Breast Self-Examination: Awareness, Compliance, and Confidence of Lyceum of the Philippines University - Laguna Students

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Abstract

Breast Self-Examination (BSE) is always thought to be done by most women only. However, men are also susceptible to breast cancer and as such, also needs to perform Breast Self-Examination (BSE). In this study, the awareness, compliance; and confidence of the participants on BSE was done among 496 students, between male and female participants, of different year levels and from different colleges. The findings of the study showed that most of the participants are female, and from the College of International Tourism and Hospitality Management and from different year levels. It was also revealed that the student-participants are aware and confident in performing BSE but 71.92% of them are not performing the BSE. The study recommends a wellness program that can be done to encourage all students of different Colleges to perform BSE and to become more health-conscious.

Keywords:
Breast self-examination, awareness, compliance, confidence, health, cancer

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INTRODUCTION

The concept of breast self-examination (BSE) was promoted in the 1950s by Cushman Haagensen, a Breast Surgeon from the United States of America (USA), at a time when mammography was yet to be developed, and many women were diagnosed when the tumor had become large and inoperable. Haagensen hoped that encouraging breast self-examination would help catch tumors earlier when they were still treatable, and when amenable to surgical excision without the need for the more disgorging operation of mastectomy. BSE is a regular, repetitive monthly palpation to a rigorous set method performed by the woman at the same time each month (Pillarisetti, 2008).

Breast cancer is on rise worldwide. Scientific evidence on cancer has shown that Belgium has the highest breast cancer rate with 109.2 of every 100,000 people (Breast Cancer Around the World, 2013).

Last 2008, 89 percent of women diagnosed with breast cancer are still alive after 5 years after the diagnosis, which is due to the early detection and treatment. BSE helps to detect the disease much earlier (Parkin, 2008).

In Asia, Breast Cancer is the most common cancer. Although the incidence rate of Breast Cancer in Asia is increasing rapidly than in western countries. The changes in lifestyle and diet are being considered as the causes of the increasing incidence rate. Due to the lack of population-breast cancer screening program in the majority of Asian countries, high percentage of the patients present with advanced disease. The socio-economic issue factor also plays a role in the development of the disease in the continent. Most of the countries in Asia belong to 2nd and 3rd world countries. Because of late detection and inadequate access to care due to financial incapability, the survival rate of Asians with regards to Breast Cancer is much lower than the western countries (Yip, 2009).

Breast cancer has overtaken lung cancer as the most prevalent form of cancer in the Philippines. It has been also noted that the Philippines has the lowest survival rate of people with breast cancer among 15 countries in Asia. 3 out of 100 Filipino women get breast cancer before 75 years old and 1 out of 100 will die before reaching 75 years old. 15 % of cancer cases in the Philippines come from breast cancer for not just women but also for men. 8 % of the Filipino cases die. With the distressing statistics presented, breast self-examination is being advised to be done every month (Tubeza, 2012).

The researchers had been motivated to do the study due to the statistics that they had read. Another factor is the response of the nursing students regarding the questions: “Do you know how to do Breast Self-Examination (BSE)?” and “Do you do it regularly?” The said nursing students know BSE including its importance, however, they, themselves do not practice BSE. The statistics shown above presents, that there is an increase in the incidence of Breast Cancer all over the world.

Review of Related Literature of Studies

There has been some debate on how valuable BSE is in early detection of breast cancer and increasing the likelihood of surviving the said disease. In summer 2008, a study of nearly 400,000 women in Russia and China reported that breast self-examination does not reduce breast cancer mortality and may even cause harm by prompting unexpected biopsies, which is the removal and examination of suspicious tissue. However, Breastcancer.org still believes that BSE is a helpful and essential screening strategy, especially when used with regular physical examinations by a doctor and mammography. About 20% of the time, breast cancers are found by physical examinations rather than by mammography (Weiss, 2012).

According to Agboola (2007), the role of age in the frequency of performing BSE is controversial, while some study found a negative association between age and BSE while others reported a positive relationship between age and BSE.

Base on the study done by the Department of Surgical Diseases Nursing in Turkey (2008), 98.5%female high school students had insufficient knowledge about BSE. The most common reason for not doing it was, "not knowing how to perform BSE." (98.5%). In the said study, 68.7% of the students had little knowledge of the risk factors for breast cancer. This figure indicates that there was a significant relation between breast self-examination practice and age. This also shows that there is a need to increase the knowledge of adolescent females about the risks of breast cancer and benefits of early detection.

As for most young adult women whose aware of BSE but fails performing BSE on regular basis, they consider their fear of finding a lump that could indicate cancer (Takeda, 2012).

On the study done by the School of Psychology and Counseling in Queensland University of Technology (2008), the common perceive factors that affect women less than 50 years old are forgetting to perform BSE. Lack of time,

lack of knowledge on how to perform, laziness, and a lack of confidence in their ability to identify lumps and breast conditions prevent them in performing BSE.

Not only women are at risk on having a breast cancer but also men can be at high risk. Men can also benefit from doing the breast self-examination on a regular basis. If breast cancer runs in the family then there is a higher risk of developing breast cancer (Stephan, 2008).

According to the study done by Community Medicine Department in Malaysia (2012), there is also a possibility for males to develop breast cancer on the majority of their participants. They also prone that carcinogens from cigarettes is one of the causes of getting breast cancer among men. Majority of their participants said that they know about breast self-examination through mass media and the main symptom of breast cancer in men like the presence of lump on the breast. The participants also mentioned that they encourage their family members on doing or practicing the breast self-examination but their view on breast self-examination is not important on men because they thought that they have a low probability of developing breast cancer. There must be a special attention given to educate men on male breast cancer and male BSE because there are still misconceptions regarding male breast cancer and male BSE still practice among men.

All men especially those 60 of age and above and that who exhibit increased risks of developing breast cancer can lessen the potential for metastasis by early detection if they perform a routine Male Breast Self-Exam (MBSE). It is strongly recommended that they must do a monthly self-screening (Wagner, 2008).

Now, it has been discovered that Breast Cancer can hit males and they are not very safe against breast cancer. There is one in every 100 cases of breast cancer found in men (Stoppler, 2009). Usually unnoticed and ignored, the disease is only discovered by men when it is on advanced stage. Men above 60 years of age, exposed to radiation therapy, and having a family history of cancer have a higher risk of developing the disease.

However, all men are potentially at risk of having a breast cancer and must promptly do the self-breast examination (BSE) to discover the disease. Breast self-examination is an important tool for early detection of breast cancer. The key towards a successful cancer treatment is early detection. It is recommended to do the monthly self-examination for breast cancer.

Knowing what age to start breast cancer testing involves several factors that are not all the same for all women. It is also important to understand that

there are different kinds of breast cancer and likewise, various treatments that doctors use to treat those cancers. The first and most critical step is to visit your doctor and discuss your concerns, no matter what age you are but particularly if you are over 40 years old (Robertson, 2009). Risk factors that influence the age to start breast cancer testing automatically increase with age. There are studies that suggest 80% of all women with breast cancer are over 50 years old. Other risk factors include women who have a history of breast cancer, who started menstruating before 12 years old, who finish menopause after 55 years old, who have a first child after 30 years old and who never have children; to name a few. The best consideration when it comes to breast cancer testing is early detection. A woman of any age can complete breast self-examination monthly. Women who are over 30 years old can speak with their doctor if they are concerned about what they observed. Every woman over 40 should have a mammogram every 1 to 2 years and maintain the monthly breast self-examinations at home.

However, Harris and Kinsinger (2002) also mentioned that Breast Self-Examination does not reduce mortality from breast cancer. In a large clinical trial involving more than 260,000 female Chinese factory workers, half were carefully taught by nurses at their factories to perform monthly breast self-examination, and the other half were not. The women taught breast self-examination detected more benign; means normal or harmless lumps or early-stage breast disease, but equal numbers of women died from breast cancer in each group. Some charitable organizations, whose donations depend on promoting fear of breast cancer, promote this technique as a one-size-fits-all, universal screening approach, even in the low-risk women who are most likely to be harmed by unnecessary invasive follow-up procedures.

Theoretical/Conceptual Framework

Health Belief Model (HBM) explains the possible reasons why people do or do not do available preventive services or activities. Many other researchers for their own studies in relation to cancer including the Breast Cancer and its preventive measure, which is the Breast Self-Examination, have also used this model. The model described that the behavior of an individual on how she or he accepts and apply a preventive measure and their health care services is influenced by the individual's awareness himself. HBM has six concepts. The six concepts of HBM are (1) Perceived susceptibility to an illness, (2) Perceived seriousness of the illness, (3) Perceived benefits for the presumed action, (4)

Perceived barriers for presumed action, (5) Confidence in one's ability and (6) Health motivation (Becker, 1984).

The researchers used the framework because the study is all about the Awareness, Compliance, and Confidence of LPU – Laguna students in the presence of susceptibility to Breast cancer that can be prevented with precautious measures.

Statement of the Problem

The researchers aimed to find out the Awareness, Compliance, and Confidence of Lyceum of the Philippines University - Laguna students with Breast Self-Examination.

1. What is the demographic profile of LPU – Laguna students in terms of age, gender, college, and year Level?
2. What is the level of awareness of LPU – Laguna students with Breast Self-Examination based on the indicators given?
3. How do LPU – students comply with Breast Self – Examination?
4. What is the level of confidence of LPU – Laguna students with Breast Self-Examination based on the indicators given?
5. Is there a significant relationship between the demographic profile of the participants and
   5.1 Level of Awareness; and
   5.2 Level of Confidence.

METHOD

Research Design

This study made use the descriptive method of research. According to Vizcarra (2003), descriptive design is the most commonly used method in educational research because it is easier to conduct and useful in obtaining the existing status or condition of the problem which are essential in understanding the past and the future. Traverse (1998), as cited by Sevilla (2005), also added that descriptive research includes all studies that have the purpose to present facts concerning the nature and status of a group of persons or subject of study which one may wish to study. This design fitted to the purpose of the study.

Participants

The study utilized 496 students of LPU – Laguna who are currently enrolled in the First Semester SY 2013 - 2014. The participants came from the six colleges of Lyceum of the Philippines University-Laguna and was distributed accordingly as shown in table 1.

Table 1. LPU – Population and Number of Participants

College	**Population**	Number of Participants
College of Allied Medicine	299	75
College of Arts and Sciences	372	79
College of Business and Accountancy	564	85
College of Computer Studies	328	77
College of International Tourism and Hospitality Management	1,078	92
College of Engineering	724	88
Total:	3,365	**496**

Source: LPU – Laguna Registrar's Office

Data Gathering Tool

This study used a self-made questionnaire that was constructed by the researchers. Its content was validated by the adviser as well as two other experts. After which, corrections were incorporated. Then, pilot testing was

done among 50 people for further validation. Pearson correlation was applied. The computed Pearson value of 0.71 signified that there was a high correlation, which implied high validity, and the instrument was good.

The survey questionnaire was composed of three parts. The first part was for the demographic profile that includes age, gender, college, and year level.

Part two included the questions gathered information regarding the participant's past medical history and family history. The third part was composed of the questions that covered the awareness, compliance, and confidence of the participant's about the study, Breast Self-Examination.

The third part of the questionnaire was subdivided into 3 subcategories. The first assessed the awareness of the participants on breast self-examination. It was composed of five questions answerable with the researchers' formulated five (5)-point rate scale. The scale was consisted of the following ratings: 5 – Very Much Aware (VMA), 4 – Much Aware (MA), 3 – Aware (A), 2 – Slightly Aware (SA) and 1 – Not At All (NA).

The second subcategory assessed the compliance of the participants in doing breast self-examination. In addition, the third part assessed the confidence of the participants on doing the breast self-examination. Additionally, the next subcategory was about the confidence in performing the breast self-examination. The scale that was used was 5 – Very Much Confident (VMC), 4 – Much Confident (MC), 3 – Confident (C), 2 – Slightly Confident (SC) and 1 – Not Confident At All (NCA).

Data Analysis

Microsoft Office Excel and SPSS v20 were used by the researchers to analyze the gathered data. The following statistical techniques were utilized to ensure valid and reliable analysis and interpretation of data.

1. Frequency calculates how often values occur within a range of values. The data were collected and tabulated to determine frequency of responses.
2. Percentage was used as a descriptive statistics to denote the proportion contributed by a part in a whole, thus this formula was used.
3. Weighted mean is the arithmetic average of a set of values, or distribution; however, for skewed distributions, the mean is not necessarily the same as the middle value (median), or the most likely (mode).

The tables below show the limits used by the researchers in the study.

Table 2. Awareness Assessment

VALUE	LIMITS	DESCRIPTIVE EQUIVALENT	SYMBOL
5	4.50-5.00	Very Much Aware	VMA
4	3.50-4.49	Much Aware	MA
3	2.50-3.49	Aware	A
2	1.50-2.49	Slightly Aware	SA
1	1.00-1.49	Not At All	NA

Table 3. Compliance Assessment

LIMITS	RESULT
50% and Above	Compliant
Below 50%	Non - Compliant

Table 4. Confidence Assessment

VALUE	LIMITS	DESCRIPTIVE EQUIVALENT	SYMBOL
5	4.50-5.00	Very Much Confident	VMC
4	3.50-4.49	Much Confident	MC
3	2.50-3.49	Confident	C
2	1.50-2.49	Slightly Confident	SC
1	1.00-1.49	Not Confident at All	NCA

4. The correlation coefficient (Pearson) r that is denoted by r is a measure of the strength of the straight-line or linear relationship between two variables. The correlation coefficient takes on values ranging between +1 and -1. (Ratner, 2013)

RESULTS AND DISCUSSION

1. Demographic Profile of the Participants

1.1 Age

Table 5.1 shows the profile of the students in terms of age. It can be gleamed in the table that there are 83 or an equivalent to close to 17% whose age ranges from 15-16, above 35 % of them are between 17-18 years of age and out of 496 students, 191 or a little below 39% belong to age 19-20.And among the total students 46 or a little above 9% fell under the age bracket of 21 and above.

Table 5.1. Frequency and Percentage Distribution According to Age

Age Bracket	Frequency	Percent
15 – 16	83	16.7
17 – 18	176	35.5
19 – 20	191	38.5
21 and Above	46	9.3
Total	496	100.0

The result implies that majority of the participants are from age bracket 19 – 20 years old. Breast self-examination should be done by any person of any age, all people have to do breast examination especially those of this age because they are the majority who comprises this group.

Robertson (2009) stated that a woman of any age could complete self-examination monthly because of the risk factors such as women who have a history of breast cancer, who started menstruating before 12, who finish menopause after 55, who have a first child after 30 and who never have children.

1.2 **Gender**

Shown in Table 5.2 is the profile of participants in terms of gender. The table reveals that there are 303 or above 60% female students who participated in this study, while only 193 or a little above 38% out of 496 students are male. It is indicated that more than half of the participants are female.

Table 5.2. Frequency and Percentage Distribution According to Gender

Gender	**Frequency**	**Percent**
Male	193	38.9
Female	303	61.1
Total	496	100.0

The statistics of Filipino women and men in education states basic literacy rate among females is a little above 96% while a little above 95% among males. More girls are enrolled in school than men do. On the other hand, according to Stephan (2008) not only women are at risk on having a breast cancer but also men can be at high risk. Men can also benefit from doing the breast self-examination on a regular basis. However, women are more susceptible to breast cancer and should perform breast self-examination regularly.

1.3 College

The table presents the profile of students in terms of college. The table shows the numbers of participants and their respective college. It depicts that 75 or more than 15% of the participants are from the College of Allied Medicine. 79 or less than 60% are from the College of Arts and Science. 85 or more than 17% are from College of Business and Accountancy. 77 or less than 16% are from the College of Computer Studies. 92 or above 18% are from the College of International Tourism and Hospitality Management and 88 or less than 18% are from the College of Engineering.

Table 5.3. Frequency and Percentage Distribution According to College

College	Frequency	Percent
College of Allied Medicine	75	15.1
College of Arts and Sciences	79	15.9
College of Business and Accountancy	85	17.1
College of Computer Studies	77	15.5
College of International Tourism and Hospitality Management	92	18.5
College of Engineering	88	17.7
Total	496	100.0

The result illustrates that more of the participants are from the college of College of International Tourism and Hospitality Management and the least below to the College of Allied Medicine. It shows that many students are taking up Tourism, Hotel, and Restaurant management because of its demand.

1.4 Year Levels

Data presents the number of participants and their corresponding year level. One hundred three or less than 21% of the participants are from Level 1, 57 or above 11% are from Level 2, 143 or a little less than 29% are from Level 3, 186 or more than 37% are from Level 4. The University has small population on Level 5, which gave a 7 or more than 1%.

Table 5.4. Frequency and Percentage Distribution According to Year Level

Year Levels	Frequency	Percent
Level 1	103	20.8
Level 2	57	11.5
Level 3	143	28.8
Level 4	186	37.5
Level 5	7	1.4
Total	496	100.0

It is shown in the result that majority of the participants are from Level 4. However, its number of students is not far from the number of students in Level 1 and Level 3 while the least is from Level 5.

2. Level of Awareness of the LPU – Laguna students in Breast Self-examination

Table 6. Level of Awareness of LPU – Laguna Students

Indicators	Weighted Mean	Interpretation
1. Regular Breast Self-Examination helps to detect breast cancer	**3.54**	**Much Aware**
2. Breast self-examination is performed not only by women but also by men.	**3.19**	**Aware**
3. Males are also prone to Breast Cancer	**3.19**	**Aware**
4. Focus of BSE is now on increasing self-awareness	**3.22**	**Aware**
5. BSE should be done monthly one week after menstruation for females and on a specified day per month for males.	**3.02**	**Aware**
6. Breast self-examination should be done during shower or standing in front of the mirror or when you are lying down.	**3.16**	**Aware**
Average	**3.22**	

Table 6 shows the level of awareness of LPU-students. The data above reveals that the participants are much aware that regular self-examination helps to detect breast cancer with average mean of 3.22. However, the participants are aware of the following: focus of BSE is now on increasing self-awareness (3.22); breast self-examination is performed not only by women but also by men and males are also prone to Breast Cancer (3.19). Breast self-examination should be done during shower or standing in front of the mirror or when you are lying down (3.16) and BSE should be done monthly one week after menstruation for females and on a specified day per month for males (3.02).

Majority of the participants are much aware that regular breast - self-examination helps to detect breast cancer. In general, they are aware of the BSE that it should be done by both men and women, especially among women one week after menstruation. This study makes all people aware that men are also susceptible to acquiring breast cancer as mentioned by Stoppher (2009). According to him, it has been discovered that breast cancer can inflict males and they are not very safe against breast cancer. There is one in every 100 cases of breast cancer found in men. Usually unnoticed and ignored, the disease is only discovered by men when it is already in advance stage.

5. Level of Compliance of LPU – Laguna students in Breast Self-Examination

Table 7. Level of Compliance of LPU – Laguna Students

College	If Yes									If No			
	Yes	No	Monthly	Every other month	Quarterly	Every other quarter	Yearly	Every other year	Twice a year	Lack of knowledge	Laziness	Lack of Interest	Lack of Confidence
CAM	34	41	22	4	2	3	2	0	1	8	9	21	3
CAS	20	59	8	5	2	2	1	0	2	27	11	15	6
CBA	39	46	18	8	5	0	8	0	0	29	3	13	1
CCS	11	66	5	2	4	0	0	1	0	16	13	33	4
CITHM	19	73	16	0	2	1	1	0	0	35	8	23	7
COE	17	71	6	5	6	0	0	0	0	25	19	26	1
Total:	140	356	75	24	21	6	12	1	3	140	63	131	22
Percentage	28.28	71.92	53.57	17.14	15	4.29	8.57	0.71	2.14	39.33	17.7	36.8	6.18

Table 7 above shows the level of confidence of the participants in performing the breast self-examination. It is indicated in the result that 356 out of 496 or above 70% are not performing BSE while 40 or a little less than 29% of the participants are performing the BSE. Among those who are performing the BSE, 22 of them are doing monthly while others are every month, quarterly and yearly. Among those who are not doing it, they said that one reason that hinders doing BSE is lack of knowledge which are 140 and 131 of 356 have lack of interest.

It can be said from the result that quite a few a performing the BSE who comprises less than half of the participants, and more than half are not performing them due to lack of knowledge and lack of interest. Although, Harris and Kinsinger (2002) mentioned that Breast Self-Examination does not reduce mortality from breast cancer, however, early detection can lead to early examination and cure based on the study done by the Department of Surgical Diseases Nursing in Turkey (2008).

4. Level of Confidence of LPU – Laguna students in Breast Self-Examination

Table 8 illustrates the level of confidence of the LPU – Laguna students in performing the BSE. It is indicates that they are more confident in when they lie down on their back and place their right arm behind their head as shown by its weighted mean of 3.24. Additionally, they are all confident in all the indicators mentioned in performing the BSE.

As a result, the participants are all confident in performing the BSE as indicated by its over-all weighted mean of 3.00. However, this is not enough, they must be very confident in performing BSE because according to Weiss (2012), BSE is a helpful and essential screening strategy, especially when used with regular physical examinations by a doctor. However, because of lack of awareness as indicated by the result in Table 3, the participants are probably doing not have much confidence.

Table 8. Level of Confidence of LPU – Laguna Students

Indicators	Weighted Mean	Interpretation
1. Lie down on your back and place your right arm behind your head	**3.24**	**Confident**
2. Use the finger pads of the three middle fingers on your left hand to feel for lumps in the right breast.	**3.03**	**Confident**
3. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.	**2.98**	**Confident**
4. Use three different levels of pressure to feel all the breast tissue	**2.92**	**Confident**
5. Light pressure is needed to feel the tissue closest to the skin; medium pressure to feel a little deeper; and firm pressure to feel the tissue closest to the chest and ribs.	**2.94**	**Confident**
6. Move around the breast in an up and down pattern starting at an imaginary line drawn straight down your side from the underarm and moving across the breast to the middle of the chest bone. Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collarbone.	**2.95**	**Confident**
7. Repeat the exam on your left breast, putting your left arm behind your head and using the finger pads of your right hand to do the exam.	**2.97**	**Confident**
8. While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any changes of size, shape, contour, or dimpling, or redness or scaliness of the nipple or breast skin.	**2.96**	**Confident**
9. Examine each underarm while sitting up or standing and with your arm only slightly raised so you can easily feel in this area. Raising your arm straight up tightens the tissue in this area and makes it harder to examine.	**2.97**	**Confident**
Average	**3.00**	

5. Relationship Between Demographic Profile of the Participants and their Levels of Awareness and of Confidence

5.1 Level of Awareness

Table 9. Correlation and Significance of LPU – Laguna Students' Level of Awareness

Variables		Weighted Mean	Correlation Coefficient r	Significance	Interpretation
Age	15 – 16	**3.23**	**.127****	**.005**	**Highly correlated/ Significant**
	17 – 18	**2.97**			
	19 – 20	**3.36**			
	21 & Above	**3.61**			
Gender	Male	**2.92**	**.206****	**.000**	**Highly correlated/ Significant**
	Female	**3.44**			
Colleges	CAM	**3.88**	**-.155***	**.001**	**Moderately correlated/ Significant**
	CAS	**3.26**			
	CBA	**2.99**			
	CCS	**3.01**			
	CITHM	**3.02**			
	COE	**3.25**			
Year Levels	Level 1	**3.15**	**.099***	**.027**	**Moderately correlated/ Significant**
	Level 2	**2.95**			
	Level 3	**3.19**			
	Level 4	**3.41**			
	Level 5	**2.45**			

***. Correlation is significant at the 0.01 level (2-tailed).*

**. Correlation is significant at the 0.05 level (2-tailed).*

Table 9 indicates the test of significant relationship between the demographic profile of the participants and their level of awareness. It is shown that the computed Pearson r value of 0.01 levels (2-tailed) is regarded as high correlation coefficient and an r of 0.05 level (2-tailed) is regarded as moderate correlation coefficient while an r of lower than 0.05 denotes as low correlation coefficient. The above data reveals that the level of awareness according to age and gender indicated as highly correlated and significant while the course and year level indicated as moderately correlated and significant which shows that there is a relationship between the demographic profile and level of awareness.

It signifies that age and gender greatly influence students' BSE awareness and courses and year level have a little influence. As a general belief, most women believe that women are prone to breast cancer that is the reason why BSE is done by women. According to Agboola (2007), the role of age in the frequency of performing BSE is controversial, while some study found a negative association between age and BSE while others reported a positive relationship between age and BSE.

5.3 **Level of Confidence**

Table 10 shows that the computed Pearson value of 0.01 levels (2-tailed) is regarded as high correlation coefficient and an r of 0.05 level (2-tailed) is regarded as moderate correlation coefficient while an r of lower than 0.05 denotes as low correlation coefficient. The table reveals that the level of confidence according to age, gender and course indicated as highly correlated and significant only the year level indicated as moderately correlated and also significant which presents that there is a relationship between the demographic profile and level of confidence.

Table 10. Correlation and Significance LPU – Laguna Students' Level of Confidence

**. Correlation is significant at the 0.01 level (2-tailed).

Variables		Weighted Mean	Correlation Coefficient r	Significance	Interpretation
Age	15 – 16	**2.83**	**.152****	**.001**	**Highly correlated/ Significant**
	17 – 18	**2.86**			
	19 – 20	**3.13**			
	21 & Above	**3.57**			
Gender	Male	**2.60**	**268****	**.000**	**Highly correlated/ Significant**
	Female	**3.24**			
Colleges	CAM	**3.66**	**.122****	**.006**	**Highly correlated/ Significant**
	CAS	**2.56**			
	CBA	**3.14**			
	CCS	**2.94**			
	CITHM	**2.90**			
	COE	**2.90**			
Year Levels	Level 1	**2.86**	**.104***	**.104***	**Moderately correlated/ Significant**
	Level 2	**2.62**			
	Level 3	**3.16**			
	Level 4	**3.06**			
	Level 5	**3.29**			

**. Correlation is significant at the 0.05 level (2-tailed).*

The result indicates that age, gender, and course of the participants have influenced their BSE performance in terms of confidence in doing it while year level has only a moderate influence. Participants are confident in performing BSE because older person have probably more knowledgeable on the steps in doing it, women are also confident because most women more given by advice than men. As for most young adult women who are aware of BSE and perform

BSE on regular basis, they consider their fear of finding a lump that could indicate cancer (Takeda, 2012).

CONCLUSIONS

After a thorough analysis of the data, the researchers drew the following conclusions:

1. More than 38% of the students who participated in the study are the young adults whose ages range from 19 to 20 years. The female participants took the higher distribution with above 60%. The College of International Tourism and Hospitality Management has the highest population with less than 19% and above 37% of the total participants are level 4 students.
2. Data revealed that only less than 29% complies with breast self-examination and only more than 53% of them do it monthly.
3. The weighted mean of level of awareness of LPU – Laguna students is 3.22 (Highest:5.00).
4. It is revealed that the weighted mean of confidence level of LPU – Laguna students in breast self-examination is 3.00 (Highest: 5.00).
5. Data revealed that only 28.23% of LPU – Laguna students complied with BSE, which was contradicted with the result of their awareness and confidence.
6. The study found out that there is a significant relationship between the demographic profile of LPU – Laguna students and their level of awareness and confidence.

RECOMMENDATIONS

Basing on the findings and conclusions, the researchers forwarded the following recommendations:

1. Continues support on research and study of the University on promoting preventive measure particularly BSE among its students are recommended by the researchers. This includes exploring the influence of demographic data as factor in performing BSE. Giving emphasis on educating the students under the 19 – 20 age bracket because less than 39% of the participants fall under the said age bracket.
2. The University Clinic may ask the cooperation of the student body to inform all students to participate in BSE Awareness Week so that

everybody will become more aware of it. Thereby, exhibit of pictures of doing it or result for not doing it.

3. All students must be taught on how to perform BSE during orientation of freshmen and transferees.
4. A wellness program shall be implemented every semester in different colleges for the students to realize the significance of BSE.
5. Researchers recommend future researchers to compare the Awareness, Compliance, and Confidence of other Universities and Colleges within the vicinity.

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