Health Promotion

An effective manual on breast self-examination
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After adolescent girls attending a rural school in Haryana State, India, had had access for three weeks to a manual on breast self-examination their knowledge of breast cancer and methods of self-examination was significantly improved. The manual was culturally acceptable to the girls' teachers and parents.

The control of breast cancer is based on early detection and treatment. Mammography, the preferred screening method in hospitals where the facilities exist, is not suitable for large populations, especially in developing countries, because of its high cost. Physicians can perform breast examinations on only a small proportion of women. In many rural communities, shyness and sociocultural factors inhibit women from seeking breast examination. An important contribution to screening can be made by self-examination of the breasts each month after completion of the menstrual cycle. Women can detect 95% of breast cancers and 65% of early minimal breast cancers (1). A reduction of 18% in mortality from breast cancer may be attainable by this means (2).

In India, where this disease is the second commonest cancer affecting women, a manual on self-examination of the breast for adolescent female students has been compiled on the basis of advice obtained from experts in medicine, surgery, nursing and social science. It contains sections on the importance of the technique, when it should be practised, how it is performed, the structure and functions of the breast, and risk factors for breast cancer. Checks were made to ensure that the Hindi and English versions of the manual conveyed identical messages. It was pretested by ten students of the eleventh and twelfth standards who were selected at random in a rural school in the Panchkula District of Haryana State. Both the parents and the women teachers of the students considered the manual to be culturally acceptable.

Informed consent was obtained from the headmaster of a rural school in Naraingarh, Ambala District, Haryana.
State, for a study in which knowledge of breast self-examination and related matters was assessed in 190 adolescent female students before and three weeks after they received copies of the manual. The participants included all the female students of the eleventh and twelfth standards who were present on the day of pretesting. No health education programme had been established in the school before the study was initiated.

The average age of the students was 16.6 years and menstrual function was established in all of them. Approximately four-fifths had heard of breast cancer and just over half believed it to be curable. Their principal sources of information about the disease were television (38%), doctors (10%), friends and relatives (9%), other people (19%), magazines (8%) and newspaper advertisements (6%).

Baseline knowledge was assessed with the help of a pretested structured questionnaire with 25 questions covering the purpose and technique of breast self-examination and related matters. The manuals were then distributed and three weeks later the students were asked to complete the questionnaire again. A score of 1 was given for each correct answer, and the totals were categorized as low (0–8), medium (9–16) and high (17–25).

In the baseline assessment, 8% of the students achieved high scores, 83% obtained medium scores, and 9% obtained low scores. A significant improvement was demonstrated after the students had studied the manual: 79% then obtained high scores and the remaining 21% obtained medium scores, reflecting increased knowledge of breast self-examination but not of the structure of the breast and the increased risk of the disease in unmarried and childless women.

The teaching of breast self-examination should not be restricted to middle-aged women attending clinics. An effort should be made to reach out to younger women, and adolescence is a good time to begin this work. Breast self-examination should be included in the health education programmes of schools.

Culturally acceptable learning materials help to break down the sociocultural barriers between educators and students which hinder the expansion of knowledge. Moreover, the availability of a manual of the kind used in the present investigation allows women to learn about breast self-examination in privacy.

Of course, such manuals have limitations. They are not as effective as teaching by demonstration and discussion. A person has to be strongly motivated to succeed in gaining knowledge from a manual, and, clearly, only the literate can benefit. Where these conditions are fulfilled, however, a manual can be of great value wherever there is a shortage of personnel trained to do health education.

References