



BREAST SELF-EXAMINATION: A BOON TO WOMANHOOD

**Ms. Pratibha
Togattiwar**

Staff Nurse GrII, Ordnance Factory Chanda Chandrapur, Maharashtra, India.

**Dr(Mrs) Nilima R
Bhore***

Dean, faculty of nursing /Principal BVDU. college of nursing Sangli. *Corresponding Author

ABSTRACT

Breast cancer is one of the leading causes of death due to cancers among women particularly at an early age. Even today the word 'cancer' creates an emotional turmoil in spite of variety of treatment modalities. This is mainly due to the serious nature of the disease and non-availability of perfect treatment yet. Breast self-examination has led to early detection of cancer breast cases since 1981. However, the technique is still a novelty to many women. This article takes into account the different modalities used by the investigators world over to propagate the technique and their effectiveness in creating awareness among masses regarding breast self-examination as the cheapest and easily available, affordable, screening tool for the early detection of breast cancer.

KEYWORDS :**INTRODUCTION**

Breast cancer is the most common cancer affecting women worldwide, in both developing and developed countries representing 25% of all cancers in women. Cells in the breast begin to overdevelop and eventually form a tumor; when that tumor can spread into surrounding tissues, it becomes malignant. In the UK, one out of every eight women and one out of every 870 men will develop breast cancer in their lifetime. Most breast cancers (80%) occur in women over the age of 50.¹

The majority of countries with high breast cancer rates are located in Europe. Belgium has the highest incidence with 111.9 people out of every 100,000 developing the disease yearly. This figure is closely followed by Denmark with 105/100,000 diagnoses every year, France with 104.5, and The Netherlands with 99 new cases out of every 100,000 people.²

On Comparing the reports from various latest national cancer registries in India; Breast cancer has ranked number one cancer among Indian females with age adjusted rate as high as 25.8 per 100,000 women and mortality 12.7 per 100,000 women.³

Causes of breast cancer are unclear, but health experts have identified factors that lead to increased risk. Some factors are unavoidable. Sex, race and ethnicity, age, family history, inherited genes, early menstruation, and late menopause are all unavoidable contributors to breast cancer. White women have a higher probability of developing breast cancer. Although, in US patients under the age of 45, breast cancer is more common in African American women. Women of Asian, Native American, and Hispanic ethnicity are least likely to develop breast cancer.⁴

Some lifestyle risks that can be controlled include alcohol consumption, obesity, sedentary lifestyle, not having children before age 30, and taking birth control and postmenopausal hormone therapy.⁴

Breast self-examination (BSE) is a screening method used in an attempt to detect early breast cancer. The method involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling.⁵

BREAST SELF-EXAMINATION

A breast self-examination (BSE) is a technique which allows an individual to examine his/her breast tissue for any physical or visual changes. It is often used as an early detection method for breast cancer. Both men and women should perform a BSE at least once each month beginning at age 18.⁵

Breast self-exam, or regularly examining own breasts, can be an important way to find a breast cancer early, when it's more likely to be treated successfully. While no single test can detect all breast cancers early, performing breast self-exam in combination with other screening methods can increase the odds of early detection.⁶ Over the years, there has been some debate over just how valuable breast self-examination is in detecting breast cancer early and increasing the likelihood of survival. A (2008) study of nearly 400,000 women in Russia and China reported that breast self-examination does not contribute to breast cancer survival rates and may even cause harm by prompting unnecessary biopsies (removal and examination of suspicious tissue). However, many believe that breast self-examination is a useful and important screening tool, especially when used in combination with regular physical exams by a doctor, mammography, and in some cases ultrasound and/or MRI. Each of these screening tools works in a different way and has strengths and weaknesses. Breast self-exam is a convenient, no-cost tool that a woman can use on a regular basis and at any age.⁶

The five steps of BSE

Step 1: Begin by looking at your breasts in the mirror with shoulders straight and arms on your hips.

What to look for?

- Breasts that are their usual size, shape, and color
- Breasts that are evenly shaped without visible distortion or swelling

Notice following changes, and bring them to doctor's attention-

- Dimpling, puckering, or bulging of the skin
- A nipple that has changed position or an inverted nipple (pushed inward instead of sticking out)
- Redness, soreness, rash, or swelling

Step 2: Now, raise the arms and look for the same changes.

Step 3: Observe the reflection in the mirror. Look for any signs of fluid coming out of one or both nipples (this could be a watery, milky, or yellow fluid or blood).

Step 4: Next, feel each of the breasts while lying down, using right hand to feel the left breast and then left hand to feel the right breast. Use a firm, smooth touch with the first few finger pads of our hand, keeping the fingers flat and together. Use a circular motion, about the size of a quarter.

Cover the entire breast from top to bottom, side to side - from the collarbone to the top of abdomen, and from armpit to cleavage.

Cover the whole breast. Begin at the nipple, moving in larger and

larger circles until you reach the outer edge of the breast. Move your fingers up and down vertically, in rows, as if mowing a lawn. This up-and-down approach seems to work best for most women. Be sure to feel all the tissue from the front to the back of the breasts: for the skin and tissue just beneath, use light pressure; use medium pressure for tissue in the middle of your breasts; use firm pressure for the deep tissue in the back. On reaching the deep tissue, feel down to the ribcage.

Step 5: Finally, feel the breasts while you are standing or sitting. Many women find that the easiest way to feel their breasts is when their skin is wet and slippery, so they like to do this step in the shower or while having the bath. Examine entire breast, using the same hand movements described in step 4.⁶

KNOWLEDGE, ATTITUDE AND PRACTICE OF BSE

MesfinTafaSegni, et. Al. (2011) in their study titled, Breast Self-examination: Knowledge, Attitude, and Practice among Female Health Science Students at Adama Science and Technology University, Ethiopia, reported that a total of 368 respondents participated in the study, of these, only 8.7% of them had good knowledge and 59.2% had positive attitude towards BSE. About two fifth (39.4%) of the respondents had done breast self-examinations, from these only 9.7% of them practiced monthly. Statistically significant association was obtained only with, level of education of the participant, father's educational level and program of enrolment.

The investigators suggested that celebration of breast cancer day to promote awareness about BSE through emergence of groups in the University.⁷

A cross-sectional descriptive study on Knowledge, Attitude, and Practice among Female Dental Students in Hyderabad City, India by DolarDoshi, B Srikanth Reddy, Suhas Kulkarni, and P Karunakar (2012) reported that out of a cohort of 216 female dental students, 203 completed the questionnaire (response rate, 93.98%). The reliability of the questionnaire was 0.8. The age range of the study population was 17–22 years with a mean age of 19.6 ± 1.38 years. Overall, the total mean knowledge score was 14.22 ± 8.04 with the fourth year students having the maximum mean score (19.98 ± 3.68). Although the attitude score was the best among all (mean attitude score was 26.45 ± 5.97), it was strikingly low among fourth year students who had the maximum knowledge score. The highest overall attitude score was seen for second year students (27.79 ± 6.01). For the practice score, the overall mean score was 12.64 ± 5.92 with the highest mean score noted for third year students, 13.94 ± 5.31 . The practice score was comparatively low in second and fourth year students with a higher/better knowledge score.⁸

Fon Peter Nde, et.al. in their study titled, Knowledge, attitude and practice of breast self-examination among female undergraduate students in the University of Buea, reported that 166 out of 182 selected students (91.2%) completed and returned the questionnaires. The respondents were between 17 and 30 years (mean \pm SD = 22.8 ± 3) of age, 91% were single and 3% had a family history of breast cancer. Overall, just a modest 9.6% of the respondents were substantially aware of BSE, 53% were partially aware, and 37.4% had never heard of BSE. Overall, 34.3% of the respondents were highly in favour of BSE, 63.3% moderately in favour, and only 2.4% were not in favour. Only 62 (41%) of the 166 respondents in this study had ever performed BSE, 49 (29.5%) claimed to have performed BSE within the past 12 months. Only 5(3%) had performed BSE regularly (10-12 times) within the past 12 months. The main reason for not performing BSE as cited by the respondents were the lack of knowledge 73 (44%); followed by the reason that the respondents did not have any signs of breast cancer 61 (36.7%); forgetfulness 33 (19.9%); lack of time 16 (9.6%); fear of finding lumps 12.9 (7.8%); and embarrassment 8 (4.8%).⁹

Madhukumar S, Thambiran UR, Basavaraju B, Bedadala MR. conducted a study on awareness about breast carcinoma and

practice of breast self-examination among basic sciences' college students, in Bengaluru and found that among the 1030 students of 18 and 23 years, most of them were aware of breast carcinoma, but half of them thought breast cancer affects the elderly. Regarding different aspects studied, 58% had a knowledge of at least one of the symptoms and 59% knew at least one of the risk factors for breast carcinoma. Only 185 (18%) women knew about BSE and 107 women practiced it.¹⁰

Carlson-BabilaSama et al.(2017), in their study titled awareness of breast cancer and breast self-examination among female undergraduate students in a higher teachers training college in Cameroon, found that the mean age of the respondents was 22.5 ± 3.2 years and a vast majority ($n = 304, 88.1\%$) had heard about BCa primarily from the television/radio ($n=196, 64.5\%$). Overall, less than a quarter ($n=65, 21.4\%$) of respondents who had heard about BCa had sufficient knowledge on its risk factors and signs/symptoms. A plurality (53.3%) thought BCa can be prevented via vaccination while over a third (38.7%) opined that BCa can be treated spiritually. Less than half (47%) of respondents who had heard about BCa had heard about BSE amongst which only 55 (38.5%) had ever practiced it.¹¹

ÖzgürErdem and İzzettinToktaş in their study titled knowledge, Attitudes, and Behaviors about Breast Self-Examination and Mammography among Female Primary Healthcare Workers in Diyarbakır, Turkey reported that the healthcare workers who practiced breast self-examination had significantly higher knowledge level than those who did not have adequate knowledge. The respondents had high knowledge level of breast self-examination; however, the knowledge level of breast cancer and mammography screen was low.¹²

KalayuBirhane, MiskirAlemayehu, BelaynehAnawte, et. Al. in their study titled practices of Breast Self-Examination and associated Factors among Female DebreBerhan University Students found that majority of the study participants, 338 (84.5%), were between 20 and 24 years old with the mean age of 21.1 ± 1.65 . Only 14 (3.5%) had family history of breast cancer. Two hundred fifty-six (64%) of the participants had heard about BSE and 30.25% had good knowledge about BSE. Mass media were the most common source of information about breast cancer. Few of the participants (28.3%) had performed BSE. Lack of knowledge on how to perform BSE was cited as the main reason for not practicing BSE. Knowing how to perform, when to perform, and position to perform BSE and having a perception that BSE is important and useful to detect breast cancer were significant predictors of practices of BSE.¹³

Kelechi Elizabeth Oladimeji , Joyce M. Tsoka-Gwegweni, Franklin C. Igbodekwe, et. Al. in their study titled knowledge and Beliefs of Breast Self-Examination and Breast Cancer among Market Women in Ibadan, South West, Nigeria found that the mean age of the respondents was 34.6 ± 9.3 years with 40% of the women aged between 30-39 years. The proportion of married women was 339 (68.5%) with 425 (70.8%) respondents reporting that they do not know how to perform BSE. However, 372 (61.7%) women strongly agreed that BSE is a method of screening for breast cancer. Highest proportion 219 (36.3%) reported that the best time for a woman to perform BSE was 'anytime'. Most of the respondents believed breast cancer is a dangerous disease that kills fast and requires a lot of money for treatment.¹⁴

CONCLUSION

Many studies are done to establish the efficacy of BSE in early detection of breast cancer and improving the survival rates. However, most of the investigators world over who assessed the knowledge, attitude and practices of BSE among different population groups of women found that there is inadequate knowledge regarding BSE in general. The attitude is poor and the practices of BSE are next to nil.

Under the circumstances, there is an urgent need for worldwide

campaign for creating awareness among the masses regarding BSE and cancer breast. All possible modes of education can be used including mass media and primary health workers in all settings. Survival rates can be improved with only the participation of the women in their own health surveillance.

REFERENCES

1. <https://www.breastcancercare.org.uk/information...breast-cancer/am-i-risk-breast-cancer>
2. www.WORLDFACTS-2018
3. Breast Cancer Guidelines: Breast Cancer Screening, Pharmacologic Interventions for Breast Cancer Risk Reduction, Lymph Node Biopsy and Dissection. 1 June, 2016. Available from: <http://www.emedicine.medscape.com/article/2247407-overview>
4. Judge CMM, Prout M, Allen JD, Geller AC(2011) Improving breast cancer control via the use of community health workers in South Africa: A critical review. *Journal of Oncology* pp: 150-423.
5. www.Breastcancer.org
6. Teresa C. Jacob and Nolan E. Penn. The Need and Value of Breast Self-examination. *J Natl Med Assoc.* 1988 Jul;80(7): 777-787.
7. Segni MT, Tadesse DM, Amdemichael R, Demissie HF (2016) Breast Self-examination: Knowledge, Attitude, and Practice among Female Health Science Students at Adama Science and Technology University, Ethiopia. *Gynecol Obstet (Sunnyvale)* 6:368. doi:10.4172/2161-0932.1000368
8. DolarDoshi, B Srikanth Reddy, Suhas Kulkarni, and P Karunakar. Breast Self-examination: Knowledge, Attitude, and Practice among Female Dental Students in Hyderabad City, India. *Indian J Palliat Care.* 2012 Jan-Apr; 18(1):68-73.
9. Fon Peter Nde, Jules Clement NguediaAssob, Tebit Emmanuel Kwenti, Anna LongdohNjunda, andTaddiRaissaGuidonaTainenbe. Knowledge, attitude and practice of breast self-examination among female undergraduate students in the University of Buea. *BMC Res Notes.* 2015; 8:43.
10. Madhukumar S, Thambiran UR, Basavaraju B, Bedadala MR. A study on awareness about breast carcinoma and practice of breast self-examination among basic sciences' college students, Bengaluru. *J Family Med Prim Care* 2017;6:487-90
11. Carlson-BabilaSama et al. (2017), in their study titled awareness of breast cancer and breast self-examination among female undergraduate students in a higher teachers training college in Cameroon. *The Pan African Medical Journal.* 2017;28:91.
12. ÖzgürErdem and İzzettinToktaş. Knowledge, Attitudes, and Behaviors about Breast Self-Examination and Mammography among Female Primary Healthcare Workers in Diyarbakır, Turkey. *BioMed Research International*, Volume 2016, Article ID 6490156, 6 pages
13. Kalayu Birhane, Miskir Alemayehu, Belayneh Anawte, GebruGebremariyam, Ruth Daniel, Semeneh Addis, Teshome Worke, AbdurrahmanMohammed, and Wassie Negash. Practices of Breast Self-Examination and Associated Factors among Female DebreBerhan University Students. *International Journal of Breast Cancer*, Volume 2017, ArticleID8026297, 6 pages
14. Kelechi Elizabeth Oladimeji , Joyce M. Tsoka-Gwegweni, Franklin C. Igbodekwe, MaryTwomey, ChristopherAkolo, HadizaSabuwaBalarabe, OlayinkaAtilola, OluwoleJegede, OlanrewajuOladimeji. Knowledge and Beliefs of Breast Self-Examination and Breast Cancer among Market Women in Ibadan, South West, Nigeria. *PLOS*, November 25, 2015