Practice of Breast Self-Examination Amongst Women Attending a Malaysian Well Person's Clinic

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Summary
The practice of breast self-examination (BSE) amongst 1,303 women registered with the Well Person's Clinic, Outpatient Department, Hospital Ipoh between April 1995 and March 1997 were assessed through a questionnaire. Majority (98.2%) were never taught and did not practise BSE, 17(1.3%) practised BSE while 6 (0.5%) were taught BSE but failed to put it into practice. Only 5.8% of 52 women with past/family history of breast cancer/lump and 2.9% of 207 women with past/family history of other cancers were practising BSE regularly. Three out of 64 women with breast lumps found on clinical breast examination discovered the lumps themselves. Five of the 64 women were subsequently confirmed to have breast carcinoma.

Key Words: Breast self-examination, Well clinic

Introduction
Breast cancer is the principal cause of cancer death amongst women in many countries including Malaysia. Breast self-examination compared to mammography and clinical breast examination is relatively safe, low cost, offer monthly assessment and does not require overcoming barriers associated with access to the medical care system. Although there is still no conclusive evidence that BSE reduces mortality many studies show that those who practise BSE detect cancer at earlier stages and with less lymph node involvement. Many breast lumps are discovered by women themselves who then present themselves to a doctor for further evaluation. Evidence positively supports BSE as a significant contributor towards breast conservation surgery and therefore better quality of life.

Where mass screening by mammography is not available such as in Malaysia, BSE and clinical breast examination remains important means to detect breast cancer early. The Ministry of Health encourages BSE and setting up of well clinics in public primary health care facilities in the country to teach BSE technique and do clinical breast examination.

In Japan, mass screening by physical examination and BSE (without mammography) showed that early stage cancer were more common and survival curve significantly better in patients who practised BSE. Japanese women showed a higher 5 year survival rate in those who practised BSE compared to those who did not.

The practice of BSE amongst various groups of women in different countries have been studied but there is little published data on the practice of BSE locally.

The Well Person's Clinic (Well Man & Well Woman's Clinic), Outpatient Department (OPD), Hospital Ipoh was started in April 1995 for screening of coronary risk.
factors and early detection of common cancers. This clinic held twice a month is open to the public. Women registered with the clinic undergo a thorough physical examination including breast examination and are taught BSE technique. The practice of BSE prior to coming to this clinic was assessed in women registered over a 2 year period between April 1995 and March 1997.

Materials and Methods
This is a cross sectional descriptive study. All women registered with the Well Person's Clinic, OPD, Hospital Ipoh in the 2 year period between April 1995 and March 1997 were included in the study. The women were required to answer a questionnaire on their past history/family history of breast cancer/lumps and other cancers. They were also asked whether they practised BSE and were ever taught BSE (please see Appendix 1 where relevant parts of questionnaire are included).

Prior to the study, the well clinic staff (nurses and doctors) were briefed on the format of the questionnaire. They were also trained in BSE technique and clinical breast examination. The staff assisted the women in answering and filling the questionnaire. Any breast lump or abnormalities found on clinical breast examination by the nurse was confirmed by the doctor before referral to the surgical unit for further investigation. All questionnaires were then compiled and analyzed by the medical officer in charge of OPD assisted by the acting sister OPD and the nurse in charge of registration in the Well Person's Clinic.

Results
A total of 1,303 women were registered in the 2 year study period. Ethnic distribution include 363 Malays (27.9%), 742 Chinese (56.9%), 197 Indians (15.1%) and 1 Other (0.1%). This was comparable to the ethnic distribution in Ipoh (Malays 27.9%, Chinese 59.9%, Indians 11.5%, Others 0.7%).

Majority were married (91.7% - 1195) with only 5.1% (73) single. The remaining 2.7% (35) were divorcees and widows.

By occupation 66.8%(870) were housewives. Another 13.7% (178) were clerks, 5.6%(73) factory workers, 4.7%(61) teachers and 3.5%(46) laborers. These 5 occupations made up 94.3% of all the occupations entered into the questionnaire.

One thousand two hundred and eighty women (98.2%) said they were never taught and did not practise BSE. Only 17(1.3%) practised BSE. Of the 17 who practised BSE, 14 were taught the BSE technique. The remaining 3 who were not taught BSE technique were feeling for breast lumps regularly. There were 6 women (0.5%) who were taught BSE but failed to put it into practice.

Fifty two women had family history/past history of breast cancer/breast lump but only 3(5.8%) practised BSE regularly. Another 207 had family history/past history of other cancers but only 6(2.9%) were practising BSE (please see Table I).

Three out of 64 women found to have breast lumps on clinical breast examination in the well clinic discovered the lumps themselves. Five breast lumps (one discovered by the patient herself) were subsequently confirmed breast carcinoma upon referral to the surgical unit.

Discussion
This study found only 1.3% were practising BSE prior to registration at the Well Person's Clinic. Among women with past history/family history of breast cancer/lumps and other forms of cancer, BSE was practised by only 5.8% and 2.9% respectively. This very low frequency of BSE practice may not be representative of the situation as a whole in the country. The women in the study group attending the well clinic in a government facility probably represents the lower socioeconomic sector of the population as evidenced by their occupations. However in view of the low frequency of BSE, it is appropriate that further studies involving a larger and more representative population be done.

The other important aspect is that BSE was not taught to 98.2% of the women in the study group. This
includes 92.3% of women with past history and family history of breast cancer. Although BSE is promoted and BSE technique taught in public and some private health care facilities, there needs to be evaluation on their effectiveness in reaching Malaysian women especially those in the high risk group.

The practice of BSE reported elsewhere varies from 8.4% in Taiwan1, 10% in a Swedish study14, 15% in American Chinese18, 20% to 63% in American whites/blacks22, 28% in Tunisia24 and 39 to 63% in Australia17. A selective review of the literature (1977 -1989) by Coleman found between 19% to 40% of women practise BSE23. There is little published data locally. A study by Chan25 found 49.5% of health personnel in Malaysia practise BSE. A similar study in Chile reported 28% of their health personnel practice BSE regularly27.

Looking at factors associated with increase in the frequency of BSE, studies by Strauss et al28 and Doyle29 found significantly higher rates of BSE frequency among the breast cancer patients as compared to the general population. Confidence in BSE performance, prior BSE instruction and finding some way to remember to do BSE were factors most positively associated with frequent BSE practice23, 30. The most important predictors of frequency of BSE were patients' perceptions of the social support for BSE and the extent to which they found BSE to be distasteful. Perceived health benefits were of less importance in predicting behavior30.

Persson et al14 in his Swedish study found that neither age, educational background, occupation, nor having knowledge of breast disease and medical outcome was associated with BSE practice. Having a close relative or friend with breast cancer did not affect the practice of BSE. Similarly Alagna et al also found women at high risk for breast cancer although more knowledgeable and more focussed on breast cancer did not practise BSE more frequently than those at low risk31.

In a study by Lashley on elderly women, perceived susceptibility to breast cancer and perceived benefits of BSE were not found to be significantly predictive of BSE practice33. However receiving instructions in a class on BSE was related to improved BSE technique. No difference in frequency of BSE was found between athletic women and non athletic women by Schlueeter36. He also found no significant relationship existed between knowledge or beliefs of breast cancer with frequency of BSE.
On the other hand, Yelland et al.\(^7\) found BSE frequency strongly linked with age in Australian women. Women aged between 20 to 40 years were more likely to practise BSE frequently while those above 65 years were less likely to perform BSE. Married women, women who underwent cervical smear testing and those who learnt BSE from their doctors as opposed to other sources practiced BSE more frequently.

In conclusion the findings showed majority of the women registered with the Well Person’s Clinic, OPD, Hospital Ipoh did not practise BSE including women with past history and family history of breast cancer/lump and other cancers. More studies need to be done to determine the frequency & predictors of BSE among Malaysian women and factors that can improve the practice of BSE among Malaysian women. Since screening mammography is not widely available in Malaysia, BSE should be actively encouraged as it may lead to the diagnosis of breast cancer in the earlier stages.

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### APPENDIX 1

**Questionnaire (part) used in Well Person’s Clinic**

**Date of Registration**

1. Name
2. Age
3. I/C
4. Sex: Male  Female
5. Ethnic group: Malay  Chinese  Indian  Others
6. Occupation
7. Tel Phone No
8. Address
9. Marital Status

**B. Cancer Screening**

1. Family History Cancer
   Specify type of cancer Relationship with patient
   Yes  No

2. Past History Cancer Specify
   Yes  No

**Female only**

6. Breast Cancer
   a. Do you practice BSE
   b. Already taught BSE
   c. BSE taught today
   Yes  No
   Yes  No
   Yes  No

* Examination Breast
  * Other breast abnormality
    (specify)
  * Ca Breast Suspicious  Not suspicious
    Refer **SOPD

* Examination by staff nurse/medical officer
** SOPD = Surgical specialist outpatient clinic
20. Planning Unit Majlis Bandar Raya Ipoh (personal communication).