

Knowledge, Attitudes and Practices of Maternity Health Works Regarding Breast Self-Examination in the Governmental Hospitals at Sana'a City, Yemen

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ABSTRACT

Background: Breast cancer is the most common cause of cancer death among women worldwide. Breast self-examination (BSE) is a simple very low cost and non-invasive adjuvant screening method for the detection of early breast cancer in women. Accordingly, women who correctly practice breast self-examination monthly are more likely to obtain better treatment and survival rate.

Aim: This study aimed to assess maternity health workers' knowledge, attitudes and practices (KAP) regarding breast self-examination in Sana'a city, Yemen.

Methods: A cross-sectional study was conducted, and self-administered structured questionnaire was adapted to collect data from a convenient sample. Informed verbal consent was obtained from participants. Confidentiality of information was maintained throughout the study. KAP survey was carried out among 168 maternity health workers from governmental hospitals.

Results: It was found that 56.5% know about BSE and 50.0% know that it should be performed monthly. The majority (93.5%) believed that BSE is important for early detection of breast cancer. However, only 50.7% perform BSE monthly and 59.2% performed at the second week of menstrual cycle.

Conclusion: Unfortunately, almost only half of the study subject knows about BSE and how many times it should be performed and again only half of them performed monthly. Therefore, there is need for awareness creation on the benefits of BSE as an early detection for breast cancer among female health workers.

Keywords: Breast cancer, Breast self-examination, KAP survey, Maternity health works, Yemen



INTRODUCTION

Breast cancer is one of the most common types of cancer in women in both developed and developing countries. Certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer. [1] According to the 2015 Global Burden of Disease (GBD) study, of the 17.5 million cancer cases globally, breast cancer accounted for 2.4 million new cases and 523 000 deaths in 2015. [2] Increasing awareness of the signs and symptoms of breast cancer has caused this cancer to be diagnosed at an early stage. [3] Unfortunately, in developing countries, women's lack of awareness about breast cancer screening can cause illness and mortality. Risk of breast cancer has an almost linear plot and increases with increasing age. Approximately 75-80% of breast cancers are diagnosed in women older than 50 years. [4]

In Yemen a descriptive study was undertaken to investigate the type of breast cancer, lymph node involvement, of breast cancer patients registered in the National Oncology Centre in Yemen. It was found that from September 2004 to December 2010, 2654 women across Yemen diagnosed with breast cancer were registered in the National Oncology Centre for treatment. Between the years 2004 and 2010, breast cancer represented 22% of all cancers registered in women. Seventy-one per cent of the women were aged 50 or younger at the time of diagnosis. The most common age group affected was women aged 41-50 years, with (35%) of cases occurring in this age. [5]

The prognosis and treatment of breast cancer is associated with the stage of the disease in which it is diagnosed [6]. Early detection is fundamental in the reduction of mortality from breast cancer. Efforts for early detection of breast cancer lead to the creation of programs for screening and the discovery of the disease in its early stages. Studies show that the rate of deaths in women participating in breast cancer screening reduced to 40% [7, 8]. Educating the public about the need for early detection of breast cancer through screening is important [9]. Particularly, in developing countries where people do not have adequate knowledge of the methods of screening and diagnosis of breast cancer, the fundamental role of public health education and awareness should be emphasized. Self-examination, mammography and clinical breast examination are the most effective means of early detection. [10]

Breast self-examination is of interest for the early detection of breast cancer, especially in areas where mammography and regular physical examination of the breasts are not practicable as public health policies. [11] Screening for breast cancer by regular self-examination of the breasts or regular clinical breast examination carried out by a health professional might be a possible alternative or addition to mammographic screening. Such screening might lead to less harm than mammographic screening since slow-growing tumors and tumors that do not develop into invasive cancer might be detected less often. A further advantage is that these methods do not require any technical equipment and can be performed by the women themselves if properly trained or by general practitioners or nurses. Based on an individual assessment of benefits and risks some cancer societies and health authorities recommend regular breast self-examination and regular professional examination, for example the American Cancer Society 2007, while others do not, for example the Cancer Council Australia 2007. It seems unclear, however, whether such

examinations can reduce breast cancer mortality and whether they do more good than harm (Russia 1999; Shanghai 2002). [12]

Breast self-examination is a simple, very low cost, noninvasive adjuvant screening method for the detection of early breast cancer in women. Its purpose is important in case of a prompt reporting of breast symptoms which are important early detection messages for women of all ages, and to make women familiar with both the appearance and the feel of their breasts as early as possible.[13]

There is evidence that women who correctly practice BSE monthly are more likely to detect a lump in the early stage of its development, and early diagnosis has been reported to influence early treatment and to yield a better survival rate. In a randomized, controlled assessment of the effectiveness of international screening programs for BC in Scandinavian countries, it was found that mortality had fallen by 31% after 7-years for women aged 40-70 at the beginning of the trial.2 [14]

Even though BSE is a simple, quick, and cost-free procedure, the practice of BSE is low and varies in different countries; like in England, a study by Philip *et al.*[15] reported that only 54% of the study population practiced BSE. Furthermore, in Nigeria, the practice of BSE ranged from 19% to 43.2%, and in India, it varied from 0 to 52%. [16,17] Several reasons like lack of time, lack of self-confidence in their ability to perform the technique correctly, fear of possible discovery of a lump, and embarrassment associated with manipulation of the breast have been cited as reasons for not practicing BSE. [18,19]

Significance of the study

The study is important in providing information towards knowledge and practice of BSE among female health providers in the main governmental hospitals. Better documenting health workers' knowledge and practice of BSE would be useful to governmental and nongovernmental organization in the design of interventions aimed at effective prevention of breast cancer through increased awareness and/or improved screening and it may also encourage other researchers and policy makers to carry out a more extensive research in this particular area being as base line data. *So the general aim of this study is to assess the knowledge, attitudes, and practices of maternity health workers in the main governmental hospitals regarding breast self-examination.*

METHODS

A descriptive cross-sectional design was conducted on maternity health workers at the main governmental hospitals (alsbeen Hospital, Al-Gomhery Hospital, Al-thora Hospital). Data was collected over a period of two months started on beginning of July till end of August of 2017. Data was collected by a self-administered pretested close-ended questionnaire. The questionnaire comprised of 34 items (7 items for socio-demographic, 8 items for knowledge, 11 items for practices and 8 items for attitudes). Verbal formal consent from each health provider was obtained after explanation of the study objectives and assuring the confidentiality and privacy.

RESULTS

This study conducted on 168 female health providers who are working in the maternity departments, the mean age was 30.82 ± 6.085 . Nearly one quarter were physician and nurse respectively (32.1, 35.1) with 52.4% have diploma and 41.1% have work experience less than five years. Most of participants have no family history of breast cancer 91.7%. (Table1). Regarding knowledge of BSE, 58.9% of participants responded correct answer about definition of BSE with 50.0% answered it should be done monthly and 42.5% it should be done in the second week of menstrual cycle. Regarding knowledge about benefits of BSE 42.2% have good knowledge whereas one third have poor knowledge. As regards knowledge about risk factors for BC, one quarter (25.0%) have excellent knowledge. (Table 2)

Table (1): distribution of the study sample according to their socio-demographic characteristics

characteristics	No = 168	
	No.	%
Mean age	30.82±6.085	
Marital status		
Married	93	55.4
Unmarried	73	43.5
Divorced	2	1.2
Total	168	100.0
Qualification		
Diploma	88	52.4
Bachelor	49	29.2
More	31	18.5
Total	168	100.0
Employment		
Doctor	54	32.1
Nurse	59	35.1
Midwife	39	23.2
Doctor assistance	16	9.5
Total	168	100.0
Years of experience		
<5 years	69	41.1
5-10 years	50	29.8
>10 years	49	29.2
Total	168	100
Family history of breast cancer		
Yes	14	8.3
No	154	91.7
Total	168	100.0

Table (2): distribution of study subjects according to their knowledge about Breast Self – Examination (BSE)

Item	No = 168	
	No.	%
Definition of breast self-examination		
Correct	99	58.9
In correct	69	41.1
Total	168	100.0
Routine performance of breast self-examination		
Monthly	84	50.0
Every 3 months	21	12.5
Every 6 months	40	23.8
Every year	16	9.5
Other	7	4.2
Total	168	100
Suitable age for begin breast self-examination		
< 20 years	16	9.5
20- 29 years	74	44.0
30-40 years	38	22.62
>40	5	3.0
All ages	28	16.7
I don't know	7	4.2
Total	168	100.0
Knowledge related to risk factors of Breast Cancer		
Excellent	42	25.0
Good	75	44.64
Poor	51	30.36
Total	168	100.0
Knowledge related to benefits of Breast self-Examination		
Excellent	40	23.8
Good	71	42.27
Poor	57	33.93
Total	168	100.0
Knowledge related to appropriate time to do Breast self-Examination		
Before menstruation.	21	12.5
During menstruation	32	19.0
The second week of menstrual cycle	72	42.5
During any day of menstrual cycle	16	9.5
I don't know	27	16.1
Total	168	100.0

Regarding practice of BSE, only 71 (42.3%) practices it and out of the 71, 50.7% perform the BSE monthly and 59.2% do it in the second week of menstruation and most of them 94.4% perform it for both breasts. Most of them perform BSE with hand up over the head and with hands on waist (93.0%, 57.7%) respectively. The majority (80.3%) observe for any mass or change in the nipple, 87.3% observe for any discharge from nipple and the majority examines the axilla 76.1% during performing BSE. (Table 3) As regards attitudes about BSE, most of them believe that it is important and not wasting of time 92.9% 96.4%, and 93.5% believe that BSE is a good tool for early detection of BC and 46.4% believe that married woman is more vulnerable to BC. (Table 4) Regarding the barriers for not doing BSE, 46.4% forget to do it, 17.8% responded that there is no time, and small percentage replied that BSE is not necessary. While 22.8% responded that there are no masses in the breast. (Table 5)

There is a significant relation between employment and definition of BSE, no significant between employment and knowledge related to frequency of BSE. No significant relation between employment and performing, frequency and time to do BSE. (Table 6-7)

Table (3): Distribution of the study subject according to their Breast Self –Examination Practices

Item	No = 168	
	No.	%
Routinely Performing Breast self-Examination		
Yes	71	42.3
No	96	57.7
Total	168	100,0
Times of doing Breast self-Examination		
No. = 71		
Monthly	36	50.7
Every 3 months	13	18.3
Every 6 months	19	26.8
Every year	3	4.2
Total	71	100.0
Examination both breasts		
No. = 71		
Yes	67	94.4
No	4	5.6
Total	71	100
Time of performing the Breast self-Examination per menstrual cycle		
No. = 71		
Before menstruation	7	9.9
During menstruation	13	18.3
The second week of menstruation	42	59.2
Any day during menstrual cycle	9	12.7

Total	71	100.0
Position during performing of Breast self-Examination	No. = 71	
In front of the mirror	27	38.0
During shower	21	29.6
Laying down	23	32.4
Total	71	100.0
Performing of Breast self-Examination with hands up over head	No. = 71	
Yes	66	93.0
No	5	7.0
Total	71	100.0
Performing of Breast self-Examination with hands on waist	No. = 71	
Yes	41	57.7
No	30	42.3
Total	71	100.0
Observing of any mass or change in nipples during Performing of Breast self-Examination	No. = 71	
Yes	57	80.3
No	14	19.7
Total	71	100.0
Examine of axillary gland during Performing of Breast self-Examination	No. = 71	
Yes	54	76.1
No	17	23.9
Total	71	100.0
Observe for any discharge from nipple during Performing of Breast self-Examination	No. = 71	
Yes	62	87.3
No	9	12.7
Total	71	100.0
Method to do Breast self-Examination	No. = 71	
Pie diagram	63	88.7
Curves diagram	5	7.0
Bar diagram	3	4.2
Total	71	100.0

Table (4); distribution of the study subject according to Attitudes regarding Breast self-Examination

Item	No = 168	
	No.	%
Do you believe that Breast self-Examination is important		
Yes	156	92.9
No	12	7.1
Total	168	100.0
Do you believe that Breast self-Examination wasting of time		
Yes	6	3.6
No	162	96.4
Total	168	100.0
Do feel embarrassed from doing Breast self-Examination		
Yes	38	22.6
No	130	77.4
Total	168	100.0
Who you believe should do Breast self-Examination		
Single women	84	19.53
Married women	116	26.98
old women	80	18.61
All women	150	34.88
Total	430*	100.0
Do you believe that periodic Breast self-Examination helps in early detection of breast cancer		
Yes	157	93.5
No	11	6.5
Total	168	100.0
Do you believe that married woman is more vulnerable to breast cancer		
Yes	78	46.4
No	90	53.6
Total	168	100.0

Table (5): Distribution of study subject according to barriers of Breast Self-Examination

Item	No = 168	
	No	%
There is no time	43	17.84
Forgetting	112	46.47
There are no mass on breast	55	22.82
Not necessary	14	5.81
Others	17	7.54
Total	Total	241*

* more than one answer

Table (6): Relation between employment and knowledge related to BSE

Employment	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Definition of BSE							
Correct	37	24	26	12	99	12.844	.005*
Incorrect	17	35	13	4	69		
Total	54	59	39	16	168		
Employment	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Frequency of BSE							
Monthly	34	22	17	11	84	18.374	.098
Every 3 months	6	5	8	2	21		
Every 6 months	10	18	10	2	40		
Every year	3	10	2	1	16		
Others	1	4	2	1	7		
Total	54	59	39	16	168		
Time of performing the BSE per menstrual cycle	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Before menstruation	5	6	10	0	21	23.237	.026
During menstruation	11	7	7	7	32		
Second week of menstruation	26	24	16	6	72		
Any day during menstruation	5	6	3	2	16		
I don't know	7	16	3	1	27		
Total	57	59	39	16	168		

Table (7): Relation between employment and practice of BSE

Employment	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Perform BSE							
Yes	26	18	16	11	71	8.732	.033
No	28	41	23	5	97		
Total	54	59	39	16	168		
Employment	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Frequency of BSE							
Monthly	11	10	10	5	36	7.410	.594
Every 3 months	5	3	2	3	13		
Every 6 months	9	5	2	3	19		
Every year	1	0	2	0	3		

Total	26	18	16	11	71		
Employment							
Time of performing the BSE per menstrual cycle	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Before menstruation	2	1	3	1	7		
During menstruation	2	4	2	5	13	9.968	.353
Second week of menstruation	18	11	9	4	48		
Any day during menstruation	4	2	2	1	9		
Total	26	18	16	11	71		
Employment							
Method to do Breast self-Examination	Doctor	Nurse	Midwife	Doctor assistant	Total	chi-square	P. value
Pie diagram	22	17	14	10	63	2.922	.819
Curves diagram	3	0	1	1	5		
Bar diagram	1	1	1	0	3		
Total	26	18	16	11	71		

DISCUSSION

This descriptive cross-sectional study was done to assess the knowledge, attitudes, and practices of maternity workers regarding Breast Self-Examination at the governmental hospitals. It was found that more than half of participants 58.9% have knowledge related to definition of BSE. (Haji-Mahmoodi et al., 2002) reported that more than 70% of subjects had knowledge regarding BSE. [20] Also it concluded that 44.64% of participants have good knowledge related to risk factors of breast cancer and 30.36% have poor knowledge. (Ghanem S et al., 2011) estimated that only 43% of the group nurses in the university hospital of Rabat had good knowledge of breast cancer risk factors. In contrast, (Casmir E, et al., 2015) in their findings found that 71.1% had good knowledge while 28.9% had poor knowledge about risk factors of cancer. [21, 22] As regards to the appropriate time to do BSE, 42.5% reported that the second week after menstruation is the appropriate time to BSE. (Chee et al., 2003) in their findings of a study done in Malaysia found that 10.9% of participants replied that breast self-examination should be done monthly before menses. [23] Regarding source of information, it was found from the current study that 37.04% of subject learned facts regarding BSE from their college curriculum followed by media

24.38% then from other health professions 23.46%. This is similar with (Alsaif, A 2004) results who found that 40% of subject learnt from college curriculum. Another study done by (Casmir E, et al., 2015) show that the most effective source of information was from health professionals 88.1% followed by television and radio programmes 78.6%. [22, 24]

About 42.9% of the current study participants perform BSE as a routine. This is nearly in line with the study done by (Abu Salem O 2007) which found from his study results that 52% of the sample performs BSE and approximately 30% of those perform BSE regularly. [25] A study done in Nigeria by (Gabriel O et al., 2016).also observed that the practice of SBE examination among the nurses was poor. Only a third (31.8%) of them practiced monthly BSE and the observation of current study was nearly double to what was reported in a hospital based study in Bayelsa state, in Nigeria where only 23.9% of nurses examined their breasts on monthly basis. (Adika VO et al., 2012) [26, 27]

In relation to the time of performing of BSE during menstrual cycle, only 59.2% out of 71 who perform BSE of the participants of present study response that they perform BSE at the second week after menstruation. This is consistent with a study done in Iran by (Reisi M, et al., 2013) in which 66.4% of the study sample performs BSE on the appropriate time and after menstrual period. [28] Regarding the method of doing BSE, 63 (88.7 %) out of 71 who perform BSE of the participants in the current study do in circle (pie). (Alsaif A 2004) had double of current study results. [24]

Almost all the study participants (96.4%) belief that BSE is not wasting of time and the majority of them 77.4% replied that BSE won't be embarrassing for them. This is similar to the findings of study done in Adis Ababa by (Geutu M 2016) whose found that 78.2% disagree with that doing BSE is wasting time and (66.8%) of respondents mentioned BSE won't be embarrassing for them. [29] Moreover the findings of the current study revealed that the majority of the study participants 93.5% belief that BSE is a tool benefit in early detection of breast cancer.

Regarding to barriers to BSE, this present study revealed that 46.47% forget to do BSE, 22.82% there is no mass in the breast as indicate to do BSE, 17.84% response no time to do it, and 5.81% said it is not necessary. (Casmir E, et al., 2015) reported in their study that 30.8% feel tickled performing breast self-examination, 27.5% feel shy performing breast self-examination, 11.7% believed breast self-examination take too much of their time, 2.5% feel breast self-examination is unnecessary, 5.1% indicated that they don't have enough privacy to perform BSE, 0.8% felt that breast self-examination is expensive while 21.5% preferred going to the hospital for breast examination. [22]

CONCLUSION & RECOMMENDATIONS

Unfortunately Findings of the present study precise that about only half of the female health workers who works in the maternity departments know the definition of BSE, same percentage know that it should be done monthly. Although only less than fifty percentages of them perform routinely BSE and they performed it monthly, but the majority of them have strong belief that BSE benefits as early detection tool for breast cancer. The result of this study suggest that, for female health providers, if more emphasis of BSE occurs in the work place and in undergraduate and postgraduate courses, health providers, teaching of BSE to clients may be increased. Also, the provision of BSE educational programs is

necessary to increase health provider' knowledge, confidence, performance, and teaching of BSE.

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معارف واتجاهات وممارسات العاملات في مجال صحة المرأة حول الفحص الذاتي للثدي في المستشفيات الحكومية الرئيسية في أمانة العاصمة، اليمن

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ملخص

الخلفية الادبية: يعتبر سرطان الثدي من الاسباب الشائعة للوفيات بين النساء حول العالم المصابات بالسرطان. وتبين ان الفحص الذاتي للثدي الذي تقوم به المرأة يعتبر وسيلة فحص بسيطة، قليلة التكلفة وغير مؤذية للكشف المبكر لسرطان الثدي بين النساء. لذلك المرأة التي تمارس الفحص الذاتي للثدي بشكل روتيني شهريا تلقى علاج افضل ومن ثم معدل نجاة عالي.

هدف الدراسة: هدفت هذه الدراسة الى تقييم معارف واتجاهات وممارسات العاملات في مجال صحة المرأة حول الفحص الذاتي للثدي في أمانة العاصمة. اليمن.

طرق البحث: استخدمت الدراسة المقطعية وتم استخدام اداة استبيان معدة مسبقا تعبأ بشكل ذاتي من قبل المبحوث لجمع البيانات من عينة متاحة . تم أخذ الموافقة الشفهية من المشاركات الى جانب انه تم المحافظة على خصوصيتهن خلال فترة الدراسة. حجم العينة 168 عاملة صحية في مجال صحة المرأة من المستشفيات الحكومية الرئيسية.

النتائج: وجد من خلال الدراسة ان 56.5% لديهن معرفة حول الفحص الذاتي للثدي و50% يعلمن انه يجب ان يمارس شهريا، وكانت الغالبية 93.5% يعتقدن ان الفحص مهم للكشف المبكر لسرطان الثدي ومع ذلك وجد ان 50.7 % فقط منهن يمارسن الفحص شهريا و 59.2% يمارسنه في الاسبوع الثاني من الدورة الشهرية

الخلاصة: تقريبا نصف عينة البحث لديهن معرفة حول الفحص الذاتي للثدي وكم عدد مرات تأديته. ولكن مع الاسف النصف منهن يمارسنه شهريا. لذلك هناك احتياج لزيادة الوعي حول فوائد الفحص الذاتي كوسيلة للكشف المبكر لسرطان الثدي بين العاملات في مجال صحة المرأة

الكلمات الدالة: سرطان الثدي، الفحص الذاتي للثدي، العاملات في مجال صحة المرأة، اليمن