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GRT BREAST SELF-EXAMINATION AMONG MEDICALS AND PARAMEDICAL IN HOSPITAL BATUPAHAT AND IMU CLINICAL SCHOOL BATUPAHAT .

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Abstract: Background : One of the leading cause of death due to cancer in Malaysia is carcinoma of breast, which is the most common of all female cancers.

Aims: To identify the doctors, medical students , nurses and other workers in hospital and their knowledge toward breast self-examination (BSE).

Setting and Design: This study was performed to Identify the doctors, medical students , nurses and other workers in hospital and their knowledge toward BSE . Some of the doctors, nurses, medical students and other health care workers did not accept to join the study, were excluded from the study. A total of 274 were included in the study group.

Materials and Methods: This survey was conducted in Hospital Sultanah Nora Ismail, BatuPahat, Johor and IMU Clinical School BatuPahat Johor among the doctors, nurses medical students and other health workers. All the data were collected between June 2013 and September 2013.

Results: Our result showed 100% awareness of breast cancer among our participants since all the participants were in health service. and 73.72% of participants were noted to do BSE regularly.

Conclusion: The female medicals and paramedicals should be confident in doing SBE themselves and they should do it regularly and then only they can advise and practise the public to do BSE regularly. This procedure is cheaper and more economical for making an early diagnosis. Whenever there is doubt regarding any lump in the breast while doing BSE, that person has to be referred for further investigations to ruleout/ confirm Breast cancer.

Key words: breast exam, breast cancer, BSE(Brest self examination), participants and patients.

INTRODUCTION :

Carcinoma of the breast appears to be more common in the world. It is the leading type of cancer in women.¹ Currently, breast cancer is the most common cancer (18%) in Malaysia². In Malaysia, 3738 female breast cancer cases were reported in 2003, making it the most commonly diagnosed cancer in women³. Breast cancer is the second leading cause of cancer admissions in the Ministry of Health hospitals in Malaysia and this cancer is responsible for 6-8% of all cancer deaths³. According to a report of the Malaysian Cancer Registry, one in every 19 Malaysian women has a chance of getting breast cancer in her lifetime and more than 4000 new cases of breast cancer are diagnosed every year. Breast cancer is currently the most common female cancer in Malaysia, accounting for 30.4% of all cancers diagnosed among women⁴. Carcinoma of the breast is the most prevalent cancer type which causes of death among women in more countries⁵. Meanwhile, early

discovery of breast lumps through breast self-examination (BSE) is important for the prevention and early detection of this disease^{6,7,8}. Breast cancer death rate has significantly increased in recent years in Malaysia. The incidence of breast cancer has increased over the past 30 years due to a variety of factors: better statistical reporting, better screening methods, women living longer, being exposed to carcinogens and changes in lifestyle⁹. Early detection of breast cancer by population-based screening programs would be a potentially useful approach for controlling the disease and reducing mortality, because early detection through screening is defined by the Centre of Disease Control as the best defence against morbidity and mortality from breast cancer¹⁰. In the absence of an exact aetiological agent for breast cancer, the most appropriate way of controlling it is by early detection and treatment. Of the various methods of screening for breast cancer, mammography is the method of choice but its use is limited

due to high cost and unavailability. Considering this, breast self examination (BSE) is an ideal method which can be done by every woman at her leisure time with little training¹¹. The doctors and other health care workers should be aware of BSE because these group of people can educate the public to learn BSE. That was the reason we conducted the study in BSE in Hospital Sultanah Nora Ismail, BatuPahat, Johor and IMU Clinical School BatuPahat Johor.

MATERIALS AND METHODS:

This study was carried out at in Hospital BatuPahat and IMU clinical school BatuPahat. The data was collected between June 2013 and September 2013. A total of 274 participants were participated and the participants were nurses, medical students (final semester -sem-10), doctors and few health assistants. Our plan is to get a sample rather than total population. Few persons who were working in the hospital, did not cooperate for this study and they were not included in our study.

The survey was conducted on a voluntary basis. Before answering the questionnaire (Table-1), all participants were given instructions on how to fill the forms. Most of the participants were final year MBBS program students doing in Clinical school BatuPahat, House officers, Medical officers and Nurses of hospital BatuPahat. Some of the participants were hospital assistants (13) who needed translators since they could not follow English. The completed questionnaire were collected from them after their completion of the questionnaire forms.

Table -1.BSE (N=274)

Age				
Age of menarche				
Age of Menopause if				
Profession	Med.student	Doctor	Nurse	Others-
Marital status	Single	Married		
Awareness of Breast cancer	Yes	No		
Smoking	Yes	No		
Alcohol	Yes	No		
Family History of Breast Cancer	Yes	No		
Any breast problems	Pain	Lump	Nipple discharge	Others
Any breast surgery	Yes	No		
BSE performed	Yes	No		
How often do you do BSE in one year?	<5 times	<10 times	>10 times	
When did you start BSE? Age	<19	19-25	25-30	30-35
How do you exam?	Checking for visual breast changes standing in front of the mirror	Lying :Lying down on the back while resting the head on a pillow		Axilla
Reasons for starting BSE	Fear of breast cancer Nipple discharge	Media Family history Ca.	Doctor's advice Mass	Pain Friend's advice

RESULTS:

The final data were entered in Table 2 and 3. The participants ages were from 25 to 48yrs. Most of them (177, 64.59%) were final semester medical students who were around 25 -26 yrs. The House officers and Medical officers (36, 13.13%) were around 28 -38 yrs, the nurses (46, 16.78%) were around 26 -38 yrs and the hospital assistants (15, 5.47%) were around 30 -48 yrs. The age group of participants attained the menarche were around 13 -16yrs. No participant attained menopause in our study. All the participants did not have the habit of smoking and alcohol. There were 104 (37.95) married women and 170 (62.05)

unmarried woman in our study. There were 8 participants (2.91) with family history of breast cancer and there is no family history of breast cancer in 266 participants (97.08). Some of them 102 (37.22%) had breast complaints like breast pain and the rest of them were 172 (62.77) with no active complaints over their breast. Some participants 9 (3.28) underwent minor surgery like fibroadenoma-excision biopsy and the rest were 265 (96.7) who did not undergo any breast surgery. Most of them 202 (73.72) are still doing regularly BSE and some 72 (26.27) do not have practice of BSE.

Table -2 .BSE (N=274)

		%		%
Marital status	Married - 104	37.95	Unmarried 170	62.05
Awareness of Breast cancer	Yes-274	100	No-0	
Smoking	Yes-0		No-274	
Alcohol	Yes-0		No-274	
Family History of Breast Cancer	Yes-8	2.91	No-266	97.08
Any breast problems	Yes-102	37.22	No-172	62.77
Any breast surgery	Yes-9	3.28	No-265	96.7
BSE performed	Yes-202	73.72	No-72	26.27

Table -3 shows that 202 (73.72%) participants were doing regularly SBE out of the total participants of 274(100%). The participants who are doing SBE less than 5 times in a year are 102(37.22%), less than 10 times in a year are 62(22.62%) and more than 10 times in a year are 38 (13.86%). We noted that 2 (0.99%) participants started BSE when they were less than 19 yrs, 64 (31.68%) participants started BSE when they were 19 to 25 yrs, 66 (32.67%) participants started BSE when they were 25 to 30 yrs and 70(34.65%) participants started BSE when they were 30 to 35 yrs.

Our study noted that 180 participants (89.1%) were doing BSE by standing in front of the mirror. 32 participants (15.84%) were doing BSE by lying position. Some of them were doing BSE in both positions. We noted that 170 participants (84.15%) started BSE for the fear of breast cancer. 20 participants (9.9%) started BSE because of information from the media. 130 participants (64.35%) started BSE because of doctor's advice.

102 participants (50.49%) started BSE because of pain over the breast.

12 participants (5.94%) started BSE because of nipple discharge.

8 participants (3.9%) started BSE because of a family history of breast cancer.

4 participants (1.98%) started BSE because of breast lumps.

25 participants (12.37%) started BSE because of advice by friends.

Some of them were started doing BSE for more than one reason.

Table -3. BSE (N=274)

How often do you do BSE in one year?	NEVER done 226.27%	<5 times 10237.22%	<10 times 6222.62%	>10 times 3813.86%
Doing BSE regularly	20273.72%			
When did you start BSE? Age	<190.99%	19-25 6431.68%	25-30 6632.67%	30-35 7034.65%
How do you exam?	Checking for visual breast changes standing in front of the mirror 180(89.1%)	Lying :Lying down on the back while resting the head on a pillow 32(15.84%)	Some of them were doing both methods.	Axilla 2(0.99%)
Reasons for starting BSE	Fear of breast cancer 170(84.15%)	Media 20 (9.9%)	Doctor's advice 130 (64.35%)	Pain 102 (50.49%)
	Some of them were started doing BSE for more than one reason	Family history Ca. 8 (3.9%)	Mass 4(1.98%)	Friend's advice 25(12.37%)
	Nipple discharge 12 (5.94%)			

DISCUSSION:

Similar findings reported in other studies where 97% and 92% of the respondents were aware of breast cancer¹². Our study showed 100% since all the participants were medical and paramedical attached to the medical service. BSE is one of the screening techniques for early breast lump and cancer detection¹³.

In a study undertaken by a survey of students in a Malaysian University¹⁴, more than half of participants (55.4%) reported that they had practiced BSE. A study from Singapore has showed that 62.7% nurses examined their breasts every month¹⁵.

Our study showed 73.72% of participants were regularly practising BSE since all participants are medical and paramedical attached to the medical service. The study found that race, marital status, residency, regular exercise, awareness about breast cancer, belief that breast cancer can be detected early, belief that early detection improve the chance of survival, family history of cancer, family history of breast cancer, awareness about BSE, belief that BSE is necessary significantly influence the practice of BSE among women¹⁵. Self examination of the breasts each month after the menstrual cycle is the simplest yet extremely important way to detect early breast cancer¹⁶. It has been observed that women can detect 95% of breast cancers and 65% of early minimal breast cancers by themselves¹⁷. This suggests that women must be aware of the risk factors. The Health Belief Model (HBM) suggests that if a woman perceives herself at risk then she is more likely to practice BSE¹⁸. It was estimated that BSE may reduce the mortality by as much as 18%¹⁹.

CONCLUSIONS:

The results of our study shows that although the doctors, nurses, medical students and other health workers have a knowledge about breast cancer screening behaviour, such as BSE, the rates of performance are not adequate. So they need to give more attention for SBE. Awareness regarding SBE has to be published in all the media. Regular camps with the doctors, nurses, medical students and other health workers regarding SBE has to be conducted. Female doctors and paramedical workers should be confident in doing SBE and they should do it regularly and then only they can advise the public to do BSE regularly because it is cheaper for making an early diagnosis. Whenever there is a doubt regarding a lump while doing BSE, the person has to

be referred for further investigations to ruleout/ confirm Breast cancer.

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REFERENCES:

- Dündar EP, Ozmen D, Ozturk B, Haspolat G, Akyildiz F, Coban S, et al. The knowledge and attitudes of breast self-examination and mammography in a group of women in a rural area in western Turkey. *BMC Cancer* 2006;6:43.
- Malaysia Cancer Statistics 2007 ;6.1, 25, 7.1, 35.
- Ministry of Health, Malaysia: Clinical Practice Guidelines – & Management of Breast Cancer. Dec 2002 (<http://www.acadmed.org.my/cpg/> CPG on Management of Breast Cancer).
- National Cancer Registry, Malaysia 2003. The second report. Kuala Lumpur, Malaysia, Ministry of Health, 2003.
- Ertem, G; Kocer, A..Breast self-examination among nurses and midwives in Odemis health district in Turkey, *Indian Journal of Cancer* 46. 3 (2009): 208-13.
- Ozturk M, Engin VS, Kisioglu AN, Yilmazer G. Effects of education on knowledge and attitude of breast self examination among 25+ years old women. *Eastern Journal of Medicine* 2000;5:13-7.
- Öztürk M, Engin VS, Kisioglu AN, Yilmazer G. The practice of breast-self examination among women at Gulistan District of Isparta. *Eastern Journal of Medicine* 1999;4:54-7.
- Soyer MT, Ciceklioglu M, Ceber E. Breast cancer awareness and practice breast self examination among primary health care nurses: influencing factors and effects of an in-service education. *J Clin Nurs* 2007;16:707-15.
- McCREADY T, LITTLEWOOD D & JENKINSON J (2005) Breast self-examination and breast awareness: a literature *Journal of Clinical Nursing* 14, 570–578.
- Haydaromlu A, Dubova S, Ozsaran Z, Bolukbasi Y, Yilmaz R, Kapka O M, et al. Ege Universitysinde meme kanserleri; 3897 olgunun deMerlendirilmesi. (Breast cancer in Ege University; Evaluation of 3897 cases). *Turkish: Meme Sagligi Dergisi*; 2005;1:6-11.
- Singh M M, Devi R, Walia I, Kumar R. Breast self examination for early detection of breast cancer. *Indian J Med Sci* 1999;53:120-6
- Ekanem IA, Etukudo MH (1990). Cancer information survey among students in Calabar University and School of Nursing, UCTH, Calabar, Nigeria. *Nig Med J*, 20, 32-4.
- Yip CH, Smith RA, Anderson BO, et al (2008). Breast Health Global Initiative Early Detection Panel. Guideline implementation for breast healthcare in low- and middle-income countries: early detection resource allocation. *Cancer*, 113, 2244-56.
- Redhwan Ahmed Al-Naggar, Yuri V Bobryshev, Karim Al-Jashamy. Practice of Breast Self-Examination Among Women in Malaysia

<http://www.ncbi.nlm.nih.gov/pubmed/23098479>

15. Chong PN, Krishnan M, Hong CY, Swah TS (2002). Knowledge and practice of breast cancer screening amongst public health nurses in Singapore. *Singapore Med J*, 43, 509-6.
16. Foxal MJ, Barron CR, Houfek J. Ethnic differences in breast self-examination practice and ealth beliefs. *J Adv Nurs* 1998;27:419-28.
17. Budden L. Registered nurses' breast self-examination practice and teaching to female clients. *J Community Health Nurs* 1998;15:101-12.
18. Cretain GK. Motivational factors in breast self examination. *Cancer Nurs* 1989;12:250-6.
19. Petro-Nustas W, Mikhail BI. Factors associated with breast self-examination among Jordanian women. *Public Health Nurs* 2002;19:263-71.

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