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Practice of Breast Self-Examination and Associated Factors among Female Nurses of Hawassa University Comprehensive and Specialized Hospital, South Ethiopia, 2018

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Abstract

Background: *Breast cancer is the most commonly diagnosed cancer in women. The aim of this study was to assess practice of breast self-examination and associated factors among nurses.* ***Methods:*** *A hospital based descriptive cross-sectional study was conducted from March to April 2018 on a sample of 180 female nurses. Pretested and structured questionnaire was used to collect the data. Data entry was done using EPI Info 3.5.4 and exported to SPSS version 20.0 software package for analysis.* ***Results:*** *This study revealed that 71.2% of nurses ever practiced BSE. From those nurses who practiced BSE, only 28.1% did it regularly; 16.4% monthly (right response) and 32.0% of them, only a week after menses. Seven of them detected a breast mass/lump and only 16.4% of nurses have taught BSE technique to their clients. Educational status of the nurses (AOR and 95% CI: 2.91; 1.74, 4.85) and family history of breast cancer (AOR and 95% CI: 5.2; 2.34, 8.15 were significantly associated with BSE practice.* ***Conclusion:*** *This study discovered severe gap about the correct practice of SBE among female nurses. The hospital and ministry of health of Ethiopia have to give regular education and training on BSE, especially on how to practice BSE correctly.*

Keywords: *Nurse, breast cancer, breast self-examination, Ethiopia*

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INTRODUCTION

Breast cancer is the most commonly diagnosed cancer in women and the second leading cause of cancer related morbidity and deaths next to lung cancer. Every year, worldwide 1.15 million women are diagnosed with breast cancer and more than a half million die from this disease [1–3]. Despite that the incidence of breast cancer is higher in the developed countries; the prevalence of death is higher than in developing countries [4].

The prevalence of breast cancer in women aged 15 and over in sub Saharan Africa was 23.5 per 100,000 women in 2008 [5], and breast cancer has increased by more than 20% while mortality has increased by 14% since 2008 [6].

The incidence of breast cancer is alarmingly rising in Ethiopia. Despite around 10,000 Ethiopian women and men have breast cancer with thousands of more cases unreported as women living in rural areas often seek treatment from traditional healers before seeking help from the government health system [7].

SBE involves the woman herself looking at and feeling the breasts for lumps, shape, texture, size and contour. The purpose is to teach any woman about the topography of her breasts, know how her normal breasts feel and be able to identify changes [8].

Breast self-examination is a simple, inexpensive, non-invasive procedure, makes women more "breast aware", which in turn may lead to an earlier diagnosis of breast cancer [9]. For younger women, BSE education and adherence are a gateway to health promotion behaviors which set the stage for adherence to clinical breast examination and mammography screening later in life [10].

Routine self-breast examinations are a fundamental method for early detection of breast cancer and treat at early stage to improve quality of life and survival [11]. A woman who performs SBE regularly and correctly is more motivated to seek medical attention, including clinical breast examination (CBE) and mammography when the need arises [12]. Despite the advent of modern screening methods, more than 90% of cases of breast masses are detected by women themselves, stressing the importance of SBE [9].

Self-breast examination awareness and health seeking practices have been shown to be poor in many developing countries, necessitating the need for proper awareness programs [13]. In sub-Saharan Africa including Ethiopia, latest advanced detection techniques are not readily available for women breast cancer detection, therefore BSE is one of the inexpensive and easy screening methods for early detection of breast cancer [14].

Thus, this research is essential and provides data about the practice of breast self-examination and associated factors among female nurses. The results of this study have huge importance as it may support nurses in scheduling health education for their clients and make them useful advertiser in the fight of breast cancer. In Ethiopia, nurses take a lion's share to tackle breast cancer even at grass root level in the community. Also, from this research findings, health screening which include breast self-examination education to equip nurses with accurate knowledge and skills should be integrated as one of regular activities in Hawassa University comprehensive and specialized hospital program as well it will be an input for Ethiopia cancer prevention plan.

METHODS

Study Design and Setting

A hospital based descriptive cross-sectional study was conducted from March to April 2018 among female nurses of Hawassa University comprehensive and specialized hospital.

Hawassa is situated at the eastern shore of Lake Hawassa and is located 275 km to south of Addis Ababa, the capital city of the country. Hawassa University comprehensive specialized hospital is located in south part of Hawassa town. Hawassa university comprehensive and specialized hospital has been treating patients from especially Sidama zone of SNNPR and from neighboring Oromia region. Currently, the hospital has around 350 in-patient beds; different service giving units including secondary eye unit, physiotherapy unit, ENT unit, dermatology unit, pathology unit, onchology unit and dental clinic. The hospital is also center for different initiated projects. The vision is to make the hospital a center of training and research for tropical diseases in addition to curative services**.**

Sample Size and Sampling Procedure

The sample size was computed using a formula for calculating single population proportions, with 95% confidence level and 5% level of accuracy. After adjustment, the calculated total sample size was 180 nurses.

Hawassa University comprehensive and specialized hospital was selected conventionally as it encompasses as many female nurses fit to the study and it is the only hospital which gives breast cancer treatment in the south region of Ethiopia. Sampling frame of female nurses working at the time of data collection in the hospital has been prepared and study subjects were selected from the frame by using simple random sampling method.

Data Collection Tools and Procedures

English version of structured self-administered questionnaire was used to collect information. Data were collected by four B.Sc. nurses and training was given on the objective, relevance of the study, confidentiality of information, respondent rights, informed consent, and technique of interview and related issues prior to the start of data collection, and were closely supervised during the data collection. Pre-testing was conducted on 5% of the sample size and based on the result, necessary amendments were made. The collected data were reviewed and checked for completeness before data entry.

Statistical Analysis

Data entry was done by using EPI Info 3.5.4 and exported to SPSS version 20.0 software package for analysis. Descriptive statistics was used to see frequency, mean, standard deviation and

percentages of the characteristics. Logistic regression was used to assess relationship between independent with outcome variables to determine adjusted odds ratio (AOR).

Ethics Approval and Consent to Participate

A written ethical clearance was obtained from the Institutional Review Board of Hawassa University, Hawassa, Ethiopia. Formal letter of cooperation was written to the Hawassa university comprehensive and specialized hospitals. After provision of sufficient information about the purpose of study, a verbal and written consent were obtained from all study participants. Participants were also informed that participation was on voluntary basis and they can withdraw from the study at any time if they are not comfortable about the questionnaire. To ensure the confidentiality of respondents, their names were not written on the questionnaire.

RESULTS

Socio-Demographic Characteristics of the Study Participants

A total of 180 nurses participated with a response rate of 91.8%. Majority of the respondents (38.3%) were in the age range 21–25 and almost two third of the respondents (65.5%) had served for five years and less.

More than half of the study participants (53.3%) were orthodox in religion and (57.3%) were diploma nurses. The dominant ethnicity was Amhara (40%); most of nurses were married (58.8%) and only 3.8% of them had history of breast cancer in the family (Table 1).

Practice of Breast Self-Examination

This study revealed that 71.2% of nurses had ever practiced BSE. Most of the study participants (92.2%) practiced BSE for purpose of early detection and treatment of breast cancer and 52 of them had not ever performed BSE, 73.1% did not know the technique of BSE.

From those nurses who perform BSE, only 28.1% did it regularly; 16.4% monthly (right response) and 32.0% only a week after menses (acceptable response).

Almost half of the study participants (47.6%) used all positions and 64.1% used all techniques of BSE while 57% of the respondents used palm and three middle fingers (best response) to palpate their breast.

Majority of nurses (72.6%) have examined their breast for presence of mass (best response); 7 of them detected a breast mass/lump but 4 of them did not consult physician; 2 of them mentioned fear of detecting something abnormal, as a reason not to consult and only 16.4% of nurses have taught BSE technique to their clients (Table 2).

Factors Associated with BSE Practice

This study revealed that, educational status of the nurses (AOR=2.91 95% CI (1.74, 4.85)) and family history of breast cancer (AOR=5.2 95% CI (2.34, 8.15)) were significantly associated with BSE practice (Table 3).

DISCUSSION

This study revealed that 71.2% of nurses had ever practiced BSE. This finding was higher as compared to study done on health science students of Adama Science and Technology University Ethiopia (39.4%) and nursing students of Arab American University (37.1%) [15, 16]. The difference could be due to setting and variation in knowledge and skill about breast self-examination between students and experienced nursing staff in this study.

The major reasons not to perform BSE was not understanding the technique of BSE (73.1%) in this study but being feeling healthy by Adama Science and Technology University health science student Ethiopia (44.8%) [15]. The difference could be because nursing staff are more aware about the importance of BSE even if they do not know the skill more than health science students.

Only 28.1% of nurses perform SBE regularly in this study but still it was higher compared to health science students of Adama Science and Technology University, Ethiopia, as 91% of the respondents did BSE occasionally [15] and only 4.1% of nursing students of Arab American University practiced BSE always every month [17]. The difference could be credited to the fact that nursing and health science students did not receive yet in-depth breast cancer course like experienced nurses.

A small proportion (16.4%) of the study participants practiced self-breast examination monthly. This finding was similar to study done in Nigeria where only 23.9% of nurses examined their breasts on monthly basis [17] and comparable reports of low practice of monthly BSE have been reported among women in general [18]. This could be due to lack of accurate knowledge when to do breast self-examination.

This study identified that 68% of nurses did not know that BSE should be performed a week after menses. Similar finding was found in Ghana study, as 62% of nurses stated some days after menstruation [19], but it was higher in Saudi Arabia nurses as 46.8% of them were aware that it should be performed a week after menses [20]. This is expected considering the fact that, disparity in knowledge and skill of BSE between African and Arabian nurses.

In this study, only (16.4%) of nurses have taught BSE technique to their clients which may be one of a reason to unsatisfactory result of accurate BSE practice. Different studies discovered that female health professionals whoever taught BSE to their clients were more likely to be engaged in practicing BSE.

This study showed that educational status of nurses was significantly associated with practice of BSE. Nurses with B.Sc. and above were nearly three times more likely to practice BSE (AOR=2.81 95% CI (1.75, 4.86)) than diploma nurses. The finding was similar in a study done in Ghana as level of education is a factor associated with practice toward BSE [19]; but in contrary to Nigeria study as there was no significant association was found between level of education and the practice of BSE [21]. The reason could be that nurses with bachelor degree and above have received detailed education about breast cancer than diploma holders.

Family history of breast cancer was significantly associated with practice of SBE in this study as nurses with family history of breast cancer were five times more likely to practice BSE than nurses without (AOR=5.1 95% CI (2.33, 8.14)). According Kosgeroglu, women with a positive family history of breast cancer had a better knowledge as well as higher frequency of BSE practice than those with a negative family history [22]. This could be due to fear of acquiring a disease from family makes them cautious in noticing any change in their breast at early stage.

Furthermore, this study did not establish significant association between age, work experience, religion, ethnicity and marital status of nurses with practice of SBE.

CONCLUSION

This study discovered severe gap about the correct practice of SBE among female nurses. Even if this study discovered the ever practice of BSE is encouraging, it was not done regularly, monthly and a week after menses with unsatisfactory result in position and technique of SBE by most of nurses and this could be an obstacle to screening program and early diagnosis of breast cancer.

The major reason for not practicing BSE was insufficient knowledge and skill of the technique and the reason could be due to lack of adequate education and training of nurses on breast cancer in the studied hospital. Opportunity should therefore be sought in various health facilities to educate nurses who are supposed to be closer instructor to patients on breast cancer, its risk factors, symptoms, warning signs and how to detect it early by BSE.

Recommendations

In order to function as effective promoters of breast cancer control through early detection, nurses should possess the accurate knowledge and skill concerning breast cancer and its early detection methods. Nurses should adopt such protective screening measures especially BSE, and act as role models for the female community.

I would like to recommend Hawassa University comprehensive and specialized hospital and ministry of health of Ethiopia have to give regular education and training on BSE, especially how to practice BSE correctly as a readily accessible way to nurses because nurses should possess the accurate knowledge and skill concerning breast cancer and its early detection methods.

Further, encouraging the nurses who perform and teach BSE to their clients and increase the level of awareness by providing reading materials and ceremonies through the media or celebrating days like breast cancer day may be helpful.

List of Abbreviations

WHO: World Health Organization; BSE: Breast Self-Examination; CBE: Clinical Breast Examination; BSc: Bachelor of Science; MSc: Masters of Science; IRB: Institutional Review Board of Hawassa University; SNNPR: Southern Nations Nationalities and Peoples Region; AOR: Adjusted Odds Ratio; COR: Crude Odds Ratio.

Declaration

Ethics Approval and Consent to Participate

A written ethical clearance was obtained from the Institutional Review Board of Hawassa University, Hawassa, Ethiopia. Formal letter of cooperation was written to the Hawassa university comprehensive and specialized hospital. After provision of sufficient information about the purpose of study, a verbal and written consent were obtained from all study participants. Participants were also informed that participation was on voluntary basis and they can withdraw from the study at any time if they are not comfortable about the questionnaire. To ensure the confidentiality of respondents, their names were not written on the questionnaire.

Consent for Publication

Not applicable.

Availability of Data and Materials

All data generated or analyzed during this study are included in this published article (and its supplementary information files). I sent all which are available; there is no remaining data and materials.

Competent Interests

The author declares no conflict of interest.

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Author Contribution

WJ conceived and designed the study, participated in data supervision, analyzed the data and drafted the manuscript. The author read and approved the final manuscript.

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Table 1: *Socio-Demographic Characteristics of Female Nurse of Hawassa University Comprehensive and Specialized Hospital, South Ethiopia, February 2018 (n=180).*

Variables (n=180)	Frequency	Percentage
Age		
15–20	5	2.7
21–25	69	38.3
26–30	57	31.6
31–35	28	15.5
>35	21	11.6
Work Experience		
Less than five years	118	65.5
Five years and above	62	34.5
Religion		
Orthodox	96	53.3
Muslim	17	9.4

Protestant	64	35.5
Others®	3	1.6
Educational Status		
Diploma	103	57.2
B.Sc.	76	42.2
M.Sc.	1	0.5
Ethnicity		
Amhara	72	40.0
Oromo	38	21.1
Sidama	21	11.6
Wolayita	17	9.4
OthersΩ	32	17.7
Marital Status		
Married	106	58.8
Single	73	40.5
Divorced	1	0.5
Family history of breast cancer		
Yes	7	3.8
No	173	96.2

Others®: Catholics, Wakefeta.
OtherΩ: Dawro, Hadya, Sltie.

Table 2: *Practice of BSE of Female Nurses of Hawassa University Comprehensive and Specialized Hospital, South Ethiopia, February 2018 (n=180).*

Variables	Frequency	Percentage
Have You Ever Practiced BSE? (n=180)		
Yes	128	71.2
No	52	28.8
Reason to Perform BSE (n=128)		
Had breast problem	2	1.6
Fear of breast cancer from the family	7	5.5
For early detection and treatment of breast cancer	119	92.9
Reason not to Perform BSE (n=52)		
Do not have breast problem	3	5.7
Do not think it is important	4	7.6
Lack of privacy at home	5	9.6
It is not comfortable	2	3.8
Do not know the technique	38	73.1
How Frequently do You Perform BSE (n=128)		
Regularly	36	28.1
Occasionally	92	71.8
How often do You Perform BSE? (n=128)		
Weekly	26	20.3
Monthly (correct response)	21	16.4
Ever three months	23	17.9
Annually	27	21.1

When necessary	31	24.2
When do You do BSE? (n=128)		
A time of menses	38	29.7
A day after menses end	49	38.3
A week after menses (correct response)	41	32.0
Position to Perform BSE (n=128)		
Lying down	18	14.1
Standing in front of the mirror	22	17.1
Showering	27	21.1
All position	61	47.6
Examination Technique Used to Examine Breast (n=128)		
Inspection	20	15.6
Palpation	26	20.3
Both inspection and palpation	82	64.1
Palpation Techniques in BSE (n=128)		
With palm and three middle fingers (best response)	73	57.0
Palpate with any of the fingers	55	43.0
Sign and Symptoms Breast Cancer Looked for While Examining the Breast (n=128)		
Presence of mass (best response)	93	72.6
Skin color change	6	4.7
Change in size of breast	15	11.7
Change in nipple	8	6.3
Unusual discharge	6	4.7
Ever Detected a Mass/Lump/Something Abnormal (n=128)		
Yes	7	5.5
No	121	94.5
Immediate Action Taken after Abnormal/a Lump Detected (n=7)		
Consult physician	3	42.8
Ignore	4	57.2
Reasons for Not Taking Action for the Observed Problem (n=4)		
Negligence	1	25.0
Fear of detecting something abnormal	2	50.0
Forgotten	1	25.0
Ever Taught BSE Technique to the Client? (n=128)		
Yes	21	16.4
No	107	83.6

Table 3: *Multiple Logistic Regression Analysis Results for Association between BSE and Independent Variables among Female Nurses of Hawassa University Comprehensive and Specialized Hospital, south Ethiopia, February 2018.*

Characteristics	**Ever Practiced BSE**		**Odds ratio**	
	Yes	**No**	**COR (95% CI)**	**AOR (95%)**
Age				
15–20	3	2	1.01 (0.62, 1.6)	1.04 (0.57, 1.88)
21–25	46	23	0.98 (0.45, 2.14)	0.73 (0.28, 1.90)
26–30	43	14	0.97 (0.51, 1.86)	1.35 (0.63, 2.8)

31–35	21	7	1.06 (0.57, 1.97)	1.18 (0.50, 2.83)
>35	15	6	1.00	1.00
Work Experience				
Less than five years	84	34	0.4 (0.28, 0.91)*	0.9 (0.42, 1.97)
Five years and above	44	18	1.00	1.00
Religion				
Orthodox	67	29	2.4 (1.01, 6.36)*	1.2 (0.36, 4.75)
Muslim	11	6	3.2 (0.88, 12.10)	1.0 (0.20, 5.95)
Protestant	47	17	3.4 (1.13, 10.77)*	1.8 (0.39, 8.88)
Others	3	0	1.00	1.00
Educational Status				
Diploma	74	29	1.40 (0.81, 2.43)	0.98 (0.54, 1.77)
B.Sc.	53	23	2.97 (1.83, 4.83)*	2.91 (1.74, 4.85)**
M.Sc.	1	0	1.00	1.00
Ethnicity				
Amhara	54	18	1.02 (0.63, 1.7)	1.05 (0.58, 1.89)
Oromo	31	7	1.07 (0.58, 1.98)	1.19 (0.51, 2.84)
Sidama	12	9	1.41 (0.82, 2.44)	0.99 (0.55, 1.78)
Wolayita	11	6	1.73 (1.06, 2.80)	0.98 (0.57, 1.70)
Others	20	12	1.00	1.00
Marital Status				
Married	73	33	1.31 (0.87, 1.96)*	1.32 (0.69, 2.51)
Single	54	19	1.04 (0.50, 2.12)	0.91 (0.35, 2.32)
Divorced	1	0	1.00	1.00
Family History of Breast Cancer				
Yes	6	1	6.8 (8.08, 34.96)*	5.2 (2.34, 8.15)**
No	122	51	1.00	1.00

Others®- Catholics, Wakefeta
OtherΩ- Dawro, Hadya, Sltie.

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