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Research Article

**UTILIZATION OF BREAST CANCER SCREENING SERVICES
BY LADY DOCTORS AND FEMALE NURSES**¹Dr. Sehar Sabir, ²Dr. Nadiya Tariq, ³Dr. Hafiz Muhammad Umair Ahmad¹Sir Ganga Ram Hospital²House Officer, Holy Family Hospital, Rawalpindi³Medical Officer RHC, Matotli Tehsil Shujabad**Abstract:**

Objective: Study aims to evaluate the awareness among staff nurses of a teaching hospital about breast cancer screening practices.

Methodology: This is a descriptive cross sectional study and was conducted over a 200 female paramedic staff selected through convenient sampling technique, at Nishtar Hospital, Multan, Pakistan during March 2015 to October 2015. Under training staff was excluded. Only trained staff working in hospital in any department was included in study. The questionnaire was designed containing questions about self-examination, screening and awareness about breast diseases. These questionnaires were filled by the enrolled study population and after informed written consent.

Results: 70% of paramedic staff was aware of breast self-examination, 30% had no idea about the procedure and its significance. However, 71.5% females never practiced the breast self-examination, only 28.5% females had practiced it. 4% had got breast examination from doctor or experienced nurse while 96% did not went through such examination process from a medical expert.

Conclusion: The ratio of awareness among female paramedic staff about the breast self-examination and screening process is poor. There is need to conduct awareness sessions for paramedical staff at hospital level or during training by their training institutes.

Key Words: breast, screening, examination, awareness, paramedical staff.

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INTRODUCTION:

Breast cancer is second most common cancer in women worldwide. Risk factors include, family history, low fertility, lack of exercises, lack of lactation practices, late menopause, early menarche, more maternal age at time of first pregnancy [1]. Dahiya N, et al estimated the percentages of contribution of each risk factor towards causing breast cancer. 59% females had smoking, 57% old age, 51% due to lack of breastfeeding, 48% due to late menopause, 57% due to early menarche, 56% due to lack of physical exercises [2].

Awareness about causes of breast cancer was checked by studying a population of 400 Saudi females by Al-Suroj, et al. 98% females had well awareness about breast cancer. 66% thought it occurs due to oral contraceptives use, 82% labelled it genetic, 88% said it was due to smoking, 85% said old age is the cause [3]. Facts about breast self-examination and mammography were studied on Australian population, results were better than those in developing world, 60% underwent mammography, 16% routinely perform self-examination of breasts [4].

Across 18 breast cancer surveillance centers during the year 2012, a survey was done in order to find the cause for underutilization of MRI in addition to mammography. 422,406 women were studied, 43.9% females who had high risk of breast cancer availed the MRI for screening purpose. Literature favors the use of MRI in addition to mammography for early detection of breast cancer among high risk groups [5].

METHODS:

200 staff nurses working in Nishtar Hospital Multan, Pakistan were included in study after selection through convenient sampling technique. Study duration was from March to October 2015. Under training or students paramedics were excluded, charge nurses were included in study. Questionnaire was designed in order to collect data. Frequency, percentages and mean along with standard deviation were included in questionnaire. Questionnaire was

reviewed by Sociology department expert and hospital research committee, in order to improve quality.

Respondents were observed for response as 184 never suffered any breast disease, positive response from 16 was noted they had history of breast disease i.e. 92% and 8% respectively. 97% females had negative family history of breast diseases while only 3% had positive breast diseases family history. 41% did not have any family physician while rest had a permanent family physician, 118 and 82 respectively.

140 had heard about breast self-examination while 60 nurses were not aware of the term. Breast self-examination was practiced by only 28.5% while 71.5% never did self-examination despite of knowing about its significance and procedure. 6% females underwent breast examination from doctor. 111 (55.5%) females had knowledge about mammogram, 89 (44.5%) were not aware of it. 95% Positive respondents had mammogram, 5% did not had mammogram done. 184 female i.e. 92% nurses had breast ultrasound awareness. Positive responders visited physicians twice a year ($\mu=3.78$). Study purpose was elaborated to all participants and confidentiality of information provided by them was assured.

Questionnaire had two parts, first one about demographic details, second part was about awareness about breast cancer and other diseases, besides that questions about screening and self-examination. Data analysis was done using SPSS 20 version. Frequency, percentages, mean and its standard deviation were used.

RESULTS:

79.5% had knowledge about breast cancer while 20.5% were unaware of it, 141 and 59, respectively. Self-examination of breast was practiced by majority of participants once a year. $\mu=2.53$. Remaining twice in a year from any doctor $\mu=3.52$. Mammography was done once a year by a few.

Table 1: demographic details.

Variables	Frequency (percentage)
Age in years	
<25	96 (48%)
26 to 35	53 (26.5%)
36 to 45	35 (17.5%)
46 to 55	9 (4.5%)
56 to 65	5 (2.5%)
>65	2 (1%)
Literacy level	
Matric	2 (1%)
Intermediate	62 (31%)
Graduate	103 (51.5%)
Postgraduate	27 (13.5%)
M Phil	6 (3%)
Marital status	
Single	110 (55.5%)
Married	79 (39.5%)
Divorced	4 (2%)
Widowed	4 (2%)
Separated	3 (1.5%)

Table 2: awareness of breast cancer.

Question	Yes	No
Have you ever attended awareness session?	159 (79%)	41 (20.5%)
Did you suffer breast disease in past?	16 (8%)	184 (92%)
Do you have family history of breast diseases?	6 (3%)	194 (97%)
Do you have family physician?	118 (59%)	82 (41%)

Table:3 awareness about breast cancer screening practices.

Questions	Yes	No
Are you aware of term breast self-examination?	140 (70%)	60 (30)
Have you ever practiced it?	57 (28.5%)	143 (71.5%)
Did you visit doctor for breast examination?	8 (4%)	192 (96%)
Do you know about mammogram?	111 (55.5%)	89 (44.5%)
Have you heard about breast ultrasound?	184 (92%)	16 (8%)
Have you ever had ultrasonography?	52 (26%)	148 (74%)
	Mean	SD
Did you visit your physician?	3.78	1.64
You did breast self-examination?	2.53	1.9
You got it examined from doctor?	3.52	0.63
You had mammogram?	3.13	1.36

DISCUSSION:

Breast cancer awareness and significance of screening methods as well as self-examination was studied by Alsarhireh A, et al in Jordan. 45% females were positive responders, 56% had poor BSE

practice, 56% reported to have poor knowledge about it [7]. Statistics from Indian reproductive age women were studied by Sharma S, et al. It was concluded that rural Indian population had poor knowledge and practice about breast cancer and its early diagnostic

and screening methods [8].

27% and 38% of Saudi Arabian female population was aware of BSE and mammography [Al-Zalabani AH, et al.9]. The statistics cited from the reference studies depict the poor knowledge and attitude of public in different countries about the awareness about breast cancer and its screening, risk factors, preventive measures and cure. The survey conducted for estimation of disease risk in a population and attitude of population towards that disease help us in controlling the morbidity and mortality rate. It is duty of healthcare specialists to provide awareness and knowledge to general public about the significance of screening practices and programs. Social media can be used as a good communication tool for such purpose [10,11].

The facts and figures related to causes, signs, symptoms and awareness of public and healthcare staff about the common diseases are less. There is need to conduct surveys which can help us to know about the level of awareness among our population about the common illnesses. Ultimately, better services and educational programs can be organized accordingly in order to reduce the disease burden. Better screening services provision and utilization can help us diagnosing the disease at the early time, when cure is possible. In addition it will help the public to adopt such lifestyle which helps in prevention of disease onset.

CONCLUSION:

The ratio of awareness among female paramedic staff about the breast self-examination and screening process is poor. There is need to conduct awareness sessions for paramedical staff at hospital level or during training by their training institutes.

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