
COMMENTARY

A Survey on Breast Self-examination Among Thai Adult Women in a Rural Distant Subdistrict

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Breast cancer is an important female malignancy for which physician examination is an accepted screening method. In inaccessible rural areas, where physicians are lack, breast self-examination (BSE) may be the most effective screening method (Jatoi, 2003; Champion, 2003) and studies of BSE practice among the female population can provide good data on planning for breast cancer prevention (Jatoi, 2003; Champion, 2003; Jirojwong and MacLennan, 2003). Little is known about breast cancer screening, particularly breast self-examination (BSE), among Thai adult women. There was one recent report, but the Thai women were immigrants into Australia (Jirojwong and MacLennan, 2003). Here, the author reports the results of a preliminary survey on breast self-examination among Thai adult women in a ruralsubdistrict.

The site was Wanchai subdistrict, Borabue district, Maharakarm province, located in Northeastern Thailand about 470 kilometers from Bangkok. The survey was performed during May 2003 covering 3 villages, randomized sampling from all 6 villages in the subdistrict. All 152 available adult women, aged > 15 years old, in these villages were interviewed about whether they had ever performed BSE. In cases that the subjects replied no, they were asked for the reason. In addition, a free site health examination service was set for the villagers including breast examination by the health team. The data from the on-site clinical breast examination (CBE) were collected and positive cases were followed up.

In the present study, 2 cases (1.3 %) out of 152 women performed BSE regularly and they also had annually CBE by the physician. Among 150 without experience of BSE, 14 (9.2 %) said they knew it was a meaningful procedure for breast cancer prevention but most believed that having their breasts touched was a shameful practice and 136 women had never undergone CBE. For the health examination service, 48 of 152 subjects (31.6 %) joined the program and had CBE. Breast lumps were detected in two cases which were advised to visit the physician at the hospital district

for further management. The final diagnosis on one case was fibroadenoma and in the other was breast cancer stage I.

According to the Australian study, the BSE rate among 145 Thai female immigrants was 25 %, but we experienced an extremely low rate (1.3 %). Clearly, our subjects were more underprivileged than those reported in the study of Jirojwong and MacLennan (2003) and here, it was apparent that the main reason for not having BSE is that they do "not know this procedure". Therefore, there is need for education interventions on breast cancer and screening among this population. A similar finding was also generated in other developing countries, for example in South Asian women (Ahmad and Stewart, 2004) and in Latin American women (Garbers et al., 2003). Of interest, about 10 % of our subjects expressed shame or fear in performing BSE. Indeed, the belief that breast is an untouchable organ of females may be deep-rooted in Asian communities (Ahmad and Stewart, 2004). Moreover, this belief was also demonstrable in the study by Garbers et al (2003). Jirojwong and MacLennan said that strategies that increased the confidence of women to undertake preventive health behaviour or increase self-efficacy were likely to increase their regular screening for breast cancer (Jirojwong and MacLennan, 2003).

In the present survey, it could also be shown that the BSE rate was significant related to CBE. Since performing BSE can imply the possibility of performing CBE, general practitioners should have a key role in the promotion and provision of information about effective public-health initiatives for the early detection of breast cancer (Zorbas, 2003). Concerning the free site health examination service, about 30 % joined the program and breast lumps were found in 4.2 %, with a 2.1 % rate for final diagnosis of breast cancer. This finding confirms the necessity of breast examination as a screening tool for rural communities. It can be concluded that the BSE rate among our subjects is low and the main barrier is lack of knowledge. However, the sample size in this study was too small to allow general conclusions.

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Further larger and more systematic surveys are therefore recommended.

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