



Research Article

Women's Perception of Barriers to Breast Self-examination (BSE)

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Abstract

Monthly BSE is an important screening behavior for early detection of breast cancer. However, despite these advantages, many people refuse this medical behavior. The goal of this study has been to make women aware of barriers to women's BSE. In this study, 19 women who did BSE were selected by purposive sampling. Data were collected using semi-structured interviews and the content analysis was used for data analysis. Based on the result analysis, two themes was seen which was related to women's perception of barriers to BSE including "lack of training programs in the field of BSE and the attitudes and beliefs towards self-examination were obtained. Training courses on breast cancer and BSE screening program for women (vulnerable poor population) is necessary so as to change their beliefs and culture in order to promote this health behavior.

Keywords

Breast self-examination; Women perception; BSE; Training; Nursing

Introduction

Breast cancer is the most common cancer among women [1]. Each year more than a million and six hundred thousand women are diagnosed with breast cancer worldwide [2]. This cancer is most prevalent in the developed parts of the world [3]. This cancer is also as a public health problem in less developed regions, in a way that the annual incidence rate is rising to 5 percent per year [4,5]. Cancer as a result of late diagnosis of the disease, and they see the developed countries success in controlling mortality and other consequences of the disease as dependent on early diagnosis, because the survival of the individual is directly related to the stage of disease at diagnosis time. 5-year survival rate of women with breast cancer that are diagnosed in the early stages is 90 percent, while the rate among women whose cancer has progressed is reduced to 60% [6]. The best way to early detection of this cancer is screening. Some of the features of breast cancer such as slow growth are diagnosable in early stages and the efficacy of this process is as the important disease control methods. According to investigations, 70 percent of women with breast cancer in Iran die shortly because of delayed referral for diagnostic tests and advanced stages of the disease [7] BSE, clinical breast exam done

by a doctor or health workers, and a mammogram are the methods used for breast cancer screening [8]. Studies show that despite the evidence in support of BSE, the majority of women do not do this as a routine procedure based on a certain order. In Iran due to the effect of social and cultural impact of various factors on BSE, and also lack of comprehensive and systematic program to teach this approach to women, this practice is not done enough [9]. As the experiences of women and awareness of the disease varied across studies and populations, their experiences of screening and barriers can also be different, and they may have special views on BSE.

Methods

This qualitative study was performed in order to achieve an understanding women's perception of the barriers to BSE. Qualitative approach of this study is phenomenological. Qualitative research provides an opportunity to focus on the questions with a focus on social experience; how it is created and how it gives meaning to human life. The notion that there are multiple realities and gives meaning to people's lives are the underlying belief of scholars in qualitative research [10]. The phenomenological approach is a systematic and exact approach, which tries to show an accurate understanding of human experience on a variety of phenomena. One of the most important methods to identify experiences is using the phenomenological method [11]. According to the purpose of studying participants based on purposive sampling, from among the women referring to Jiroft health centers, the ones who had experienced BSE and had the needed criteria to enter our study were chosen.

Inclusion criteria for the women in this study were: 1. Interest in communicating and expressing their experiences 2. Proper mood to communicate 3. Performing BSE test. In total, 19 women took part in this part. Data were collected through semi-structured interviews and the confidentiality of the recorded individual information in the interviews was emphasized. And the participants in research, knowingly completed consent form. Contexts presented at the beginning of the interview were a few open-ended questions. What is breast screening? What is BSE? Why do they perform it? Duration of the interviews was between 20-35 minutes. Scripts of the all interviews were gotten from tapes.

The state and behavior of the participants during the interview and what was seen and experience during the interviews were recorded by the researcher in the form of field notes [12]. Data analysis was done with content analysis method in accordance with content analysis method the data were collected. This method is useful when the theory and the available resources of the phenomenon under study are limited. In this method the classes are extracted directly from the text data and researcher gains a deeper understanding of the phenomenon under study. In this method, the researchers seek to discover the meaning behind the words, text and content analysis and uses data analysis which is, in fact, is the process of data analysis [10,13]. At this stage, the interview was reviewed several times to gain a general sense of the text. Data were read verbatim and the first level coding process with emphasis on implicit and explicit content was done by highlighting and identifying the sentences and paragraphs of the units of analysis. For each analysis, a higher code was given and the codes were extracted. Then the codes based on differences and

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similarities were classified. Depending on the relationship between the subset, a great number of subclasses were organized in other classes, in coding process, the codes were repeatedly controlled by the research team and in cases of contradictions, and inconsistencies were resolved by discussion and dialogue. After classification, classes were put together in form of a significant conceptual model and the relationship between the classes was identified and the source code appeared [14-16]. To determine the validity of the data in the study, continuous evaluation and analysis of data, analysis of data at the time of collection, review of the codes extracted from the participants, the study, scrutinizing of the analyzed data by two of the researchers of the qualitative research, and an ongoing involvement with the data were used [17]. After completing the information, in the end, two central themes as "lack of training programs in the field of BSE, and attitudes and beliefs in the field of BSE were collected.

Results

Based on their findings, the minimum and maximum age of subjects, respectively, were 20 and 51 years with a mean and standard deviation (43.6 ± 5.29). And also, 98 percent of them were married, and 41.7 percent had high school education. A total of 25.7 percent of those surveyed had experienced BSE, but only 9.1 percent did regular monthly BSE. History of breast cancer in the family members and close relatives was 10 percent of which 1 percent was members of the family. 78 percent of the research participants had not heard anything about BSE. After completing the information, about 150 statements were extracted, and finally 2 theme or main themes were identified (Table 1).

The first profile: lack of training programs in the field of BSE

This main unit had 2 subunits of lack of training and inadequate skills in the diagnosis of breast masses. The women participating in this study stated that educating people to stay away from known risk factors, and encouraging them to healthy habits are among the first steps towards the prevention and control. And breast cancer screening is the best strategy for reducing cancer mortality.

Lack of training programs

One participant stated that: The program is not performed well in Iran and with training wide breast cancer screening should be emphasized. A participant stated: It is better to pay attention to education of women and implementation of programs for prevention of breast cancer. A 40-year-old participant said: there should be education through radio and television, but we do not have it. I myself learnt from my friend who is a nurse and I did not know.

Inadequate skills in the diagnosis of mass

From manuscripts in the field, insufficient information was obtained and the participants liked the skills to be taught practically in training classes offered at the health center by the health team. General information level of women in society is low.

A participant stated: lack of awareness of BSE lowers the

Table 1: Contents extracted from the data collected from participants in the study Themes.

Themes	Sub- themes
1. Lack of educational programs in the field of BSE.	Lack of training Inadequate skills in the diagnosis of mass
2. Attitudes and beliefs about BSE performance	Right attitude towards BSE Lack of perceived benefits and efficacy of BSE

participation in this important deed and training should be taught to all women. Not much time is put to training. I do not recognize the mass from milk glands and when I go to the doctor, he has said do not worry, they are milk glands I wish they taught me how to distinguish the milk glands at least on myself. Another participant said: I do not know the examination I do on myself is right or not?

Another participant stated: I wish there were a practical class and they asked us if we had the required skills to perform it.

The second theme

The Attitudes and Beliefs on Their BS This main unit have 2 subunits. They were correct attitude on performing the action and unperceived benefits and self-efficacy of BSE.

Lack of proper attitudes on performing the act

A Participant with academic education said:

Since breast cancer is as a health threat and one of the major causes of death in women, it has caused great concerns and it is needed to raise people's attitude. In general, attitudes make the performance possible.

A participant stated that many women are afraid of rumors and being abandoned by spouse. Family members and friends do not pay so much attention to BSE lest there is a mass in my breast. Another participant said: the correct attitude towards BSE practice should be increased.

Lack of perceived benefits and efficacy of BSE

Participants cited the perceived severity of the consequences of the disease is as a consequence of the disease. The meaning of perceived benefits is the positive effects of avoiding exposure to a patient. Like monthly BSE benefits that even the smallest suspicious masses can be detected. The meaning of perceived barriers is the barriers to health behaviors.

A participant said: BSE is time consuming I want to believe it. Another participant stated: I do not like to suffer from breast cancer because it kills, I do not perform BSE because of fear. Another participant mentioned: traditional and cultural beliefs that affect women's access to information, early diagnosis and treatment and I have heard that breast cancer is stimulated by BSE-even if there is no mass it is created by stimulating.

Discussion

The present study was conducted by the aim of understanding and highlighting the barriers to BSE of women. The results of the study showed that BSE to prevent breast cancer in addition to awareness dimension has psycho-mental dimension which is influenced by the social context and experience of each individual and is special to him.

Since breast cancer is as a health threat and one of the major causes of death in women, it has caused great concerns and it is needed to raise people's attitude. In general, attitudes make the performance possible [18]. Cultural and attitudes about breast health and cancer concluded that many women are afraid of rumors and being abandoned by their spouse, his friends and family members do not pay much attention to BSE and had moderate attitudes towards BSE [19].

Pengpid et al. [20] writes: an attempt should be made to develop programs that are related heightening breast cancer knowledge,

attitudes and practice of BSE. In a study by Ceber et al. [21] in Turkey lower levels of people's attitude have been reported.

Hajian et al. [22] with the education of health behaviors can increase women's attitudes toward screening methods. The themes of this study, showed a poor performance of the majority of participants in the study. In the study of Alkhasawneh et al. [23], although 60 percent of them were doing a BSE, only 10 percent of them do the test on a monthly basis. UNESCO sees education as an important factor in changing the attitudes and approaches toward health and sanitation behavior [24]. Culture and attitude can have an influence on health behavior such as BSE [25].

The mission of health education guidelines are to warn against health threats, the requisite for effective training in controlling and preventing of breast cancer is attention to the structure of attitudes of women and proposed approach to encourage health monitoring [26].

With careful attention to the importance of early preventive interventions for detection of diseases in which there is a special place for self-care and the high incidence and prevalence rates of breast cancer in the human population, experiences and researches, and emphasis on new scientific resources to promote the conduct of Obstetrics and Gynecology, (BSE) among women, especially women at risk for breast cancer is an undeniable necessity. And using this type of intervention, given that the costs involved in comparison to the benefits are affordable, can be given priority in the health care system.

Several studies suggest that improving the public's attitude towards women screening for breast cancer can have a positive effect on behavior [27,28].

Conclusion

In conclusion it can be concluded that upgrading and modifying women's health attitude, followed by creation of health behavior can guarantee a family's health and in accordance with the manuscript form the conclusion and indicate which type of education for BSE would be the best for this population group.

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References

- Bray F, Ren JS, Masuyer E, Ferlay J (2013) Global estimates of cancer prevalence for 27 sites in the adult population in 2008. *Int J Cancer* 132: 1133-1145.
- Ferlay J, Soerjomataram I, Dikshit R, Eser S, Mathers C, et al. (2015) Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer* 136: 359-386.
- Torre LA, Bray F, Siegel RL, Ferlay J, Lortet-Tieulent J, et al. (2015) Global cancer statistics, 2012. *CA Cancer J Clin* 65: 87-108.
- Khakbazan Z, Taghipour A, Roudsari RL, Mohammadi E, Omranipour R (2014) Delayed Presentation of self-discovered breast cancer symptoms in Iranian women: a qualitative study. *Asian Pac J Cancer Prev* 15: 9427-9432.
- World Health Organization (2016). Breast cancer: Prevention and control.
- Fentiman IS (2001) Fixed and modifiable risk factors for breast cancer. *Int J Clin Pract* 55: 527-530.
- Babu GR, Samari G, Cohen SP, Mahapatra T, Wahbe RM, et al. (2011) Breast cancer screening among females in Iran and recommendations for improved practice: a review. *Asian Pac J Cancer Prev* 12: 1647-1655.
- Rezaeian M, Sharifirad G, Mostafavi F, Moodi M, Abbasi MH (2014) The

- effects of breast cancer educational intervention on knowledge and health beliefs of women 40 years and older, Isfahan, Iran. *J Educ Health Promot* 3: 43.
- Momenyan S, Jedi RM, Saneilrani F, AdibiGarakhani Z, Sarvi F (2014) Prediction of Breast Self-examination in a Sample of Nursing and Midwifery Students Qom City Using Health Belief Model, Iran. *Qom Univ Med Sci J* 8: 28-33.
- Speziale HS, Streubert HJ, Carpenter DR (2011) *Qualitative Research in Nursing: Advancing the Humanistic Imperative*: Wolters Kluwer Health/Lippincott Williams & Wilkins, USA.
- Bluff B, King N, McMahon G (2012) A Phenomenological Approach to Care Leavers' Transition to Higher Education. *Social Behav Sci* 69: 952-959.
- Polit DF, Beck CT (2013) *Essentials of Nursing Research: Appraising Evidence for Nursing Practice* Wolters Kluwer Health, USA.
- Elo S, Kääriäinen M, Kanste O, Pölkki T, Utriainen K, et al. (2014) *Qualitative content analysis*. Sage Open 4: 21-33.
- Heidari H, Hasanpour M, Fooladi M (2013) The experiences of parents with infants in Neonatal Intensive Care Unit. *Iran J Nurs Midwifery Res* 18: 208-213.
- Lee H, Chae D, Lee K, Lee M (2013) Experiences of Middle-aged Korean-Chinese Female Migrant Workers in Korea: With Focus on Risk Factors in Work-related Musculoskeletal Diseases. *J Korean Academ Commun Health Nurs* 24: 185-194.
- Turner M, Chur-Hansen A, Winefield H, Stanners M (2015) The assessment of parental stress and support in the neonatal intensive care unit using the Parent Stress Scale -Neonatal Intensive Care Unit. *Women Birth* 28: 252-258.
- Braun V, Clarke V (2014) What can "thematic analysis" offer health and wellbeing researchers? *Int J Qual Stud Health Well-being* 9: 26152.
- Frazier EL, Jiles RB, Mayberry R (1996) Use of screening mammography and clinical breast examinations among black, Hispanic, and white women. *Prev Med* 25: 118-125.
- Yadollahie M, Simi A, Habibzadeh F, Ghashghaiee RT, Karimi S, et al. (2011) Knowledge of and attitudes toward breast self-examination in Iranian women: a multi-centerr study. *Asian Pac J Cancer Prev* 12: 1917-1924.
- Pengpid S, Peltzer K (2014) Knowledge, attitude and practice of breast self-examination among female university students from 24 low, middle income and emerging economy countries. *Asian Pac J Cancer Prev* 15: 8637-8640.
- Ceber E, Soyer MT, Ciceklioglu M, Cimat S (2006) Breast cancer risk assessment and risk perception on nurses and midwives in Bornova Health District in Turkey. *Cancer Nurs* 29: 244-249.
- Hajian S, Vakilian K, Najabadi KM, Hosseini J, Mirzaei HR (2011) Effects of education based on the health belief model on screening behavior in high risk women for breast cancer, Tehran, Iran. *Asian Pac J Cancer Prev* 12: 49-54.
- Alkhasawneh IM (2007). Knowledge and practice of breast cancer screening among Jordanian nurses. *Oncol Nurs Forum* 34: 1211-1217.
- Callister LC, Vehviläinen-Julkunen K, Lauri S (1996) Cultural perceptions of childbirth: a cross-cultural comparison of childbearing women. *J Holist Nurs* 14: 66-78.
- Karayurt O, Dramali A (2007) Adaptation of Champion's Health Belief Model Scale for Turkish women and evaluation of the selected variables associated with breast self-examination. *Cancer Nurs* 30: 69-77.
- Akita S, Nakamura R, Yamamoto N, Tokumoto H (2016) Early Detection of Lymphatic Disorder and Treatment for Lymphedema following Breast Cancer. *Plast Reconstr Surg* 138: 192-202.
- Haji-Mahmoodi M, Montazeri A, Jarvandi S, Ebrahimi M, Haghghat S, et al. (2002) Breast self-examination: knowledge, attitudes, and practices among female health care workers in Tehran, Iran. *Breast J* 8: 222-225.
- Tavafian SS, Hasani L, Aghamolaei T, Zare S, Gregory D (2009) Prediction of breast self-examination in a sample of Iranian women: an application of the Health Belief Model. *BMC Womens Health* 9: 37.

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