The knowledge of Tikrit university female students about breast self examination

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Abstract

Breast cancer is the leading cause of cancer mortality in women worldwide. The prognosis of breast cancer depend on the early detection of the disease, and the best mean for early detection of breast lump is breast self examination. To assess the knowledge of Tikrit university female students about breast self examination also to estimate rate of practice of breast self examination and to identify the student knowledge about breast tumour. This study cross-sectional study carried out from the beginning of March to the end of April 2010 enrolled 158 Tikrit university female students.Multistage sampling technique was chosen ,Data collected by using interviewer administered questionnaire for were filled by the members of the study group from different colleges; Medicine, Dentistry, Pharmacy, Engineering, Science, Computers and mathematics, Arts, Veterinary medicine, Agriculture, Breeding and Law colleges using questionnaire that included general information about the age, residence, socioeconomic state. Knowledge was weighting by using score; 4&5 considered as good information, 2&3 considered as middle information and less than 2 considered as bad information. The study revealed about the source of information that 43 (32%) of them from TV,21 (15%) from meeting and lectures and22 (16%) from books and journals. The knowledge about the steps of breast examination, only 32 (24%) of females was having a good information, 48 (35%) middle information and 56 (41%) bad information also when the students asked about the most appropriate time for examination, the answers were:96 (70%) just after .Although 136 (86%) of students hear about BSE; only 24 (18%) examined their breast and 112 (82%) did not and the cause that prevent females from examination of breast was Lack of knowledge in 27 (24%) ,Worry to find lump in 14 (13%), Forgetfulness in 51 (45%) and No time in 20 (18%).It was also found that 147 (93%) know about breast lump and 11 (7%) do not know about breast lump. The majority of study sample heard about BSE before, the majority of the study sample had unqualified knowledge related to BSE. The main source of information was TV, and the least sources were internet and relative but the majority of the study samples do not practice BSE.

Key words: breast self examination, breast cancer

Introduction

Breast self-examination (BSE) is a screening method used in an attempt to detect early breast cancer. The method involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling.

Medical advances have shown that one-third of all cancers are preventable and a further one third, if diagnosed sufficiently early, is potentially curable. This observation demands that cancer control should be of increasing priority in the health care programmes of developing countries. [1, 2]

In the Eastern Mediterranean Region and in many countries breast cancer is the most common type of malignant neoplasm. The main concept in breast cancer screening is that detection of early disease will make it

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possible to reduce mortality, because treatment at early stages is more effective than treatment at later stages.[3]

Iraqi cancer registry is responsible for collecting the information relating to every newly diagnosed cancer patients who are registered from governmental and non governmental health institutions (hospitals & pathological laboratories) in all Iraq provinces including Kurdistan region (Sulaimania Erbil & Duhook).According to this study, the number of new cases of breast cancer in Iraq were2589 (17.06%) of all cancer cases reported in 2005 expressed per10^5 POP. Thus it represents the most common cancer in Iraq.[4]

One potentially important strategy in reducing breast cancer mortality is the use of screening to achieve earlier detection of cancer. This is very important because an excellent prognosis is directly associated with the stage at which the tumour is detected and how localized the lesion is. Early diagnosis usually results in treatment before metastasis and signifies a better outcome of management. [5, 6]

A variety of methods and patterns are used in breast self-exams. Most methods suggest that the woman stand in front of a mirror with the torso exposed to view. She looks in the mirror for visual signs of dimpling, swelling, or redness on or near the breasts. This is usually repeated in several positions, such as while having hands on the hips, and then again with arms held overhead.

The woman then palpates her breasts with the pads of her fingers to feel for lumps (either superficial or deeper in tissue) or soreness. There are several common patterns, which are designed to ensure complete coverage. The vertical strip pattern involves moving the fingers up and down over the breast. The pie-wedge pattern starts at the nipple and moves outward. The circular pattern involves moving the fingers in concentric circles from the nipple outward. Some guidelines suggest mentally dividing the breast into four quadrants and checking each quadrant separately. The palpation process covers the entire breast, including the "axillary tail" of each breast that extends toward the axilla (armpit). This is usually done once while standing in front of the mirror and again while lying down.

Finally, women that are not breastfeeding gently squeeze each nipple to check for any discharge.

The most commonly recommended time is just after the end of the period, because the breasts are least likely to be swollen and tender at this time. Women who are postmenopausal or have irregular cycles might do a self-exam once a month regardless of their menstrual cycle. [7]

Aims:

1-To assess the knowledge of Tikrit university female students about breast self examination

2.To estimate rate of practice of breast self examination.
3.To estimate best source of information.
4.To identify the student knowledge about breast tumour.

Subject and Methods

This study cross-sectional study carried out from the beginning of March to the end of April 2010, to assess the knowledge of Tikrit university female students about breast self examination. Multistage sampling technique was chosen; starting with cluster sample for choosing the university, stratified sampling for choosing the college within this university and convenience sample for choosing study unit during data collection time. Including 158

female students. Data collected by using interviewer administered questionnaire for were filled by the members of the study group from different colleges; Medicine, Dentistry, Pharmacy, Engineering, Science, Computers and mathematics, Arts, Veterinary medicine, Agriculture, Breeding and Law colleges using questionnaire that included general information about the age, residence, socioeconomic state, Knowledge was weighting by using score; 4&5 considered as good information, 2&3 considered as middle information and less than 2 considered as bad information.

Results

The females who hear about BSE were 136 (86%) and those who don't hear about BSE were 22 (14%). Fig (1)

About the source of information the study founded that 43 (32%) of them from TV, 21 (15%) from meeting and lectures, 22 (16%) from books and journals, 7 (5%) from relative and 43 (32%) from multiple sources. as in fig (2)

Regarding the knowledge about the steps of breast examination the study revealed that only 32 (24%) of females was having a good information, 48 (35%) middle information and 56 (41%) bad information (fig 3)

The relationship between the information about the method of examination and source of information was the study showed that , From TV with good information is 8 (19%), middle information is 15 (35%) and bad information is 20 (46%) while From meeting and lectures with good information is 6 (29%), middle information is 12 (57%) and bad information is 3 (14%) also From books and journals with good information is 8 (36%), middle information is 6 (27%) and bad information is 8 (36%) and From relative with good information is zero, middle information is zero and bad information is 7 (100%). From multiple sources with good information is 10 (23%), middle information is 15 (35%) and bad information is 18 (42%).(figure4)

Regarding the most appropriate time for examination, the answers were: 96 (70%) just after period, 9 (7%) at time of period, 31 (23%) before period, as showed in (fig 5)

Out of 136 who hear about BSE only 108 (79%) think that all females after age of menarche should do BSE, while 12 (9%) think that only females with family history should do BSE, 8 (6%) think that only married women and 8(6%) think that BSE should done after menopause. Figure 6

The study revealed that 136 (86%) of students hear about BSE; only 24 (18%) examined their breast and 112 (82%) did not. (fig 7)

Regarding The relationship between family history of breast lump and females who do BSE is those with positive family history total number 24 and do BSE is 5 (21%) while those with positive family history and do not do BSE is 19 (79%) and Those with negative family history total number 112 and do BSE is 19 (17%) while those with positive family history and do not do BSE is 93 (83%).: fig (8).

The study explained that the cause that prevent females from examination of breast Lack of knowledge in 27 (24%), Worry to find lump in 14 (13%), Forgetfulness in 51 (45%) and No time in 20 (18%) as showed in (fig 9): It was also found that 147 (93%) know about breast lump and 11 (7%) do not know about breast lump. (fig 9).

Students were asked what they would do if they found a breast lump. The majority, 138 (87%) said they would visit the doctor immediately and 16 (10%) said they would visit the doctor if the lump associated with pain. Of the remaining 4 (2%) said they would do nothing. (fig 10).

Discussion

The majority of the females in general heard or read about BSE before, but the majority of them had no scientific knowledge, this could attribute to unavailability of specialized centers or shortage of health education programs presented in the mass media about the importance of BSE, as well as poor awareness related to the value of health, and also may be due to carelessness of participants in seeking proper medical advice, this agreed with the study done in Ain Shams university in Cairo/Egypt, and other study in Celal Bayar university in Turkey.[8]

Regarding the source of information; it was found that the major information was obtained from multiple sources and TV, this finding indicate the advocacy of TV, as TV is readily available ,which make it an important source of information. Other considerable finding, that health professionals (meeting and lectures)are relatively poor information source, account only for 15%, this result could attributed to carelessness of participant in seeking proper medical advice or due to inadequate health education by health workers toward the importance of BSE. Also this finding agreed with the study done in Ain shams university in Cairo.[9]

In comparison the quality of information obtained from the available sources it found that the best information was obtained from books and journals, while the worse information was obtained from relatives, and this can be explained that books and journals tend to explain the procedures in more details and also may be supplied with figures for further explanation of the steps of BSE. Other important point should mention that books always return to specialist in this aspect and the author certainly has a wide knowledge about the subject. While worse information was obtained from the relative, this may be due to embarrassment to ask for more details about such subject or may be due to shortage of knowledge of the relatives.

The majority of the females thought that all females after age of menarche should examine their breasts and also they are believed that BSE is very important for all females, this awareness about the importance of BSE may be because the females are continuously informed about the importance of BSE from the available sources of information and they are understand the main goal of BSE, which is early detection of breast cancer to enhance the prognosis of such fatal disease. This awareness also may be as a result of increase incidence of breast cancer among women, therefore, this type of cancer need to be considered in whole, because after woman is stricken by it, not only her body is changed but also here corporal image and different aspect of here social and emotional lives. This result agreed with the study done at Federal University of Ceará/Brazil.[11] The majority of the females in general heard or read about BSE before, but the majority of them had non scientific knowledge, this could attribute to unavailability of specialized centers or shortage of health education programs presented in the mass media about the importance of BSE, as well as poor awareness related to the value of health, and also may be due to carelessness of participants in seeking proper medical advice, this agreed with the study done in Ain Shams university in Cairo/Egypt, and other study in Celal Bayar university in Turkey.[10]

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Regarding the family history, the study found that 21%of the females with positive family history of breast lump do BSE, while only 17%of the females with no family history of breast lump do BSE. Although the difference between the two percentages is not so large, but in majority of studies done in different cities in the world seen that the females with positive family history of breast lump tend to do BSE more than those with negative family history, and this may be as a result of hard lesson that females learned from their relatives who discovered accidentally the hard breast lump and went through radical mastectomy and chemotherapy and radiotherapy, and also those females tend to be more conscious about the risk of development of breast cancer and the importance of BSE in early detection of breast lump.[12]

About the main barriers or reasons that prevent the females from practicing BSE, data analysis showed that the majority of females mentioned "forgetful",, this result could be related to studying difficulties and shortage of time urge the female student to postpone their own affairs for the sake of studying and success in examinations.

And among the married students may also relate to multi_responsibilities of married women related to home affairs in addition to studying. This result also agreed with the study done in Ain Shams university/Cairo.[13]

Conclusions

1. The majority of study sample heard about BSE before.
2. The majority of the study sample had unqualified knowledge related to BSE.
3. The main source of information was TV, and the least sources were internet and relative.
4. The most satisfactory knowledge obtained from books and journals.
5. The majority of the study samples do not practice BSE.
6. Higher frequency of practicing BSE was found among the females with positive family history of breast lump.
7. The main barrier prevent the females from practicing BSE was forgetting.

Recommendations

1. Provision of effective updated audiovisual aids such as: overhead projects and Breast Examination Facilitation Device (BEFD) as a models for different sizes of breast in addition to instructional self_ explanatory materials.
2. Establishment of specialized resource centers in different governorates of Iraq, rural and urban areas to promote and integrate BSE training programs to all females.
3. All channels of the national mass media could efficiently be utilized to cultivate or disseminate a healthy positive attitude toward BSE, by presenting specific programs associated with BSE and women's health.
4. Health workers should intensify health education on the importance of BSE when they come in contact with women, as in antenatal care and immunization centers or clinics.
5. Further research studies should be undertaken on the women in different social positions and in different age groups to investigate the confounding factors that hinder them from practicing BSE, and solving the problems.

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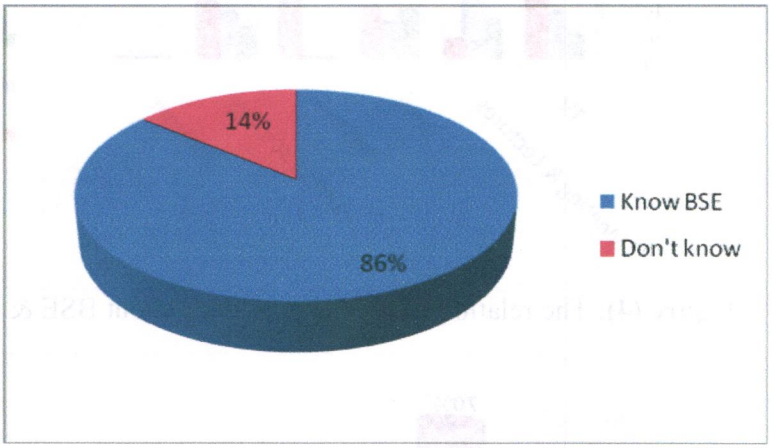

Figure (1): Percentage of female who hear about BSE.

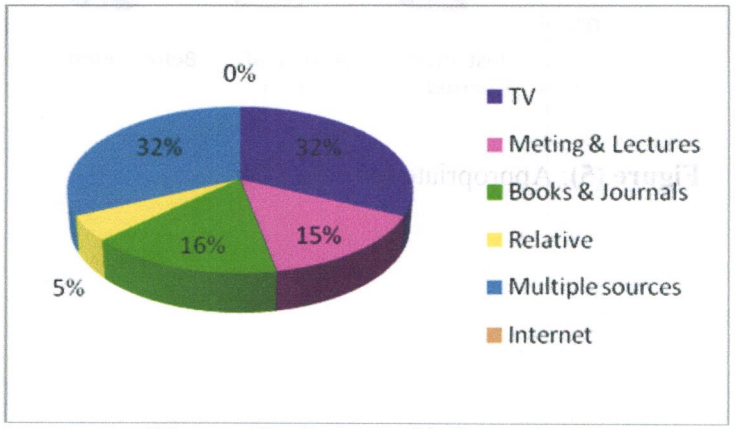

Figure (2): Source of information.

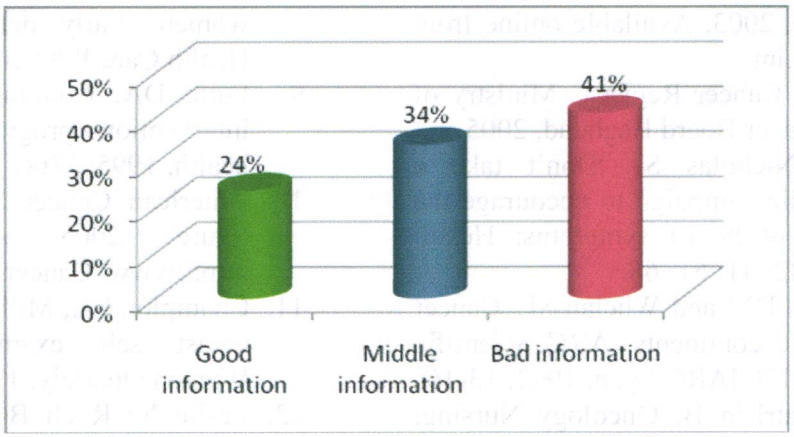

Figure (3): Percentage of knowledge about steps of BSE.

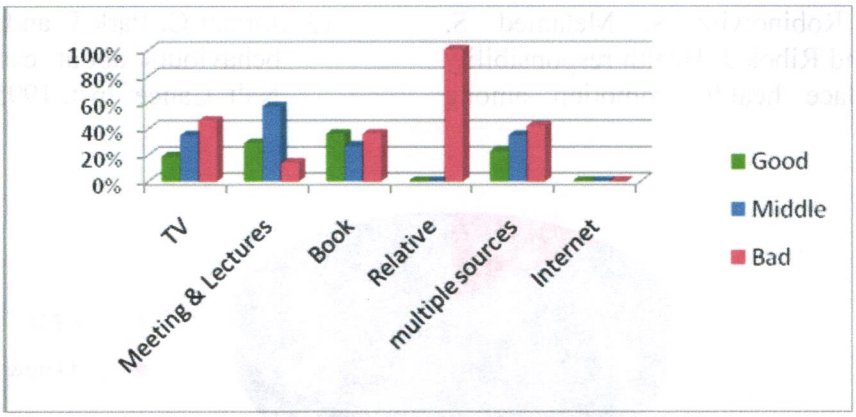

Figure (4): The relation between knowledge about BSE & source of information

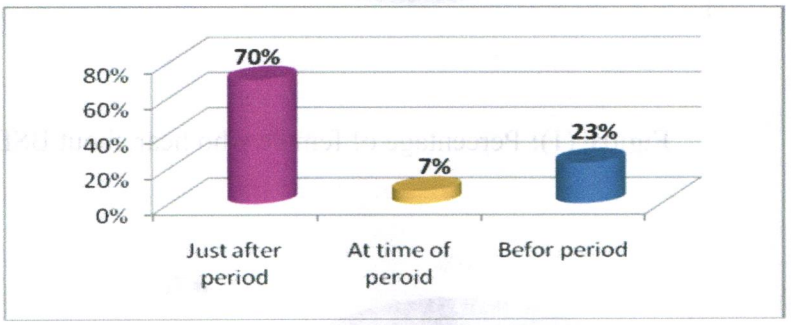

Figure (5): Appropriate time for BSE.

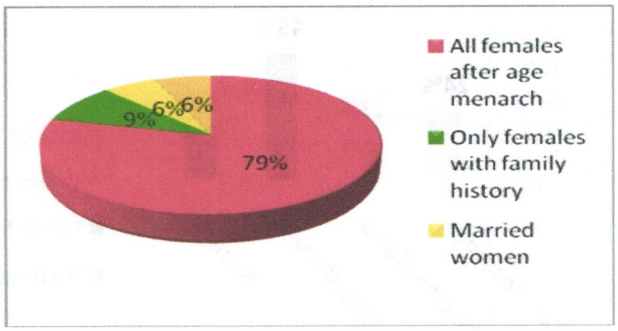

Figure (6): Percentage of females who should do BSE.

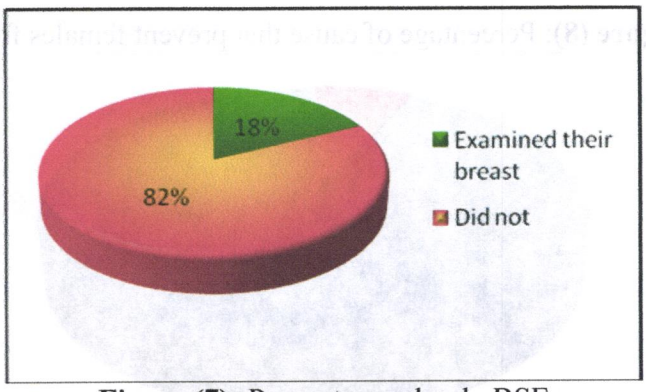

Figure (7): Percentage who do BSE

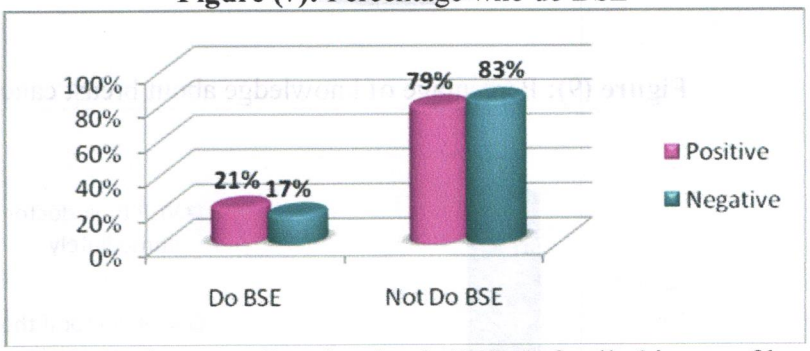

Figure (8) Relation between female who do BSE & family history of breast lump

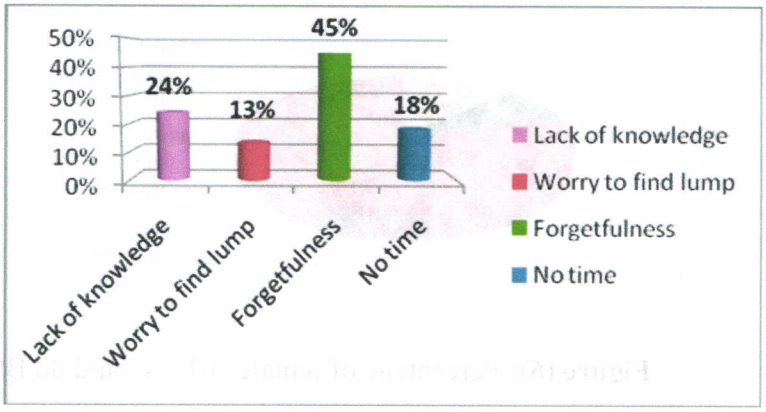

Figure (8): Percentage of cause that prevent females from doing BSE.

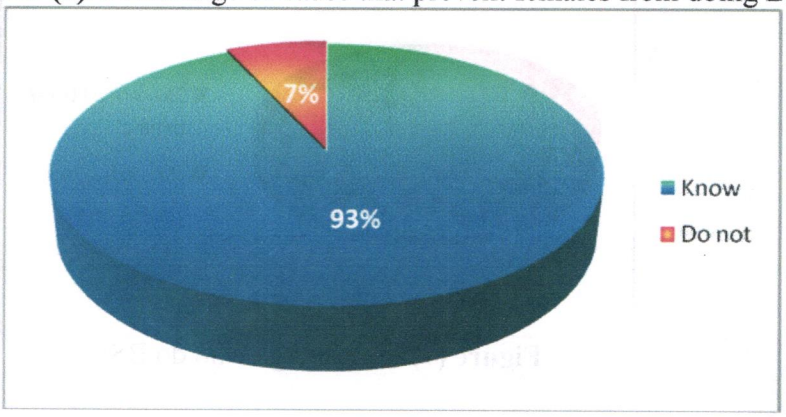

Figure (9): Percentage of knowledge about breast cancer.

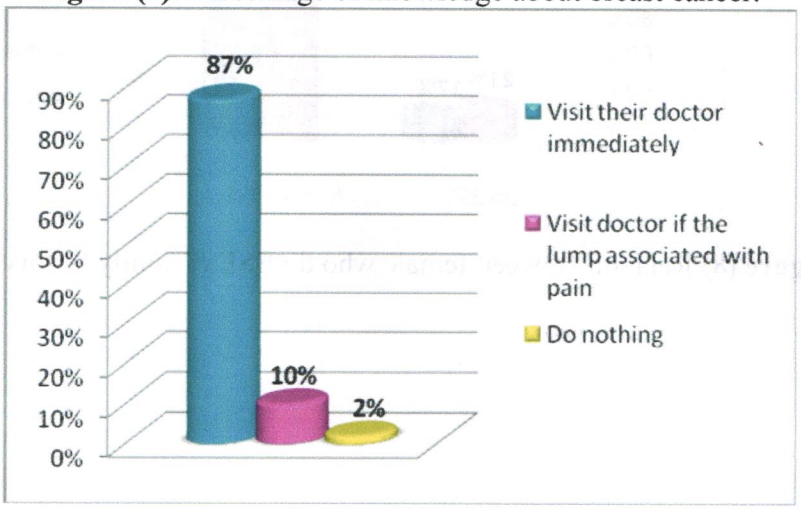

Figure (10): The action of females after finding a breast lump.