

ROLE OF EDUCATIONAL INTERVENTION IN INCREASING THE KNOWLEDGE, ATTITUDE AND PRACTICE OF IRANIAN WOMEN ABOUT BREAST SELF EXAMINATION

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Abstract : Objective of the study was to evaluate effectiveness of educational intervention on increasing of knowledge, attitude and practice of women about Breast Self Examination (BSE) Randomized controlled trial. A table of married women aged 15-50 years who referred to the preventive health care contents. For the purpose of statistical analysis paired t-test and square correlation were used by SPSS software version 12. Subjects were divided in to intervention group and control group (each group containing 100 women). Initially, knowledge, attitude and practice of women were evaluated and then educational program about Breast Self examination were performed by video clips, every months till 6 months. After 6 months the subjects were followed up and questionnaire was filled. The results showed that mean age of women was 31 years. 73.7% of them had primary education 78.8% women had no problem in breast, 17.2% of women had increased size. Also the result determined that there was a meaningful relationship between age and skills of women about BSE($p=0.005$). There was significant relationship between literacy and BSE ($P=0.000$); intervention groups had greater confidence in performing BSE, compared with controls but performed them on an irregular basis. **Conclusion:** Routine teaching of women about BSE can be effective in increasing their knowledge and skills and the best way of screening women at risk of breast cancer and death from breast cancer.

INTRODUCTION

Breast cancer (BC) is the most frequently diagnosed cancer among women, accounting for 30% of all new cancer cases each year. Breast cancer is the leading cause of years of life lost for women¹. The most important risk factor for breast cancer in women is age, the disease is rare in women under 30³, because most women with breast cancer have no other identifiable risk factors⁴.

Cancers are the second mortality factors after coronary Hear diseases in industrial countries. Breast cancer is the most frequent cancer among women. And as for Iran this rate has been increasing since 1970 and has been rated as the 4th factor of mortality⁵. In developing countries Breast cancer is rated as the 3rd factor of mortality and it claims 9% of lives. Specialists estimate that women who live 85 years, the probability of their getting Breast cancer in the course of their lives is 1:9. In fact each year more than 184000 women show symptoms of Breast cancer. And more than 44000 women actually get BC and die. The highest risk factor to get BC is "Being a woman", family history even elevates the risk. In USA every one woman out of 8 gets BC. So, educating women about BSE is very important and the "American Society of Cancer" and "National Institute of Cancer" suggest women to take mammography every year and do a BSE every month.

Since the growth phase of BC is long; the tumor might be detected in the early stages by mammography and actually a lot of patients recover just with a simple surgery. So the assumption that BC is not curable at the time of diagnosis is pessimistic and false. Screening of BC in women is dominant in regard of prevention. Screening means to examine for a disease when there is no sign of that disease in order to prevent it before it shows its clinical

symptoms. The reduction of mortality as a result of screening among women aged 50-69, ended in an international consensus to increase screening among women in the year 1995, the mortality rate of women aged 50-74 caused by BC that were screened reduced by 23%. But the reduction of mortality rat for women aged 40-49 was almost invisible. Reduction Rate 8%.

MATERIAL AND METHODS

In this study, 200 married women aged 15-50 were selected, the number of samples was calculated by the formula :

$$n = \frac{Z^2 P (1-P)}{r^2}$$

"N" was counted 197. The way of getting samples in this study was by cluster methods. In this study the city "Tabriz" was divided in to 4 clusters and from every cluster; 3 Health care centers were Randomly selected. The samples were selected from married women aged 15-50 who were referred to the Health-care centers. 200 selected samples were divided in to 2 groups: *study group* and *control group*-for each person a questionnaire was given containing socio-demographic information, knowledge attitude and skill of women about BSE. First the validity of the questionnaire was modified and verified by 4 obstetricians & Gynecologists. And for determining the reliability of the questionnaires a pilot study was conducted among 20 married women aged 15-50 and by means of alpha-Kronbakh test reliability & validity of the questionnaire was proved to be 80% after two weeks. After that questionnaires were collected before educating women. Then the necessary education on BSE were given to the study group by video film and by group discussion and face-to-face education. After 6 months once again the questionnaires were collected both from study group and control

group. The effects of education on knowledge and attitudes of women towards BSE were analyzed by SPSS computer software. In this study for analysis of Data the statistic test, t-test and correlation were used. On the other hand the educational process was conducted by medical students and health collaborators of the study (midwives).

The necessary time to fulfill the questionnaire and education was 65 minutes. In this study for determining the attitudes of women towards BSE 4 questions regarding the attitude were given. Also for determining the skill of women on BSE 7 skill relating questions that actually showed the practical skill of women were given.

RESULTS

In this survey variable including age and literacy were matched both in control and study group. According to the findings of this study the mean age surveyed women was 31.73.7% of them had primary education 86.9% of them were housewives 78.8% of women had no problem with their Breast. 17.2% of women had difficulty with their Breast of which 9.1% of them referred to physician to cure their problem (condition) and 8.1% of them didn't refer to doctor. Women's problems with their Breast included 78.8% Breast pain and 11.1% benign breast tumors.

3% of the surveyed woman had family history of getting breast cancer. From surveyed women's point of view BC risk factors included aging (36%) obesity (45%), stress (68%) and prolonged milking period (21.2%).

Attitudes of mothers in terms of early detection of Breast Cancer were assessed. 31.4% of them believed routine examination by doctor (physician) was the best way to diagnose BC, 66.7% of women were negligent of BSE and 81.8% of women didn't perform BSE and only 18.2% of studied women performed BSE. The best motivation that caused women to perform BSE included having a swelling in breast 96.1%, 4% breast pain, having skin symptoms 1%, leaking breast 1%. The awareness and knowledge of women on BSE before and after education was surveyed. The results taken by t-test implied that there was a relationship between knowledge of women about BSE before and after education. And knowledge of women in terms of BSE increase after conducting an educational program ($p=0.000$) The results of the survey also indicated that skills of women on BSE were increased in comparison to the pre-education phase. ($P=0.000$) Results of the same study showed that, the more women aged, the more skillful they were about BSE.

This indicted a sensible relationship between age and skill of women, also results showed a relationship between literacy and BSE ($p=0.000$). In other words as the literacy of the women increases, her skill on BSE grows at the same pace.

Meanwhile, result of our study indicated that a majority of surveyed people, didn't have enough information about Breast Cancers and education of BSE for women's recommended to be done by midwives.

Though the result of the study can't be generalized to all women. But an over all conclusion can be deduced that awareness of women about BSE was low and educating women in terms of BSE by films and Radio or TV broadcasts can elevate the

knowledge and skills of women in society. Or this education can be given by playing video films in Health care centers by midwives. And if women get enough knowledge about BSE and perform BSE routinely and in a right way the rate of sufferers with Breast cancers and mortality caused by this cancer can be reduced.

DISCUSSION

Performing Breast examination by one self has more association with awareness and knowledge about problems caused by Breast cancer and fear about BC. In this study only 18.2% of women carried out BSE routinely. Another study conducted by Choudhry and colleagues on women aged 40 in South-East Asia indicated that 12% of them carried out BSE and 49% of them had at least 1 clinical examination about BSE in the course of their lives and most of them (54%) had no knowledge about Breast Cancer. That study has harmony with the result of this surveillance.

The results of the study conducted by Fangs and colleagues among 124 women in Hong Kong indicated that only half of the women carried out BSE. And only 16% of them did BSE routinely. The latter study's results are also harmonious with our study. Another investigation carried out in Sweden implied that, 70% of women aged 25-80 performed BSE routinely every month. Italian and Russian women did BSE 23% and 31% respectively. This result wasn't harmonized with our surveillance But it is, believed that there is a sensible relation between knowledge and attitudes of women suffering with Breast cancer and the way BSE is conducted in these countries. In the meantime, having personal history of previously gotten breast difficulties didn't have dominant effect on peoples attitude towards breast cancer. Women with positive family history of Breast cancer didn't believe BSE to be a time-consuming process and even believed that even if a person didn't have any problem about Breast, should carry out BSE. It seems that in women with high risk of BC (like woman having positive family history) fear of developing a malignant tumor can result in anxiety and Breast self examination frequently and more than necessary. The belief that "Observing personal Hygiene is a preventive factor against BC" is variable according to age; and younger women were more committed to BSE than older women.

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