

# Knowledge, attitudes and practices regarding breast self-examination among female interns and final year female medical students at Jinnah Hospital Lahore - a gap analysis

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A descriptive cross-sectional KAP study on BSE – gap analysis conducted between groups of medics using descriptive inferential statistics to report study results. The results showed no gap in knowledge about BSE between two groups of interns & medical students. However the pattern of practicing BSE differs in two groups, showing knowledge has no significant effect on performance. Further it was concluded that even in presence of positive attitudes towards BSE in terms of its efficacy as a screening method for cancer detection its practice is low. A number of factors are identified as possible reasons for nonperformance & compliance. However its proven efficacy as early cancer detector is debatable & need further analytical designs such as case-control and prospective cohort studies.

**Keywords:** - BSE, knowledge, practices, attitudes, clinical breast examination.

No method of detection of breast cancer is more appealing than self-examination. Its attributes are simplicity, self-generation, inexpensiveness, non-invasiveness & irradiative ness. However it is difficult to prove its efficacy to discover breast tumors that are still in early stages and therefore may increase survival if operated immediately.

A study conducted by Thiessen showed that body built and educational backgrounds bear on the efficacy of BSE. Large pendulous breast are more difficult to examine. Moreover patients from a certain socioeconomic, educational and motivational background seem to do better.

Although the efficacy of BSE in detecting early stage cancers is controversial however it largely depends on compliance and accuracy of examination. A recent study conducted showed that although monthly breast self examination is recommended for early breast cancer detection, most women do not comply! May be due to psychological distress and cancer specific intrusive thoughts.

The study was done to study the gap in knowledge between interns and final year medical students and its effect on practice and attitudes towards BSE formed in light of the knowledge gained during their formal teaching and internship.

## Material and Methods:

A descriptive cross-sectional study was conducted between 1.3.2004-1.5.2004 among female interns and final year students to assess the knowledge, attitudes and practices regarding breast self-examination.

**Sampling frame:** All female final year M.B.B.S students and Interns learning at the hospital at the mentioned time frame.

**Sample size:** 50 (Calculated by statistical software Epi-info version 6)

**Sampling technique:** Probability

**Sampling Type:** Stratified

**Inclusion criteria:** All female interns and final year medical students learning & working in different units of the hospital at the time of data collection.

**Exclusion criteria:** All female doctors who have completed their one-year internship. All female final year students who are repeating the class.

**Data Collection Tool:** Self Administered questionnaire

**Data Analysis:** Computerized coding and entry were done frequency tables generated and percentages determined. Descriptive inferential statistics were utilized. Bar charts were used to present qualitative data.

## Discussion:

Results indicate that 100% of the final year female students were knowledgeable & majority (72%) does practice BSE but irregularly. Attitudes towards BSE were 100% positive. All who practice learned the skill through formal teaching in medical school. More than half of the students (58%) claimed to be fairly accurate in technique. None of them discuss BSE with peers & friends. Awareness acquired through media is zero percent. Majority (92%) was never clinically examined (CBE). Family history of breast disease is low (6%) and 44% consider BSE superior to mammography as a diagnostic tool. Among interns although 100% claim to be knowledgeable less than half (40%) practice BSE but majority (70%) of them regularly (once month). 92% have positive attitudes towards BSE and those who practice 100% claim to be fairly accurate. 80% learned their skill through formal teaching in medical school and 20% from books and magazines. Role of media in creating awareness about BSE is considered significant by (32%). Majority (96%) was never clinically examined. In this group there is low family history of breast disease (8%) and 52% considered BSE superior to mammography as a diagnostic tool. The result showed that the gap in knowledge between

interns & final year students is nil as far as BSE in concerned. Both groups of medics claimed to be hundred percent knowledgeable about BSE. However practice of BSE is more in medical students than interns though irregularly. Interns on the other hand practice less but those who do are regular performers. This in turn shows that knowledge of BSE has no significant effect on practice.

Table 1: Cross tabulation between the group of medics and practice of BSE

Medics	Performers	Non performers	Total
Interns	10	15	25
Students	19	06	25
Total	29	21	50

Test of significance:  $\chi^2$  P value: .05, Degree of freedom: 1, Calculated chi-square value: 13.3

The difference in practice of BSE between the two categories of medics is highly statistically significant.

The null hypothesis of no difference in practice of BSE among students and interns is therefore rejected and the alternate hypothesis that there is some difference in practice between the two groups is accepted. However interns discuss BSE more often with friends and peers as compared to students & appreciate the role of media in creating awareness regarding breast disease and its detection by self-examination. Both groups consider BSE superior to mammography in detecting breast lump but the practice in interns is low. Identified reasons being less incidence of breast disease in first degree relatives, absence of signs and symptoms & less time due to busy work schedules.

### Conclusions & Recommendations:

Following conclusions are drawn from the study

- Although knowledge about BSE is adequate the practice is low in both groups.
- Medical students practice BSE more often than interns but irregularly.
- Interns are low performers. However those who do, practice more regularly (once/month).
- In interns cited reasons for low performance are:
- Absence of signs & symptoms of breast disease
- No family history of breast disease in 1st degree relatives
- Current problem usually produce more concern and apprehension than future subtle risk – “the squeaky wheel is the one that gets greased.”

There are both opponents & proponents of breast self-examination. Those who favor consider BSE as a self screening, no cost technique that can detect breast cancer in early stage, however efficacy depends upon

- Accurate technique
- Regularity
- Motivation

All are difficult to achieve as shown by this study i.e. even in medics who are expected to be far more informative & compliant than the general female population - Perhaps

another study between the medics and general population is needed for further comparisons. On the other hand the opponents argue that BSE is not an effective method of screening as it increases the number of physician visits for the evaluation of benign breast tumors & higher rates of benign biopsy results plus the induction of psychological strain and stress of detecting a breast lump.

Based on the study & literature review the following queries are raised.

- \* Should women be asked to routinely perform BSE? If yes, than by whom, how, when & where they should be instructed in the correct technique of BSE so as to become proficient performers.
- \* How to ensure regularity of performance?
- \* How the mental stress and torture by cancer specific intensive thoughts can be quantified and alleviated every time a woman performs BSE?
- \* Is it a cost-effective maneuver in terms of unnecessary physician visits & subjugation to invasive diagnostics - such as FNAC for benign breast disease?
- \* Should it be recommended only in high-risk groups such as with family history of breast disease in first-degree relative and fibrocystic disease?
- \* Is (CBE) clinical breast examination superior to BSE and women should be instructed and subjected to period health examinations for physician's evaluation – and how this can work in different cultural, ethnic and religious settings with diverse educational & social economic backgrounds?

### Limitations:

- The study was conducted in a highly educated stratum of population specifically related to health sector. However the knowledge, attitudes and practices may be different in others social strata of society unrelated to health.
- Therefore the findings of this study may be valid in the groups studied, however may not be generalizable to the total population.

### References:

- Thressen EU, Breast self-examination in proper perspective. The new England journal of medicine 1978, Aug. Cancer 28:1537-9545, 1971
- Erblich-J, Bovbjerg, -D-H, Valdimarsdottir, -H-B, J-Behav, Psychological distress, health beliefs and frequency of breast self-examination. – Med 2000 Jun, 23 (3) : 277-92
- R.S. Foster, Micheal C. Costanza, Breast self examination Practices and Breast Cancer Survival, Cancer 53:999-1005,1984
- Rosvold, -E-O, Hijartaker, -A; Bjertness -E; Lund, Breast self-examination and cervical cancer testing among Norwegian female physicians. A nation-wide comparative study Soc-sci-Med 2001 Jan 52(2): 249-58
- Baxter, -N, Preventive health care, 2001 update: should women be routinely taught breast self-examination to screen for breast cancer? CMAJ. 2001 Jun 26, 164 (13): 1837-46