Knowledge about Breast Cancer and Breast Self Examination Practices among Medical, Dental and B. Sc Nursing Students of BPKIHS

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Abstract

The aim of this descriptive cross sectional study was to assess knowledge about breast cancer and breast self examination practices among medical, dental and B. Sc nursing students and to identify the associated factors which influence towards the breast self examination (BSE). The survey was conducted among 220 graduate levels female students by using non probability convenience sampling technique. Mean knowledge about the breast cancer, as indicated by the results were 63.67 ± 16.22 , 71 ± 18.16 and 76.07 ± 18.60 among BDS, B SC nursing and MBBS students respectively. Similarly mean practices regarding BSE were found to be 34.67 ± 15 . 41, 47.85 ± 14.08 and 46.76 ± 14.77 among BDS, B Sc nursing and MBBS respectively. Knowledge was less among BDS students whereas, it was found quite higher in MBBS and B. Sc nursing students. Similarly, mean practice in relation to BSE was found to be low in BDS, high in B. Sc nursing, and higher in MBBS students. Overall level of knowledge was found to be mordantly adequate among all disciplines, however practices among them were found to be inadequate.

Keywords: knowledge, practices, breast cancer, breast self examination, medical, dental and B. Sc Nursing students.

Introduction

Breast cancer remains major health problem all over world, affecting both the developing and developed countries. It is the leading type of cancer in women. More than 20,000 American women are diagnosed annually with breast cancer which is responsible for nearly 40,000 deaths in the year 2005^{1,2} currently there are three methods of breast cancer screening recommended by American Cancer Society and National Cancer Institute 1991. (a) Breast self examination (BSE) (b) Clinical Breast examination (C) mammography.^{3,4} The incidence of breast cancer in Nepal has risen significantly over the last two decades. As detection of breast cancer in its early

Address for correspondence: Mrs Puspa Parajuli, Additional Professor College of Nursing, BPKIHS Email: pushpaparajuli@yahoo.com stages is amenable to almost complete cure, it is important to educate the health professional as well as public on the need for early detection of breast cancer by breast cancer screening.^{5,6} Hence, evidence indicates that if diagnosed early through methods of breast cancer screening the cure rate may increase up to 97% ^{7,8}

Subjects and methods

A survey was conducted in February 2009. A total of 220 graduate levels female students enrolled in different programme (MBBS, BDS, B.Sc nursing) of B.P. Koirala Institute of Health Sciences, Dharan were selected for the study by using non probability convenience sampling technique. The questionnaires consisted of demographic variables, risk factors, sign and symptoms on breast cancer, knowledge on mammography, breast self examination practices and its associated factors^{10,11} Permission for carrying out the study was taken in advance. Informed consent was taken from each subject before distributing the questionnaire. Data were collected from subjects by using self administered questionnaire. All the subjects were asked to complete the questionnaire within the day and return it in an envelope to investigator's office. The collected data were analyzed by using descriptive statistics (mean, percentage frequency) and inferential statistics.

Results

Socio -demographic characteristics: All the respondents were between the age group 20 to 30 years with mean age of 18.2 years .Majority of them (98.2%) were unmarried .Mean age of menstruation was 11.2 ± 1.021 in relation to sources of information . About sixty percent responded that they got information about breast cancer from books and magazine while 18 % , 12.2% and 3.2% got the information from health professional , T V, Radio and others media and from friends and neighborhood respectively.

Knowledge about breast cancer: out of 220 respondent, about thirty five percent (34.8 %) of the respondents in both the MBBS and B.Sc nursing possessed knowledge about breast cancer whereas it was present in 30.4 % among BDS respondents.. Similarly practices were higher (37.8%) among MBBS students, whereas it was 35.1% in B.Sc nursing participants. Rate of practice was lowest (27.1%) in BDS group.

Reason for not performing Breast self examination: Subjects were also asked if they felt comfortable doing BSE, their responses indicated that 62.3% felt comfortable doing BSE. Due to various reasons remaining respondents did not find it comfortable. Reason listed for not practicing BSE was lack of knowledge (22.7%), lack of confidence(6.8%), and fear of finding abnormalities (2.3%).Similarly, 11.5% did not perform BSE due to lack of time . Another 11.8% did not feel BSE was necessary.

Associated barriers for self Breast Examination practices: Similarly subjects were also inquired about barrier for practices of breast self examination the result shows that 62.3% of respondent feel comfortable doing BSE while 37.7% did not feel comfortable doing BSE among them most important hindering factors were feeling unpleasant (11.8%), embarrassment (7.3%) and feeling funny doing BSE (6.8%).Lack of privacy

(4.1%) dislike to touch the breast 1.8% and it make me worry about breast cancer 5.9% were the hindering factors

Knowledge about mammography: Subjects were also asked about knowledge concerning mammography. Majority (65.5%) had knowledge about mammography and its application. Regarding the knowledge about the best age for women to get first mammogram, 23.2% of respondents answered it to be between age 40 and 49 years. However, 31.4% of respondent did not have knowledge about it. Regarding frequency of mammogram, 46.8% said it is between age of 40 and 49 year whereas 40.5% responded it to be the age of 50 years or more. About 14.9% and 37.5% of respondent did not have knowledge about it. The rate of undergoing a recommended mammography practices was found very low.

Awareness on clinical breast examination by health professional: Students were also asked for clinical breast examination by health professional, 90.5% of respondents never had breast examined by health professional, majority thought it was not necessary. They had sufficient knowledge regarding the early sign and symptoms of breast cancer, but none of them knew about breast skin retraction as one of the symptoms.

Discussions

Breast self examination among MBBS, BDS and B. Sc Nursing students. Association between types of programme, level of knowledge and practice of breast self examination was observed in the study. It was found that knowledge on breast cancer possessed by the students in three different academic programmers was adequate in all areas of breast cancer. However, there is lack of practices among them. Breast self examination (BSE) provides an inexpensive method for early detection of breast tumors thus knowledge and consistent practices could protect women from morbidity and mortality due to breast cancer.⁹.

The study done in Nigeria by Dr M.O Balogun2003A.D also support that regular BSE influences treatment, prognosis and survival rates, In our study rate of practice of BSE was found to be lower as only 27.1%, 35.15% and 37.8% of the respondents reported practice of BSE on regular monthly basis. This is important finding which indicate that despite the knowledge, all students do not perform BSE.¹³ Reported studies have suggested that less than half of the study groups actually practices BSE monthly.^{12,14}

Conclusion

This study highlights the need for the students of BPKIHS, who are frontline medical professional, to undergo more training in the area \ of breast cancer and breast cancer screening. In this study students have adequate knowledge about breast but their practices towards breast self cancer examination is limited as well. Health professional (medical, dental and nursing) are female populations and they are vulnerable for developing this disease. Playing vital role in patient care, students are in unique position, as they have supportive role in educating and motivating patient on breast cancer. So, the knowledge in breast cancer and practices must be included in their educational programmes in detail and curriculums which enables the students to provide health education about the breast self examinations-risk factors, causes, sign and symptoms to promote the health habits and assist the patient to reduce habit hazards to health which ultimately may contribute to eliminate the disparity in breast cancer mortality rates among them and patient as well.

References

- 1. American Cancer Society. (I 987). Special touch: A personal plan of action for breast health (ACS Publication No. 2095-LE) New York, NY: Author.
- 2. American Cancer Society. (1990). Cancer facts and figures New York, NY: Author.
- 3. American Cancer Society (1991). Cancer facts and figures New York, NY: Author.

- 4. Jemal A, Siegel R, Ward E, Murray T, Xu J, Smigal C, Thun MJ: Cancer statistics 2006_CA: A Cancer J Clin 2005, 56(2):106.
- 5. Groot MT, Baltussen R, Uyl-de Groot CA, Anderson BO, Hortobágyi GN: Costs and health effects of breast cancer interventions in epidemiologically different regions of Africa, North America, and Asia.
- American Cancer Society: Cancer Facts and Figures 2002. New York: American Cancer Society; 2002:3-15.
- 7. T.R. Ministry of Health: Cancer control programme and cancer statistical in Turkey (1995–1999).
- Fidaner C, Eser SY, and Parkin DM: Incidence in Ýzmir in 1993–1994: first results from Izmir Cancer Registry.
- 9. Chong PN, Krishnan M, Hong CY, Swash TS: Knowledge and practice of breast cancer screening amongst public health nurses in Singapore.
- 10. T.R. Ministry of Health: The report for the control program of breast cancer: Follow-up report for breast self-examination 2004. [http://www.saglik.gov.tr/extras/birimler/ksdb/2.doc]
- 11. Baker, L. (1982). Breast cancer detection demonstration project: Five-year summary report. CA: A Cancer Journal for
- Clinicians, 32, 194-225AJCC Cancer Staging Manual. 6th ed. New York: Springer- Verlag; 2002.
- 13. Young JL Jr, Roffers SD, Rise LAG, Fritz AG, Hurlbut A, eds. SEER Summary Staging Manual – 2001: Codes and Coding Instructions. Bethesda, MD: National Cancer Institute; 2001. NIH Pub. No. 01-4969.
- 14. Balogun.M.O, Owoaje E.T, et al Knowledge and practice of breast cancer screening among female traders in Ibandan, Nigeria 2003.