



Breast self-examination campaign in a Malaysian rural village

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Context

Community and family case studies (CFCS) program is an integral part of the undergraduate training for medical students of Universiti Sains Malaysia. It is tailored to produce competent community oriented doctors with appropriate knowledge, attitude and skill in community medicine. In this program, students were allocated in villages at four separate residencies of a week in which we conduct community profile, community diagnosis and health intervention of a selected issue. Kampung Tegayong was selected for the program.

Reason for the idea

One of the main health problems identified in Kampung Tegayong was 70.5% of women did not perform Breast Self-Examination (BSE). Breast cancer was the most common cancer among women in Malaysia (1). BSE is a screening method to diagnose breast cancer. The survival rate of breast cancer was 93% when detected in stage I (2). Unfortunately, many women in Malaysia delayed diagnosis of breast cancer due to inadequate knowledge on the sign and symptoms of breast cancer and did not know about the correct method of BSE (3). Thus, we carried out an intervention programme to educate and improve level of knowledge, attitude and practice on BSE and Breast Cancer among women of Kampung Tegayong.

Methods

Our BSE campaign was held in five days duration on 23rd - 27th November 2012. An exhibition regarding breast cancer and BSE was shown in the village's school, which include breast model display, breast cancer specimens, photographs, written materials, flyers, pamphlets and posters on breast cancer and BSE. We also conducted two talk sessions. The talks were about breast cancer and BSE; and the role of husband in supporting women in BSE practice and breast cancer awareness. We also invited a breast cancer survivor to share her

experience with the villagers. BSE practical session was held to allow the villagers practicing on a breast model. It was to make sure they perform correct BSE under the supervision of doctors and nurses. Special house to house visit were also included so that we were able to educate the villagers who were unable to come for the talks, exhibition and practical session. We also distributed badge, sticker and reminder calendar to ensure the sustainability of our program. A sign board about our BSE campaign was erected at the road side of the village. The slogan "Detect Before Regret" on the board might help reminding the residents to practice BSE.

Evaluation

The exhibition successfully attracted around 200 villagers. There were 50 women attended the breast cancer and BSE talk and 20 men for role of husband talk sessions. The BSE demonstration and practical session managed to attract 80 women. Among the feedback of the participants was to continue this program in the future. Post intervention evaluation showed that there were significant increase in percentages of good knowledge, attitude and practices on BSE and breast cancer. Our BSE campaign was well accepted by the villagers. It was a successful program that increased level of knowledge, attitude and practices on breast cancer and BSE.

Reference

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