodox	9	37.5
	Muslim	2	8.3
Educational status	No formal education	2	8.3
	Primary	10	41.7
	Secondary	7	29.2
	College and above	5	20.8
Occupational status	Housewife	9	37.5
	Government employee	4	16.7
	Merchant	5	20.8
	Private	4	16.7
	Daily laborer	2	8.3

5.2. Emerged Themes

The analysis of the data from the in-depth interviews with women attending MCH services at the selected public health facilities revealed three overarching themes that are consistent with the study's aims, namely: Women's perception toward BSE practice, intention to practice BSE, and barriers to BSE practice [Table 2]

Table 3: Main themes, sub-themes and corresponding Categories:

No.	Theme	Sub-themes	Categories
1	Perception toward BSE Practice	Misunderstanding about BSE practice	BSE is Impossible
			BSE is Unnecessary
		Perceived benefit of BSE	BSE is important to early detect Breast cancer
			BSE important for self-awareness
2	Intention to practice BSE	Intention to practice BSE	Performed BSE before
			Intended to perform BSE
		No intention to practice BSE	Don't want to perform BSE
3	Barriers to BSE practice	Personal factors	Lack of attention to breast related issues
			Busy Life style
			Not having history of breast problem
			Thought breast cancer is rare
			Fear of detecting breast abnormality
		Lack of knowledge and information	Lack of knowledge of BSE practice
			Lack of knowledge about breast cancer
			Lack of information
		Religious and traditional beliefs	Preference to traditional healers
			Belief breast cancer as a consequence of sinful behavior

5.2.1. Theme 1: Women's Perception toward BSE Practice

Under this theme, two subthemes were identified: namely misunderstanding about BSE practice and Perceived benefit of BSE.

Subtheme 1: Misunderstanding about BSE practice

In the current study, there were many misunderstandings regarding the practice of BSE that could explain why women are less interested in practicing BSE and could prove to be significant problems to practice it.

BSE is unnecessary

Many of the study participants declared that self-examination of the breast is not necessary. They have stated that examination may be needed if there is problem like pain, and otherwise examination without any problem is pointless. They have implied that the importance of BSE if a woman is feeling a pain and should not be examined for no reason.

Sample responses:

“What does the examination do for me if I don't have a disease? I don't think I have to do it, when I am having no pain.” (Participant 10, 22 years old housewife)

“I don't think it's important to self-examine if you're not sick. Since I am okay and feel nothing about it, what do I need to check?” (Participant 9, 28 years old merchant)

BSE is Impossible

Some of the study participants have mentioned that they don't think the breast can be self-examined. They also mentioned that BSE cannot reveal anything as they do not know what to expect after examination and they would rather prefer to go to health center than self-examining their breast. They have said that they have nothing to know about examination and that is not possible as they don't know the normal and abnormal finding following the examination. So that it is doubtful to say that self-examination is possible.

Sample responses:

“I will go to the doctor if I’m sick, Otherwise what could i get if self examine my self, I dont think self examination is possible.” (Participant 1, 24 years old housewife)

“Initially there is no such thing. What could I know to examine myself? It is not even possible. You can learn and know something; self-examination without any education is not possible.” (Participant 24, 26 years old housewife)

Subtheme 2: Perceived benefits of BSE

Study participants listed the benefits of BSE as for breast self-awareness and also for early detection of breast cancer. They have stated that performing BSE can benefit a woman know the state of her own breast and that would help her detect any abnormality and seek healthcare earlier before the problem starts to spread throughout her body. One woman has stated that it is necessary to self-examine so that cancer is a serious disease and it is good to know early about it.

Sample responses

“Examination is important to know your health. Self-awareness is better to be careful before the damage that comes later in life.”(Participant 20, 31 years old private worker)

“If a disease like cancer can be self-diagnosed, it is necessary to treat it on time before the cancer starts to spread.(Participant 12, 35 years old laborer)

“Cancer is a serious disease. It is something good if there is a method to examine by yourself. You could get to know about it early.”(Participant 4, 21 years old housewife)

5.2.2. Theme 2: Intention to Practice BSE

The study also looked at the participants' prospective to practice breast self-examination. More of the participants said they are interested and want to practice BSE. Some of them have mentioned that they have been practicing BSE before and the others having intention to practice it. Among those who intended to practice BSE, most of them have known the benefit and one woman have said that she can even teach her children to do it.

Sample responses

“I can do it before and will do it for myself: I will even teach my children so that it is for my own benefit” (Participant 16, 35 years old)

“I want to do it from now on because I want to focus on this. I may breastfeed my baby without knowing that there is a problem on my breast.” (Participant 2, 22 years old)

I have started trying after I have heard from media and health professionals. It is a very important thing to do. (P16, 35 years old)

On the other hand, there are participants who showed no interest in practicing BSE even in the future. These participants declared that they don't have any information about BSE before. They have mentioned being currently healthy as the reason for their unwillingness.

“I haven't heard of BSE yet. I didn't do it and I don't think I can do it while I am fine.” (Participant 10, 22 years old, housewife)

I don't think it's important to self-examine if you're not sick. (Participant 9, 28 years old, private worker)

5.2.3. Theme 3: Barriers to Breast Self-Examination Practice

Subtheme 1: Personal factors

Under this subtheme, there are personal factors that were mentioned as a barrier for not practicing BSE. These factors were mentioned by many of the respondents whereas most of the participants have mentioned about them. Lack of attention about breast related issues, and their busy lifestyle were mentioned by majority of the participants while some of them also mentioned not having history of breast problem and having thought BC is a rare disease as the reason for not practicing.

Lack of attention to breast related issues

Lack of attention to breast related issues or being reluctant to think about it was mentioned by most of the participants as the reason for not practicing BSE. They have declared that they have not thought about their breast rather than other things that are related with their daily living. Women also listed the problem of lacking attention to their health issues especially about their breast health as there is other priority in their life other than this. One of the participants claimed that her marriage and children are her priorities and many of them have mentioned that work is what they give much attention to more.

“I have never thought about this (breast health), I only think about my life, my marriage and my children.” (Participant 10, 22 years old, housewife)

“The problem is that we don't pay attention to our health. We only go to the doctors' house when we get sick.” (Participant 20, 31 years old)

“We Habeshas cannot give attention for such things, unless it happen to us or see it on our closest, I have seen on my sister that is why I have somewhat a little concern about my breast.” (Participant 12, 34 years old, laborer)

Busy Life style

On the other hand, busy life style was also stated as the barrier for not practicing BSE. Women have specified their busyness especially related with their routine work throughout their daily basis. Work is mainly mentioned as the reason for being busy and not trying to practice BSE. One woman has said that there is nothing to think about other than their work in the day to day life in the world of business.

“... In the world of work, especially when you are in business, you don't focus on anything outside of work.” (Participant 2, 22 years old merchant)

“The first barrier is our way of life, we are busy always and society has no experience to discuss such issues, that is the reason why we don't know that much” (Participant 14, 38 years old, gov't worker)

“I can go up and down looking for a job and my full attention is on that I have no much communication even with my neighbors.” (Participant 6, 29 years old, laborer)

Not having history of breast problem

There were also women those who described their reason for not performing BSE as they don't have history of breast problems, whether pain or lump. Women who have history of breast problem previously have said that they can perform BSE and they have claimed that having previous history of lump as the reason for practicing it. A 24 years old woman have said that, she could not thought about BSE as she have not been having a problem and did not go to health facilities for such reason yet.

*“As for me I have never been sick and never visited a doctor for breast problems.”
(Participant 11, 28 years old, housewife)*

“I would have thought if I had some feeling or pain, I never thought or did anything as I haven't faced any problem yet.” (Participant 1, 24 years old, housewife)

*“I don't do anything before, I never had breast pain and I never do any examination.”
(Participant 8, 25 years old, housewife)*

Thought Breast cancer is rare

It is also stated as one of the barriers to think about breast cancer as it does not occur often. Women have said that they do not hear about people affected with breast cancer too often, so that they have thought that breast cancer is rare.

*“...Because it doesn't happen often, the focus is on things that can happen often, like malaria and flu. There are not many people who are exposed to this kind of thing.”
(Participant 3, 23 years old, merchant)*

Fear of detecting breast abnormality

According to the result of this study, Fear of revealing breast problem was also identified as a barrier to practice BSE. A woman has mentioned that the examination can cause stress to her life and so that she does not want to practice it due to that reason.

“Oh, I didn't even think about it because I want my freedom, it can cause stress after the examination, whether it can reveal something or not.”(Participant 11, 28 years old, housewife)

Subtheme 2: Lack of knowledge and information

Lack of knowledge about Breast Cancer

Lack of knowledge about breast cancer could be one of the barriers based on the data collected from the participants. This includes knowledge of the participants about early symptoms and risk factors of breast cancer. Many of the participants mentioned lump as the early symptom where as some of them put wound and pain as the early symptoms of breast cancer.

Sample responses:

“Breast cancer first swells and it looks hard lump like a stone inside.” (Participant 17, 23 years old merchant)

Just it feels pain on the breast first; it is the pain that turns into breast cancer.” (Participant 1, 24 years old housewife)

Participants had mixed ideas about risk of breast cancer. Not Breast feeding is mentioned as the risk factor by many of the participants. Having sexual relationship with many men and lack of hygiene were also listed as one of the risk factors. On the other hand, one woman also mentioned that Using Bra series and putting berr around Breast causing susceptibility. One woman has also mentioned that work related to fire and some inappropriate foods can cause breast cancer.

“Women who do not breastfeed and have relationships with many men are often vulnerable.” (Participant 20, 31 years old private worker)

“Some women use bra day and night, out and home. Others put berr in their breast, the berr that moves around everywhere and have so many dirt’s. These all can cause the problem to them.” (Participant 7, 30 years old housewife)

I’ve heard that many times that works pressure and work related to fire makes mothers vulnerable and there are some inappropriate foods too. (Participant 3, 23 years old merchant)

Some women have mentioned that they do not think they are susceptible to Breast cancer. Breastfeeding, hygiene and their belief in god was mentioned as the reason for their thought of safety towards breast cancer. One woman have stated that she don’t think BC would affect her

as she can take good care of herself and those who don't take good care of themselves are more susceptible.

Sample responses

"I don't think I would be affected. I'm healthy: I always check myself; people who don't pay very much attention to themselves and don't take care of themselves are vulnerable." (Participant 16, 35years old, private worker)

"I don't think I'm vulnerable, because I can breastfeed when i give birth."(Participant 20, 31 years old, private worker)

"I don't think it will affect me, so that I believe in god." (Participant 20, 31 years old, private worker)

Participants those who have some sort of knowledge about BC have stated that every woman should be screened for BC. Most of them have mentioned that teenage or age around puberty is the right time for BC screening. The others have also stated age after 40 years being eligible for screening while mentioning that woman is more vulnerable to BC if her age reaches 40.

"I think that when a girl reaches puberty, i.e. after the age of 15, she have to have a permanent screening and follow-up. B/c it is age for menstruation, which may be the age at which pregnancy begins..." (Participant 14, 38 years old, gov't worker)

Lack of knowledge of BSE practice

Under this category, participants discussed their knowledge about BSE practice; they have shared the information they have about BSE and also what they know about the practice. Majority of the participants said that they have no information about BSE while some of them listed media and health professionals as the source of information they have about BSE. However, none of the participants knows the correct time to perform BSE. Most of the women did not know exactly when, how and how often they should perform BSE.

"I've heard people who know and have material to perform it talking about it. Me, I don't have much knowledge about it (BSE)." (Participant 13, 30 years old, private worker)

“You may get to know from education but me, I didn’t try this education and I don’t know about BSE.” (Participant 6, 29 years old, laborer)

Based on the in-depth interviews from the participants, those who perform BSE have stated that they have no specific time to perform BSE. They have said that they did it anytime they remember, or randomly as they get comfortable situation and the others when they have some feeling of pain on their breast. One woman has said that she performs self-examination every night before going to bed. Most of them have also mentioned that they can touch and feel for any feeling of pain and if there is lump in the breast. While one woman has mentioned that she used to weigh the size of her breast using her hands as she has heard that a cancerous breast is too heavy.

“I touch and see when I get comfortable time in the house. I don't give it a fixed time, but I do it randomly.” (Participant 21, 32 years old, merchant)

“...I touch and feel if there is any lump. I can do this every night before I go to bed.” (Participant 23, 27 years old, government worker)

“I have heard that cancer diseased breast is heavy, so I weigh my breast on my hand and feel for heaviness.” (Participant 16, 35years old, private worker)

Lack of information about Breast Cancer & Breast Self-Examination

The Medias were reported to be the main sources of information about breast cancer and BSE by many of the respondents where the others also mentioned that they have heard from health professionals during their visit to the health facilities for different reason. Friends/ relatives were also reported to be sources of information as mentioned by some of the participants. However, they have highly suggested the need of awareness creation and health education both in media and at the health facilities as the information they have got is not complete enough to know and practice BSE.

“Even here at the hospital, we wait here for long time and listen to our names to enter the room. But there is nothing we can get without what we come here for. We could have learnt a lot if there is TV teaching about mothers' concerns.” (Participant 15, 28 years old, housewife)

“I think it would be good if there is someone who pays attention to this, and if they go to every village giving education like they walk around for vaccination.” (Participant 3, 23 years old, merchant)

“There is lack of a professional advice to talk about such matter and, to advise them on the case.”(Participant 13, 30 years old private worker)

Subtheme 3: Religious and traditional beliefs

The other barrier identified was religious and traditional belief. Women have mentioned that their belief on God can protect them and they don't think they can be affected by BC so that was the reason for not performing BSE. It is also mentioned that examination without any pain may cause God's wrath on them and also mentioned breast cancer as consequence for ones sin. One of the women specified that especially at rural areas women do not want to use any modern medicine and they believe in the traditional medicine provided by the traditional healers. They even go for traditional cure before visiting any health care facility. The truth is that they come to hospital if it is advanced and impossible by the traditional medicine.

“I don't think I am susceptible because I am with Jesus. ... There are a lot of problems and challenges in the world, But it is our sin causing all the diseases.” (Participant 6, 29 years old, laborer)

“In rural areas they consider that even the treatment is not right, they go to the traditional medicine rather than coming to health facilities.” (Participant 16, 35years old, private worker)

“You can go to doctor's house if you feel something unhealthy, but without any pain? It is something that brings God's wrath if you have tried It (BSE) while having no problem.” (Participant 5, 25 years old, housewife)

5.3. Diagrammatic description of study finding

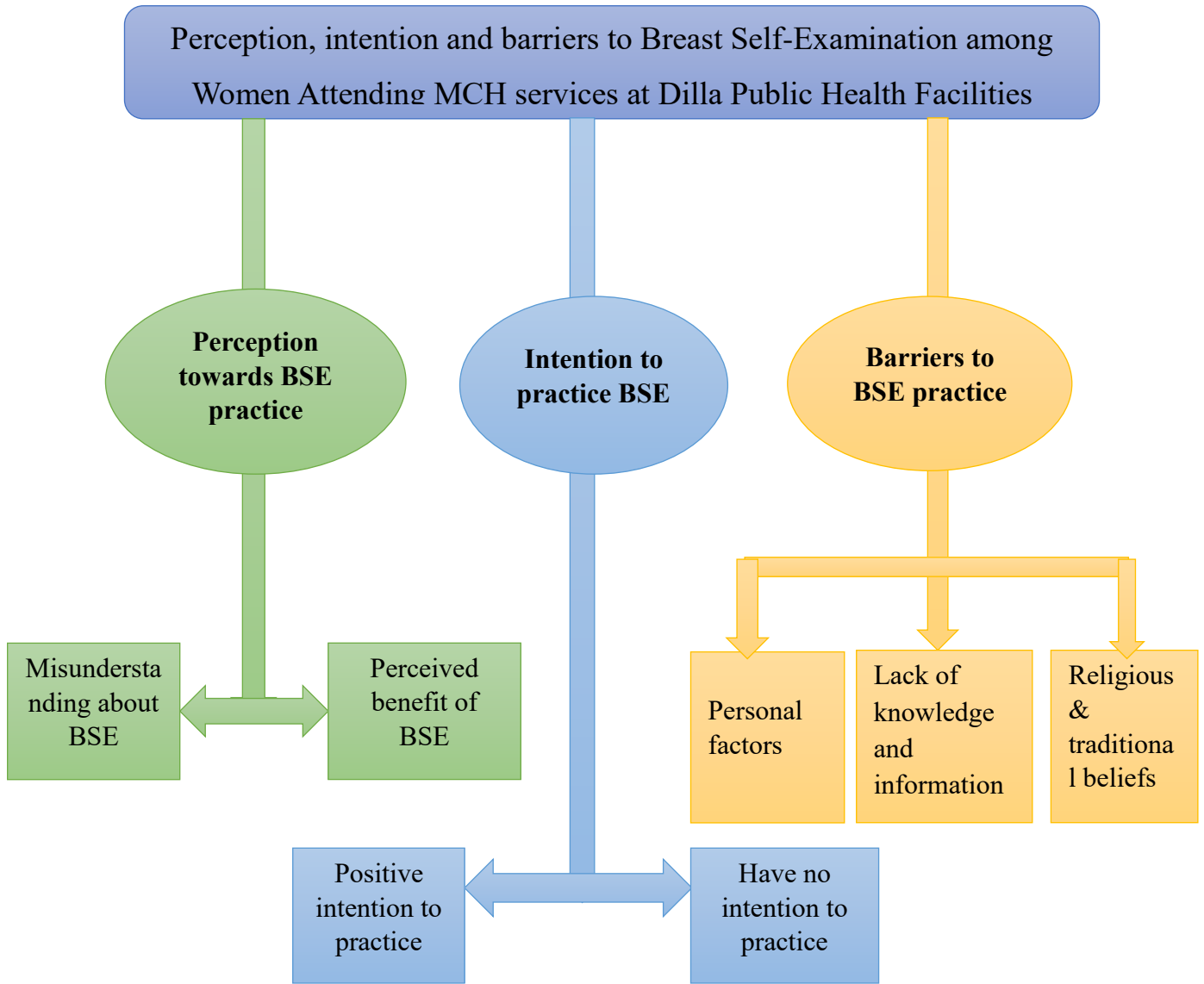


Figure 2: Diagrammatic description of the study finding on perception, intention and barriers to Breast Self-Examination among Women Attending MCH services at Dilla town Public Health Facilities

CHAPTER SIX

6. DISCUSSION

This qualitative study aimed at better understanding how women perceive, intend to perform, and encounter barriers to practice BSE. The findings of the study were discussed under two themes of perception, two themes of intention and three themes of barriers.

The study results showed that the misunderstandings about BSE that the women perceive BSE as it is unnecessary and impossible is a perception related to negative indicator of women's intention to practice BSE. These perceptions have a negative influence on women's intention to the practice of BSE. Some women have questioned the possibility of self-examination that a woman cannot examine her breast by herself. Women have said that BSE is not necessary without having a problem. This finding is consistent with a study in North Shoa which indicated that the misconception about BSE in which women's did not believe it important to practice BSE was the barrier of BSE practice (53). This similarity shows that the misconception about BSE is common to most women of the reproductive age group as the study in North Shoa were also conducted on women of reproductive age.

The other perception of women related to BSE was identified as the benefit of BSE as for 'early detection and treatment' have emerged in this study as perception related to positive indicator of women's intention of practicing BSE. The findings identified from the discussions as women who believe about BSE it's important for self-breast awareness and early diagnosis and treatment for any breast abnormality were more tendency to practice it. This finding was in line with the studies conducted in different areas in which they reveal perceived benefits of BSE affected BSE intention (51,53). This showed that BSE intention is highly derived by the perception that the woman have for self-examining her breast especially perception of the benefits of self-examination.

Several barriers that prevented women from practicing BSE were identified. Personal factors were one of these barriers in which Lack of attention to breast related issues ,Busy Life style, Not having history of breast problem, Thought BC is rare and Fear of being diagnosed with cancer were listed among the personal factors inhibiting women from practicing BSE.

In this study, women have stated that they do not give attention to breast related issues neither the information they got nor about their breast health. They have mentioned that they do have another priority in their life such as their children, their marriage and these all can make them busy to think about their own self. Women did not seem to see BSE as an important matter compared with other household chores and taking care of children (50). This finding is in line with a study done on Iranian women in which it revealed that even though the women were interested to do breast cancer screening and self-examination, they were reluctant and delay it due to their busy lifestyle (14). This could be because women are more devoted in case of their daily life, marriage and their children so that they have much more responsibilities both at home and outside. Also, due to life's problems and high responsibilities, they did not have enough time to address breast health.

The study also showed that women who do not have history of breast problem claimed the reason for not performing as they don't have any related problem before and also they didn't seek healthcare for such reason. Women who have history of breast problem previously have said that they can perform BSE and they have claimed that having previous history of lump as the reason for practicing it. A study conducted in Pakistan and Cameroon also revealed the same result that not having previous history of breast problem as the possible barrier for not practicing BSE (52,71). As it is proved in the literature, women with a history of breast disease practice BSE more than their counterparts with no history of the disease. This showed that women who do not have previous breast problem do not think of the case and those who have previous history give more concern about it in order not to face the problem again.

In contrast to other studies, the thought that breast cancer is a rare disease is found to be one of the barriers to BSE practice on this study. However BC is becoming the common female cancer in the world and also in Ethiopia, there is a thought that the women can perceive as BC is rare disease which have not been reported in previous studies (5). Women have mentioned that it is not often happening like flu and malaria, though it is not a major concern for them to perform BSE to prevent them self from it. Those who have families/friends with breast cancer reported performing breast self-examination or intended to perform as they have seen the seriousness of breast cancer and thought the risk factors for breast cancer are unknown. This is due to lack of information about BC and its prevalence in the country as the study participants were from

women in general population who may be far from the opportunity of getting information and figures of the disease.

According to the results of the study, women also mentioned fear of detecting an abnormality during BSE and to be free from stress of being diagnosed with cancer as the reason. This finding is consistent with the study conducted among Palestinian women which reported that Most women expressed that they feel anxious and had fears about performing BSE that they worried about outcomes (13,48). Based on this result, healthcare professionals should not overlook this fear of breast cancer, which makes women hesitate to perform BSE as the later the breast cancer is detected, the fewer treatment options women have.

It is clear that knowledge and perception of breast cancer risk could influence and motivate women to perform a breast cancer screening behavior (14). The study results showed that understanding about BC and BSE were the main reason of why they do performed BSE. As confirmed from the discussions, most of the women who do practice BSE acknowledged the information they have about BC and BSE and mentioned as the reason for trying to perform BSE. It is consistent with the studies conducted among women in different countries those reported low knowledge about BC & BSE resulting in low BSE practice (50,68,72). This study finding showed that there is lack of knowledge among women regarding BC and BSE including early symptoms and risk factors for BC. The women described various risk factors for breast cancer and their knowledge seemed to be associated with exposure to information from the media, family or friends. It has showed that most of the participants used to know breast lump as the early symptom for BC. Even though there were differences among women, they recognized not breast-feeding as a risk factor for BC. However, some women gave incorrect or unproven information such as having sexual relationship with many men and using tight brassieres as the risk factors for BC which is consistent with study conducted in Korea (50). In contrast to other studies, work pressure and works related to fire were reported as risk factors for breast cancer and so those who thought they are taking good care of themselves do not think they are vulnerable and do not intend to practice BSE (7). This gives the evidence that if women have adequate knowledge about BC and its preventive measures that increase the likelihood of them practicing BSE to protect them from being affected.

The finding implies that the lack of knowledge about BSE might also prevent them from performing BSE, which might reduce chances of early detection of the disease. Most women commented that they had no idea on timing, intervals, or skills for BSE. Majority of the participant did not practice BSE and those who reported they have practiced does not have considerable knowledge about the appropriate timing, frequency and techniques of the procedure rather than just touching their breast anytime they get to remember. Patterns of BSE varied among women. They have point out their participation in BSE was whether daily, sporadic when they remembered to do it or when their breasts became painful. They have also reported the way of examining their breast by touching and squeezing the breast which is also reported on the study in the North Shoa (53). However most of the women mentioned that they don't have clear understanding about what to expect from the examination, whether normal or abnormal. This result of the study is in line with the study conducted Adwa and Cameroon (9,52). In this study, none of the participants reported practicing BSE regularly while the study on Korean women revealed monthly routine as one of the facilitators for BSE (50). This contradiction may be due to the low health literacy among women in the study area than those of the Korean women.

The study results also revealed that the media are the primary source of information regarding breast cancer and BSE. Friends and families were also mentioned as the source of information however most of the participants suggested that they don't have clear understanding about it and that they need to get unblemished knowledge from health professionals to practice it. This result is in line with study conducted at different areas (54,67). Information about BC and how accurate the information determines the perception and beliefs about breast cancer, its causes and the need to participate in screening methods and BSE practices (23). The low knowledge and awareness about BC and BSE of the participants may be due to the lower health literacy among those who don't have formal education and do not take their level of education too far. Women's lack of awareness also has been linked, in particular, to the inadequate counseling and health promotion through different ways such as through Medias, health education at different areas especially at health facilities. At health facilities, women have complained staying so long without receiving any service at the waiting room. So that, giving the education at such place where many people are being collected would be productive in creating awareness.

Finally, In contrast to other studies, on this study religious beliefs in the community were found to be barriers for not practicing BSE. They have also mentioned that they are not practicing BSE as it brings down their belief on God's protection. A similar study conducted in Afghan immigrants showed that they believed that illnesses were divinely ordained and tragic events happened because of God and cannot be avoided (60). This result showed that Belief on traditional medicine is also the other barrier that they can't accept all about modern medicine. Participants have stated that they prefer to use traditional medications first for problems related to their breast. It is also mentioned that modern medicine is not acceptable especially in the rural areas rather they prefer traditional healers. A study on Malaysian women also implied that women believed in treating cancer with traditional medicine, either alone or in combination with modern medicine (61). This result implies that women's intention to practice BSE is dependent on their thought for modern medicine and their dependence on their religious and cultural belief stops them from taking the preventive action which is BSE. This may be due to the religious and traditional beliefs that are thought mostly in the area in which most people try the traditional medicine prior to visiting a health care facility.

CHAPTER SEVEN

7. STRENGTH AND LIMITATION

This study explored perception, intention, and barriers to BSE practice among women. Using qualitative study, that provide a detailed explanation of the sample, data collection techniques, and data analysis process demonstrated the study's results solid. Since the data collection was in Amharic, some women from rural areas does not know the language and were excluded from the study. So that some results from such participants may be missed.

CHAPTER EIGHT

8. CONCLUSION AND RECOMMENDATION

8.1. CONCLUSION

The study explored perception, intention and barriers to breast self-examination practice among women. Barriers for women were found, including personal factors, lack of knowledge and information and religious & traditional beliefs toward breast cancer. Lack of attention to breast health, busy life style, not having history of breast lump and fear of detecting a problem are among the personal factors. Lack of knowledge and information about both breast cancer and breast self-examination were also among the main factors to be barrier to the practice of breast self-examination. The other religious and traditional beliefs toward breast cancer also prevented women from the practice.

Women's intentions to practice BSE are affected by their perception towards BSE. Most of the women who perceive BSE as unnecessary and unimportant thing were not intend to practice while those who perceive the benefits of BSE intended to practice. The study revealed the need for awareness creation, education, and health promotion about breast cancer and breast self-examination to help women practice breast self-examination.

8.2. RECOMMENDATIONS

To Health facilities:

- Interventions, such as raising awareness to increase the practice of BSE, are essential to address attitudes and religious views that prevent women from practicing BSE.
- Health facilities should provide health education both in the facilities and outside through different platforms such as giving education in the facility and distributing leaflets to raise awareness regarding breast self-examination and breast cancer among the community.

To the Health care Providers:

- Healthcare professionals should help women know the importance and practice of BSE by counseling during different health care visits, even when the women come for other services other than breast issues.
- Healthcare professionals should be trained on counseling methods with an emphasis on teaching women about the techniques of examination and expected outcomes with possible variations that they may face.
- Personal communication through counseling, where information can be presented together with emotional support is needed in order to create clear awareness on the skills of BSE.

To Medias:

- Medias should consider organizing programs that contains education on the issues like current prevalence & risk factors of breast cancer and the importance of BSE in breast cancer prevention in order to spread the awareness and address the portions of the community who are active on the media.
- The information should spread through social Medias in order to reach the young portion of the women so that most of the young spend more of their time on social media.

To Researchers:

- A national mixed method study is indispensable to better explore the subject and provide information for program and policy decisions.

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10. ANNEXES

Annex I: English Version

Information Sheet

Hello dear respondent! My name is _____ and I am working as data collector for the study being conducted in Dilla town on selected health facilities by Hana Bekele who is studying for her master's degree at Addis Ababa University School of Nursing and Midwifery postgraduate study. This study is being conducted for partial fulfillment of the requirement for the degree of master in maternity and reproductive health nursing. The main purpose of this study is to explore perception, intention and barriers of breast self-examination practice among women of reproductive age attending Maternal and Child Health services at Dilla public health facilities. Now you are being selected by chance to participate in the study. Your participation is based on your interest. You have right to say YES or NO for the participation, also to withdraw from the study at any time for any reason. You have no benefit or risk for your participation in the study. To keep the confidentiality of your information I am not including your name. Also the information is used only for purpose of the study and not given for any one. Your active participation and interest has great role for success of study.

If there is any question or unclear idea any time about the study or the procedures, don't hesitate to contact to principal investigator with phone number: +251910769164 or e-mail address: hanabekele754@gmail.com

Informed Consent Form

I have heard and understood the Information sheet telling me what will happen in this study and why it is important. I have been able to ask questions and to have them answered. I understand that while the information is being collected, I can stop being part of this study whenever I want and that it is perfectly ok for me to do this. If I stop being part of the study, I understand that all information about me will be discarded. I agree to take part in this research.

May I continue the interview?

Yes continue the interview

No Stop and thank the respondent.

Data collector's name _____ Signature _____

Date _____

Interview guide to explore awareness of breast self-examination among women of reproductive age

Part –I: Socio-demographic Characteristics

S.No.	Question	Possible answer
1	Age	_____
2	Religion	A. Orthodox B. Muslim C. Protestant D. Other (specify)___
3	Marital status	A. Single B. Married C. Widowed D. Divorced/ Separated
4	Residence	A. Urban B. Rural
5	Educational level	A. No formal education B. Primary education C. Secondary education D. College and above
6	Occupation	A. Housewife B. Student C. Government employed D. Private employee E. Self employed F. Other

Part II: Semi-structured in-depth interview guide

1. Have you ever heard about breast cancer? what is the information and what was your source of information?
2. Could you share with me the early signs of breast cancer you know?
3. Do you think you are susceptible to get breast cancer? If yes why?
If no, who do you think is susceptible to get breast cancer? And, why?
4. Do you think breast cancer is a severe disease? How do you express the severity of breast cancer in your own words?
5. Are you aware of any Breast cancer screening methods? Explain about screening method you know.
6. What do you do to know the health of your breast?
Probe: have you considered health care visit?
7. At what age do you think should a woman be screened for breast cancer? Why?
8. Have you ever had any Breast cancer screening?

Probe: if no, why?

-If yes, which method? What was your experience after the screening? Please explain.

9. Have you ever heard about BSE before? Where did you hear it and what was the information?
10. Tell me about what you know about BSE.

Probes: At what age should a woman start to self-examine her breast? When do you think is the perfect timing to perform breast self-examination? What about the comfortable place to perform BSE and Why? How often do you think breast self-examination should be done?

11. Have you ever practiced breast self-examination?

Probe: If no, why?

If yes, how often (frequency), where (place), and when (time or on which day) do you perform breast self-examination and how did you performed it (inspection, palpation . . . other)?

12. What do you think is the benefit of BSE? How would you describe your opinion about performing BSE?

Probe: How is Breast self-exam seen in your community?

13. What possible barriers could you explain for you and others not to perform breast self-examination?

14. Do you consider practicing breast self-examination in the future? If no,why?

15. What do you think should be done to help women practice breast self-examination?

16. Finally, is there anything you want to say about breast self-examination and breast cancer?

Thank you for your participation!

Annex II: Amharic Version

የመረጃ ቅጽ

ሰላም ውድ ምላሽ ሰጪ! ስሜ _____ እባላለሁ በአዲስ አበባ ዩኒቨርሲቲ ነርሲንግ እና ሚድዋይሬሪ የድህረ ምረቃ ትምህርት ሁለተኛ ዲግሪዎን በመማር ላይ ያለችው ሀገር በቀለ በዲላ ከተማ በሚገኙ የህዝብ የጤና ተቋማት ላይ በምትሰራው ጥናት ላይ መረጃ ሰብሳቢ ሆኜ እየሰራሁ ነው። ይህ ጥናት የሚካሄደው በወሊድ እና በሥነ ተዋልዶ ጤና ነርሲንግ የማስተርስ ዲግሪዎን በከፊል ለማሟላት ነው። የዚህ ጥናት ዋና አላማ በዲላ የህዝብ ጤና ተቋማት በእናቶች እና ህፃናት ጤና አገልግሎት በመውለድ እድሜ ላይ ያሉ ሴቶች ጡትን በራስ ስለመመርመር ያላቸው ግንዛቤ፣ ፍላጎት እና ለአጠቃቀም እንቅፋቶች ለመፈተሽ ነው። አሁን በጥናቱ ለመሳተፍ በአጋጣሚ ተመርጠዋል። የእርስዎ ተሳትፎ በእርስዎ ፍላጎት ላይ የተመሰረተ ነው። ለተሳትፎ አዎ ወይም አይ የማለት መብት አለዎት፤ እንዲሁም በማንኛውም ጊዜ ከጥናቱ የመውጣት መብት አለዎት። በጥናቱ ውስጥ ለሚያደርጉት ተሳትፎ ምንም ጥቅም ወይም ስጋት የለዎትም። የመረጃዎን ምስጢራዊነት ለመጠበቅ ስምዎን አላካተትኩም። እንዲሁም መረጃው ለጥናቱ ዓላማ ብቻ ጥቅም ላይ የሚውል እና ለማንም የማይሰጥ ይሆናል። የእርስዎ ንቁ ተሳትፎ እና ፍላጎት ለጥናቱ ስኬት ትልቅ ሚና አለው።

ስለ ጥናቱ ወይም አካሄዶቹ በማንኛውም ጊዜ ጥያቄ ወይም ግልጽ ያልሆነ ሀሳብ ካለ፣ ከዋናው መርማሪ ጋር በሞባይል ስልክ ቁጥር: +251910769164 ወይም በኢሜል አድራሻ: hanabekele754@gmail.com ከመጠየቅ አያመንቱ።

በመረጃ የተደገፈ የስምምነት ቅጽ

በዚህ ጥናት ውስጥ ምን እንደሚሆን እና ለምን አስፈላጊ እንደሆነ የሚነግረኝን የመረጃ ወረቀቱን አንብቤ/ስምቼ ተረድቻለሁ እንዲሁም ጥያቄዎችን መጠየቅ እና መልስ ማግኘት ችያለሁ። መረጃው በሚሰበሰብበት ጊዜ፣ በፈለኩበት ጊዜ የዚህ ጥናት አካል መሆኔን ማቆም እንደምችል እና ይህን ባደርግ ፍጹም ችግር እንደማይኖረው ተረድቻለሁ። የጥናቱ አካል መሆኔን ካቆምኩ ስለ እኔ ያለኝ መረጃ ሁሉ እንደሚጣል ተረድቻለሁ። ስለዚህም በዚህ ጥናት ውስጥ ለመሳተፍ ተስማምቻለሁ።

ቃለ መጠይቁን ልቀጥል?

አዎ ቃለ መጠይቁን ይቀጥሉ አይ አቁም እና ምላሽ ሰጪውን አመስግኑት።

የተሳታፊ ፊርማ _____ ቀን _____

የመረጃ ሰብሳቢው ስም _____ ፊርማ _____

ቀን _____

የተረጋገጠው በ፡

የተቆጣጣሪ ስም _____ ፊርማ _____

ቀን _____

አመሰግናለሁ!

የቃለ መጠይቅ መመሪያ

ክፍል - I:- ማህበራዊ-ሕዝብ ባህሪያት

ተ.ቁ	ጥያቄ	ሊሆን የሚችል ምላሽ
1	እድሜ	_____
3	ሃይማኖት	ሀ. ኦርቶዶክስ ለ. ሙስሊም ሐ. ፕሮቴስታንት መ. ሌላ (ይግለጹ) _____
4	የጋብቻ ሁኔታ	ሀ. ያገባ ለ. ያላገባ ሐ. መበለት መ. የተፋታ/የተለያየ
5	መኖርያ	ሀ. ከተማ ለ. ገጠር
6	የትምህርት ደረጃ	ሀ. የመጀመርያ ደረጃ ትምህርት ለ. ሁለተኛ ደረጃ ትምህርት ሐ. ኮለጅ እና ከዚያ በላይ
7	ሥራ	ሀ. የቤት እመቤት ለ. ተማሪ ሐ. መንግሥት ተቀጣሪ መ. የግል ሰራተኛ ሠ. በራስ ተቀጣሪ ረ. ሌላ

ክፍል II: በከፊል የተዋቀረ የጠለቀ የቃለ መጠይቅ መመሪያ

1. ስለጡት ካንሰር ሰምተው ያውቃሉ?

ምርመራ: የመረጃዎት ምንጭ ምን ነበር? መረጃውስ ምንድነው?

2. የሚያወቁትን የጡት ካንሰር የመጀመሪያ ምልክቶች ሊያጋሩኝ ይችላሉ?

3. ለጡት ካንሰር ተጋላጭ ነኝ ብለው ያስባሉ?

ምርመራ: አዎ ከሆነ ለምን?

አይደለም ከሆነ, ለጡት ካንሰር ተጋላጭ የሆኑ ምን አይነት ሰዎች ይመስልዎታል? ለምን?

4. የጡት ካንሰር ከባድ በሽታ ነው ብለው ያስባሉ? የጡት ካንሰርን በእርሶ አገላለጽ ክብደት እንዴት ይገልጹታል?

5. ስለጡት ካንሰር የምርመራ ዘዴዎች ያውቃሉ? እስኪ ስለሚያውቁት የምርመራ ዘዴዎች በዝርዝር ይንገሩኝ

6. ስለጡት ጤንነት ለማወቅ ምን ያደርጋሉ?

ምርመራ: ወደ ጤና ተቋም ለመሄድ አስብው ያውቃሉ? ጡትዎን በራስዎ ለመመርመርስ? ለምን?

7. ሴቶች የጡት ካንሰር ምርመራ ማድረግ ያለባቸው በስንት እድሜ እንደሆነ ያስባሉ? ለምን?

8. የጡት ካንሰር ምርመራ አድርገው ያውቃሉ?

ምርመራ: ካላወቁ ለምን? ካወቁ የትኛው ምርመራ ዘዴ አደረጉ? ከምርመራው በሁዋላስ ያልዎት ልምድ ምን ይመስላል? እባክዎ ያብራሩት

9. ጡትን በራስ ስለ መመርመር ሰምተው ያውቃሉ? ጡትን በራስ መመርመር ምን እንደሆነ ሊነግሩኝ ይችላሉ? መረጃ ከየት/ከማን አገኙ?

10. ጡትን በራስ ስለመመርመር የሚያውቁዎቸውን ጉዳዮች ይንገሩኝ

ምርመራ: በምን ያህል ጊዜ (ድግግሞሽ) ፣ የት (ቦታ)፣ መቼ (ጊዜ፣ ወይም በየትኛው ቀን) እና ምን አይነት ዘዴ ተጠቅመው(ማየት፣ መንካት፣ ሌላ)

11. ጡትን በራስ መመርመርን ተለማምደው ያውቃሉ?

ምርመራ: ካልተለማመዱ ለምን? አዎ ከሆነ፣ በምን ያህል ጊዜ (ድግግሞሽ) ፣ የት (ቦታ)፣ መቼ (ጊዜ፣ ወይም በየትኛው ቀን) እና ምን አይነት ዘዴ ተጠቅመው(ማየት፣ መንካት፣ ሌላ) ጡትን በራስ መመርመርን ተለማመዱ?

12. ጡትን በራስ መመርመር ለምን ይጠቅማል ብለው ያስባሉ? ጡትን በራስ ስለ መመርመር ያለዎትን አስተያየት ምንድነው?

ምርመራ: በማህበረሰብዎ ውስጥ ጡትን በራስ ስለ መመርመር ያለው አመለካከት ምን ይመስላል?

13. ጡትን በራስ መመርመርን እንዳይለማመዱ ሚያደርጉ ምን አይነት መሰናክሎችን ሊነግሩኝ ይችላሉ?

14. ጡትን በራስ መመርመርን ለመለማመድ ይፈልጋሉ? ካልፈለጉ ለምን?

15. ሴቶች ጡትን በራስ መመርመርን እንዲለማመዱ ለማገዝ ምን መደረግ አለበት ብለው ያስባሉ?

16. በመጨረሻ ጡትን በራስ ስለመመርመር እና ስል ጡት ካንሰር የሚሉት ነገር አልዎት?

Annex III: Code book

Table 4: Themes, sub-themes, and codes with their description

Theme	Sub-themes	Categories	Description
Perception	Misunderstandings about BSE practice	BSE is unnecessary	Women's assumption that self-examination of the breast is not necessary to practice.
		BSE is impossible	Assumption that a woman cannot self-examine her breast by her own
	Perceived benefits of BSE	BSE for early detection of breast cancer	Women perceive that BSE is important for early detection of breast abnormality
		BSE for self-breast awareness	Perception of women about BSE that it can help them to know about their breast appearance
Intention	Positive intention to practice BSE		Women showed intention to practice BSE as they have known the benefit of it and
	Have no intention to practice BSE		Women have no intention to practice BSE as they do not think it have benefits and can make difference
Barrier to BSE practice	Personal factors	Lack of attention due to busy life style	Women's lack of attention to issues related to their health unless they get affected with, due to their way of living and other things having priorities in their life.
		Not having history of breast lump	Those who have no history of breast lump remarking it as unimportant to do self-examination.
		Thought breast cancer is rare	Women having the thought that breast cancer is not a common disease that happen often in the country.
		Fear of detecting breast abnormality	Women's fear about detecting an abnormality during breast self-examination
	Lack of knowledge and information	Lack of Knowledge about BC	Women have no accurate knowledge about breast cancer, early signs of it and its risk factors
		Lack of Knowledge about BSE	Women have no exact knowledge about BSE practice its timing, frequency and techniques of the examination.

Theme	Sub-themes	Categories	Description
		Lack of information about BC & BSE	Women have not get detailed information about breast cancer and BSE
	Religious and traditional beliefs	Religious beliefs about breast cancer	Women's belief that BC is a penalty for ones sin and nothing can prevent it if it is settled.
		Traditional beliefs regarding treatments of breast cancer	Traditional belief that Habesha's cure is more effective than modern medicine

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by Hana Bekele Hailu

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ORIGINALITY REPORT



PRIMARY SOURCES

1	SoMi Park. "Knowledge, Barriers, and Facilitators of Korean Women and Their Spouses in the Contemplation Stage of Breast Self-examination", Cancer Nursing, 01/2007 Publication	1%
2	Submitted to Our Lady of Fatima University Student Paper	1%
3	bmjopen.bmj.com Internet Source	1%
4	Tracey McCready. "Breast self-examination and breast awareness: a literature review", Journal of Clinical Nursing, 5/2005 Publication	1%
5	discovery.researcher.life Internet Source	1%
6	Triana Kesuma Dewi, Karlijn Massar, Robert A. C. Ruiter, Tino Leonardi. "Determinants of breast self-examination practice among	1%