

Critical analysis: Knowledge and Practice Regarding Breast Self-Examination among Reproductive Aged Women Attending at TMSS Medical College, Bogura, Bangladesh

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Introduction

Dear Editor

The article by Akter et al., "Knowledge and Practice Regarding Breast Self-Examination among Reproductive Aged Women Attending at TMSS Medical College, Bogura, Bangladesh" [1], was read with great interest. The authors are commended for addressing current gaps in knowledge and practice regarding breast self-examination among women in Bangladesh. Although the study provided valuable regional data, several concerns regarding methodology, results, and interpretation limit the strength of the findings and require clarification.

First, the purposive sampling technique employed to collect data from 207 women attending the OPD limits external validity and representativeness. The authors should have described the techniques used to control sampling errors and bias. There is also a higher risk of selection bias due to increased health-seeking behavior in women attending the OPD. Therefore, these findings are not generalizable to all reproductive-aged women in Bangladesh.

Second, the sample size is small. As this is a descriptive study, a larger sample size with probability sampling would have been more useful for generalization. Another issue concerns the measurement of knowledge and practice regarding Breast Self-Examination (BSE). The authors used a five-point Likert scale but did not provide information on reliability, validity, and scoring pattern, making interpretation difficult. In the title, the main variables are knowledge and practice; however, the authors labeled Table 2 as 'attitude of breast self-examination.' These inconsistencies may confuse readers and require careful editing of the manuscript. In the data entry and analysis section, the authors mentioned diabetes knowledge and health care service utilization for diabetes, which may also confuse readers. Furthermore, despite mentioning the use of univariate and multivariate

models, such analyses were not presented in the Results section. [Analyses of knowledge and practice scores with socio-demographic variables should also have been presented to provide meaningful insights.] In the study, self-reported responses were obtained to assess BSE practice. More objective techniques should have been used to evaluate the consistency and accuracy of BSE practices.

The study highlighted and contributed relevant evidence related to women's health in Bangladesh. The study identified gaps between knowledge and practice related to BSE, which serve as a basis for breast cancer preventive initiatives in developing countries. The study findings also demand community-oriented and culturally sensitive educational interventions. Future strategies should focus on dissemination of information, practical training, demonstration, behavioral reinforcement, and empowering women to incorporate breast health practices into routine personal care.

References

1. Akter S, Rahman DMA, Siddique KB. Knowledge and Practice Regarding Breast Self-Examination among Reproductive Aged Women Attending at TMSS Medical College, Bogura, Bangladesh. *Asian Pacific Journal of Cancer Care*. 2026;11(1):17-24. <https://doi.org/10.31557/APJCC.2026.11.1.17>



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