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FACTORS ASSOCIATED WITH PRACTICE OF BREAST SELF-EXAMINATION AMONG WOMEN OF REPRODUCTIVE AGE ATTENDING ITEN COUNTY REFERRAL HOSPITAL, KENYA

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BSE involves visualization and palpation of the breast by oneself for lumps, shape, texture, size and contour. The purpose is for a woman to learn the topography of her breasts, know how her normal breasts feel and be able to identify changes in them should they occur in the future. The study sought to determine the factors associated with the practice of Breast self-examination (BSE) among women of reproductive age. The aim of the study was to determine the knowledge of women on, attitude toward, socio-cultural beliefs, and practices of BSE and their interrelationships and to identify the demographic factors that are associated with the practice of BSE. Descriptive, correlational, and comparative research designs were adopted. The target population was 405 women between 15-49 years visiting the antenatal clinic, within the 15 days that the researcher set camp in the clinic. A sample was selected through systematic sampling. Data was collected through the use of questionnaires and analyzed using descriptive and inferential statistics. The results indicated that majority of the respondents were of the opinion that they gained their knowledge on BSE from various source, that following BSE they feared of any possible discovery of a lump in their breast which can lead to cancer of the breast and that they carryout BSE in front of a mirror all the time to ensure that they do not miss a thing. Women who have knowledge of BSE due to their educational qualification tend not to practice BSE. Having a family member who suffer/suffered from breast cancer led women to practice BSE. The conclusion of the study was that early and timely diagnosis of a possible breast cancer crucial in combating the ailment. Knowledge on BSE from various sources determined how women practiced BSE; women fear of any possible discovery of a lump in their breast led to low practice of BSE. Recommendations that were made included; that awareness should be created on the importance of BSE. Health workers and the ministry of health in the county should come up with measures to ensure adequate and urgent dissemination of information about breast cancer to all women. **Keywords:** Breast self-examination (BSE), breast cancer, practice of BSE, knowledge, Attitudes

Background of the Study

Globally, breast cancer is the most common malignant neoplasm among women (WHO, 2011; Leszczynska, Krajewska, & Leszczynski, 2014). Breast cancer causes 376,000 deaths a year worldwide; about 900,000 women are diagnosed every year with the disease (WHO, 2011). It is also the leading cause of death among women globally. Breast cancer is distinguished from other types of cancer by the fact that it occurs in a visible organ and can be detected and treated at an early stage (Tasci & Usta, 2010).

The recommended preventive techniques to reduce breast cancer mortality and morbidity include breast self-examination (BSE), clinical breast examination (CBE), and mammography (Humphrey, Helfand, Chan, & Woolf, 2012). CBE and mammography require hospital visits and specialized equipment and expertise whereas BSE is an inexpensive tool that can be carried out by women themselves (Okobia, Bunker, Okonofua, & Osime, 2011), BSE benefits women in that women become familiar with both the appearance and the feel of their breast and detect any changes as early as possible. Studies carried out indicate that 90% of breast cancer is first noticed by the person herself (Simsek & Tug, 2002). Even though BSE is a simple, quick, and cost-free procedure, the practice of BSE is low and varies in different countries. For example, in England, it is reported that only 54% of the population practiced

BSE while in India, it varied from 0 to 52% (Yadav & Jaroli, 2010). Several reasons like lack of time, lack of selfconfidence in their ability to perform the technique correctly, fear of possible discovery of a lump and embarrassment associated with manipulation of the breast have been cited as reasons for not practicing BSE (Lierman, Young, Powell-Cope, Georgiadou, & Benoliel, 2014).

In Africa, cases of cancer have been on a more rapid rise (Nelson et al., 2009). Recent global cancer statistics indicated that breast cancer incidence is growing at a faster rate in populations of developing countries. For example, in Cameroon, there were an estimated 2,625 cases per 100,000 in 2012 compared to 1, 000 cases diagnosed between 1986-1991. Several studies reported that breast cancer is the most common cancer, and is the principal cause of cancer deaths in women and is therefore a world concern (Haji-Mahmoodi et al., 2002). Early detection and diagnosis has been credited for curbing the disease and enabling the patient to overcome it.

Although mammography remains the best single diagnostic tool in the detection of breast cancer it is not routinely performed in African countries such as Egypt due to low level of awareness, ignorance, illiteracy, cost, high technology equipment and expertise required (El-Sherbiny, El-Shorbagy, El-Shorbagy, & Zaid, 2014). Despite the advent of modern screening methods, more than 90% of cases of cancers of the breast are detected by women themselves, stressing the importance of breast self-examination (BSE). The purpose of BSE is to learn the topography of the breasts, which in turn will allow for one to notice changes in the future in order to detect breast masses or lumps. Breast self-examination, carried out once monthly, between the 7th and 10th day of the menstrual cycle, goes a long way in detecting breast cancer at the early stages of growth when there is low risk of spread, ensuring a better prognosis when treated. The practice has however not been widely practiced in African countries and there is need to increase knowledge and awareness on this (Haji-Mahmoodi et al., 2002).

In Kenya, breast cancer is the most prevalent cancer among Kenyan women, and constitutes a major public health problem (Mutuma & Korir, 2011). Although definite prevalence and incidence studies are lacking for Kenya, some estimates indicate that breast cancer accounts for about 23 % of all cancers, while cervical cancer and prostate cancer represent about 20% and 9.4 % of all cancers respectively (Ministries of Public Health Services, 2011). The low survival rates in less developed countries like Kenya have been attributed to the lack of early detection as well as inadequate diagnosis and treatment facilities. While very little can be done to limit the main causative risk factors, important advances have been made in strategies for early detection and in therapeutic interventions which may contribute to more favorable outcomes for breast cancer patients (Owizy, 2011).

One potentially important strategy in reducing breast cancer mortality is breast self-examination (BSE) to achieve early detection of cancer. Despite the benefits associated with regular BSE, few women actually examine their breasts cancer. Wagl, Komorita, and Lu (2010) have argued that the declining practice of BSE dramatically decreases the probability of early detection of breast cancer. Though antenatal clinics, maternal and child health (MCH) clinics, postnatal clinics, family planning, Breast cancers screening advertising campaigns and educating women on breast self-examination have been initiated to make women aware, very little effort has been made to investigate their knowledge, attitude, practice and its impact in combating breast cancer (Naidoo & Wills, 2011).

This study therefore aimed to carry-out an assessment of knowledge, attitude and practice of breast self-examination among women aged 15-49 years attending antenatal clinic at Iten County Referral Hospital, since there was no evidence of a similar study having been conducted in the area and there were breast cancer cases diagnosed especially in their later stages among women from the rural areas.

Research Objectives

The study was guided by the following research objectives:

i. To determine the knowledge of women aged 15-49 years on BSE

ii. To assess the attitude of women aged 15-49 years toward BSE
iii. To determine the social cultural beliefs about BSE among women aged 15-49 years
iv. To find out the BSE practices of women of reproductive age
v. To determine the significant relationship between knowledge, attitudes, socio-cultural beliefs and practice of BSE among women aged 15-49 years
vi. To determine if there is a significant difference in the practice of BSE among women classified according to age, literacy level; having heard of breast cancer and having a family member with breast cancer.

Methodology

The study adopted a descriptive, correlational, and comparative research designs. This study was carried out at the antenatal clinic, Iten County Referral Hospital Elgeyo-Marakwet, Kenya. The target group for the study was, women aged 15-49 years attending antenatal clinic. The sample size was 405 respondents. The study used systematic sampling to select the respondents for the study. Data for the study was collected from primary sources. The tool that was employed for data collection was a questionnaire. The data was analyzed using descriptive and inferential statistics. Descriptive statistics employed the use of frequency tables to present the findings of the study. The study used Pearson correlation coefficient to test for association between factors of interest and results were considered significant at $\alpha=0.05$

Table 1

Knowledge of Breast Self-Examination

Findings and Discussion Knowledge of BSE

The findings on the knowledge of the respondents on breast self-examination, as shown in table 1, indicated that most of the respondents were convinced on BSE being a simple method to practice and that women can perform BSE by themselves appropriately. The simplicity of the practice of BSE was clearly portrayed.

These findings were in consonance with Kayode, Akande, and Osagbemi (2010) whose study in Nigeria found that most respondents were aware of BSE. The slight difference in BSE awareness was accounted for by increased awareness of BSE over time.

	ve Statistics			
	Tend to Agree	Agree	Mean	Std. Deviation
I gain my knowledge on BSE from various sources which influences my practice of BSE	107 (43.1%)	141 (56.1%)	3.57 (High)	.496
I need technical skills to position myself and palpate my breast as I do BSE	116 (46.8%)	132 (53.2%)	3.53 (High)	.500
With BSE, I will know how my breasts feel and look, therefore I can easily detect any changes and promptly report to a health care provider.	144 (58.1%)	104 (41.9%)	3.42 (average)	.494
BSE is a simple method to practice and women can perform by themselves appropriately	93 (37.5%)	155 (62.5%)	3.63 (High)	.485
Conducting regular BSE results in early detection of breast cancer and will save lives.	150 (60.5%)	98 (39.5%)	3.40 (Average)	.490
Knowledge of BSE N = 248	**3.00**	**4.00**	**3.5081**	**.25054**

Attitude of Women towards BSE

Findings on the attitude of women towards BSE (table 2) indicated that a majority of the respondents preswere convinced that practicing BSE would lead them to discovering lumps in their breasts which would indicate the presence of breast cancer. These findings therefore imply that the respondents viewed BSE with fear in that practicing it would only bring bad news to them since it meant that they would discover the ence of lumps. The respondents therefore indicated that they would rather live in ignorance of their condi-

tions rather than practice BSE.

			iptive Statist			
	Tend to disagree	Tend to Agree	Agree	Mean	Std. Deviation
feel that frequent campaigns on BSE will bring change in women's lives		135 (54.4%)	113 (45.6%)	3.46 (Average)	.499
am comfortable in talking to others about BSE and how to detect any changes in their breast as early as possible		120 (48.4%)	128 (51.6%)	3.52 (High)	.501
want to learn the correct procedure of BSE and teach others		121 (48.8%)	127 (51.2%)	3.51 (High)	.501
*Following BSE I fear of any possible discovery of a lump in my breast which can lead to cancer of the breast.		78 (31.5%)	170 (68.5%)	3.69 (High)	.465
*I feel so embarrassed in manipulating my breast during BSE		172 (69.4%)	76 (30.6%)	3.31 (Average)	.462
*I am not obligated to examine my breasts.	18 (7.3%)	153 (61.7%)	77 (31.0%)	3.24 (Average)	.573
feel that breast self-examination is necessary.		167 (67.3%)	81 (32.7%)	3.33 (Average)	.470
Attitude toward BSE		**2.29**	**3.14**	**2.6544**	**.15596**

N = 248*Negative attitude statement - Recoded in the computation of the mean

These findings indicated the respondents held the opinion that following BSE; they feared any possibility of discovering the presence of lumps in their breast which could lead to cancer of the breast. The respondents were therefore scared to perform BSE because of the knowledge that they could find lumps. These findings indicated the lack of proper knowledge on breast cancer since the women were afraid to discover lumps in their breast. This indicated the need for proper training and media campaign targeting the women and informing them that BSE was meant to help them detect breast cancer in its early stages before it had caused harm to their body, and to seek medical care in order for them to be able to beat the odds that it presented. Their ability to detect lumps in their breasts

Table 2

Attitude towards Breast Self-Examination

was to their advantage since they would be able to stop breast cancer on its tracks rather than having more suffering when the cancer was allowed to develop due to lack of early detection

These findings concurred with Yadav and Jaroli (2010), whose study indicated that even though BSE was a simple, quick, and cost-free procedure, the practice of BSE was low and varied in different countries. For example, England reported that only 54% of the study population practiced BSE while in India, it varied from 0 to 52%. Reasons like lack of time, lack of self-confidence in their ability to perform the technique correctly, fear of possible discovery of a lump, and embarrassment associated

with manipulation of the breast have been cited as reasons for not practicing
BSE.

Socio-cultural Beliefs about BSE

The findings on the socio-cultural beliefs of the respondents, as presented in table 3, indicated that most of the respondents were convinced of the fact that it was unnecessary for young women to do BSE since they were unlikely to get breast cancer. This was attributed to inadequacy in information which would help bring a conviction in their opinion. The findings illustrated the need for more campaigns and teaching so that it could be known that breast cancer was an issue that affects women of all ages. This was crucial in ensuring that all women practice BSE and were not deceived into thinking that they could notbe victims. This also ensured that they do not discover breast cancer when advanced while they could have stopped it in its tracks with the practice of BSE.

Table 3

Socio-cultural Beliefs about BSE

	Descriptive Statistics					
	Dis-agree	Tend to Disagree	Tend to Agree	Agree	Mean	Std. Dev
It is not necessary for young women to practice BSE since they are unlikely to have breast cancer			150 (60.5%)	98 (39.5%)	3.40 (Average)	.490
Only women who have members of the family with or who had breast cancer should practice BSE.		58 (23.4%)	113 (45.6%)	77 (31.0%)	3.08 (Average)	.735
The practice of BSE is a taboo since it involves palpation of the breast.	2 (0.8%)	98 (39.5%)	68 (27.4%)	80 (32.3%)	2.91 (Average)	.863
Breast cancer is due to witchcraft, curses and therefore I do not need to practice BSE	85 (34.3%)	42 (16.9%)	57 (23.0%)	64 (25.8%)	2.40 (Low)	1.203
BSE will take much of my time.		88 (35.5%)	73 (29.4%)	87 (35.1%)	3.00 (Average)	.842
Breast cancer can only be detected at the hospital using more sophisticated equipment and not by BSE		44 (17.7%)	140 (56.5%)	64 (25.8%)	3.08 (Average)	.656
Socio-cultural beliefs about BSE					**2.9565**	**.44671**
N=248						

These findings concurred with Mukupo and

The findings on the practice of BSE imply that

Mubita-Ngoma (2011) whose study indicated that the most common reasons given by women for not practicing BSE were lack of knowledge on how to do it, the perception that it was not important to do BSE and that they did not perceive themselves as being at risk of getting breast cancer. These findings show that there is a need for health care providers to design an educational program to sensitize women on the dangers of breast cancer and the importance of early diagnosis through the use of BSE.

women should be trained on the practice in order to ensure that they were able to perform correctly and to ensure they got the best results from the practice. The study concurred with Chioma and Asuzu (2007) whose study on BSE indicated that there was urgent need for dissemination of better information on BSE to women if they are going to make any headway in the prevention of breast cancer in Nigeria, by this only workable avenue to that goal.

Practice of Breast Self-examination

Table 4

Practice of BSE

	Descriptive Statistics					
	Disagree	Tend to Disagree	Tend to Agree	Agree	Mean	Std. Deviation
I carry out BSE in front of a mirror all the time to ensure that I do not miss a mass	3 (1.8%)	10 (6.1%)	40 (24.4%)	111 (67.7%)	3.58 (High)	.692
I practice BSE regularly to become familiar and be aware of changes that occur with my breasts			71 (43.3%)	93 (56.7%)	3.57 (High)	.497
I practice BSE regularly to enable me to detect a lump in my breasts and seek early medical advice.		3 (1.8%)	80 (48.8%)	81 (49.4%)	3.48 (Average)	.536

I use the palms of my fingers to carry out BSE by palpating anticlockwise and last milking the nipple to see what comes out.		65 (39.6%)	99 (60.4%)	3.60 (High)	.491
I conduct BSE every month between 7th and 10th day of my menses		97 (59.1%)	67 (40.6%)	3.41 (Average)	.493
I normally position my hand up and behind my head while carrying out BSE		92 (56.1%)	72 (43.9%)	3.44 (Average)	.498
Practice of BSE N = 164				3.51220	.28515

I*nterrelationship between Knowledge, Attitudes, Sociocultural Beliefs and Practice of BSE*

The study findings as indicated in Table 5, showed that there was a significant inverse relationship between the practice and knowledge on BSE (p=0.028) and a significant direct relationship between knowledge and attitude towards BSE (p=0.000). These findings therefore indicate that knowledge of BSE among the respondents affected their practice of it but in the opposite direction. Women who are more knowledgeable of BSE tend not to practice it. This may be due to the fact that the women who are more educated and have better knowledge of BSE have good-paying jobs and can afford to access highly technological screening methods, thus, they tend not to practice BSE.

Table 5

Interrelationship among Variables

Practice of BSE	Pearson Correlation	1	-.172*	-.112	-.047
	Sig. (2-tailed)		.028	.155	.552

	N	164	164	164	164
Knowledge of BSE	Pearson Correlation	-.172*	1	.377**	.001
	Sig. (2-tailed)	.028		.000	.992
	N	164	164	164	164
Attitude towards BSE	Pearson Correlation	-.112	.377**	1	.026
	Sig. (2-tailed)	.155	.000		.741
	N	164	164	164	164
Socio-cultural beliefs about BSE	Pearson Correlation	-.047	.001	.026	1
	Sig. (2-tailed)	.552	.992	.741	
	N	164	164	164	164

Correlations

Practice of BSE	Knowledge of BSE	Attitude towards BSE	Sociocultural beliefs about BSE

*. Correlation is significant at the 0.05 level (2-tailed).**. Correlation is significant at the 0.01 level (2-tailed).

The findings also indicated that the knowledge of BSE had an effect on the attitude of the respondents towards BSE. Therefore, when women were well informed on the importance of BSE and the role it played in their lives their attitude towards it changed. They could therefore be more inclined to perform it compared to when they were not informed them and other factors such as their belief and culture influence their opinion. These findings concurred with Haji-Mahmoodi et al. (2002) whose study indicated that BSE performers were women who believed in the benefits of BSE, to perceive social approval for BSE practice, and to have been taught to perform BSE.

Comparison of Practice of BSE among Women According to Demographic Characteristics

In Table 6, the p-value is 0.183 > 0.05, therefore there is no significant difference in the practice of BSE among women according to their age. These findings indicate that the age of the women did not have an effect on their practice of BSE and therefore it was not a factor in promoting or deterring the practice of BSE.

Table 6

Comparison According to Age

ANOVA

Practice of BSE

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	.395	3	.132	1.638	.183
Within Groups	12.858	160	.080		
Total	13.253	163			

In Table 7, the p-value is 0.000 < 0.01, therefore there is a significant difference in the practice of BSE among women classified according to literacy level. Table 7

Comparison According to Literacy Level

ANOVA

Practice of BSE

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	5.810	2	2.905	62.841	.000
Within Groups	7.443	161	.046		
Total	13.253	163			

These findings indicated that the literacy level of the respondents played a significant role in determining their practice of BSE. Majority of the respondents in this study, who have a higher mean in the practice of BSE, have low literacy levels with 95 having primary level education, 42, secondary while only 27 had tertiary level education. Women with low literacy level are more likely to perform BSE because they do not have a lot of income while more educated women have more income and therefore prefer to visit health facilities for more sophisticated tests such as mammogram or ultrasound, instead of doing BSE itself.

This finding is related to the fact that there is a negative relationship between knowledge and practice among the women in this present study. Those with higher literacy level are more knowledgeable but they tended not to practice BSE due to their financial ability of going through sophisticated tests.

These findings contradict with Haji-Mahmoodi et al. (2002) whose study indicated that the practice of BSE was significantly associated with the level of education ($p < 0.0001$).. The findings also contradict with Okobia et al. (2011) whose study indicated that women with higher level of education ($X2 = 80.66$, $p < 0.0001$) and those employed in professional jobs ($X2 = 47.11$, $p < 0.0001$) were significantly more knowledgeable about breast cancer. Participants with higher level of education were 3.6 times more likely to practice BSE (Odds ratio [OR] = 3.56, 95% Confidence interval [CI] 2.58–4.92). In addition, education appeared to be the major determinant of level of knowledge and health behavior among the study participants.

Table 8

Comparison According to Awareness of Breast Cancer

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2tailed)	Mean Difference	Std. Error Difference
Practice of BSE	Equal variances not assumed	30.724	.000	.548	148.0	.585	.01342	.02451

The p-value as shown in Table 8 is 0.585 > 0.05, therefore there is no significant difference in the practice of BSE among women classified according to have heard of breast cancer or not. These findings indicate that the awareness of breast cancer among women does not influence their practice of BSE. This could be attributed to the fact there are more variables in play where breast cancer is concerned other than awareness. Women need more knowledge on the practice of BSE, how it is done and its relevance and not only having knowledge of breast cancer.

These findings concur with Kayode et al. (2010) whose study indicated that most (95.6%) respondents were aware of breast cancer however its practice of breast cancer diagnosis such as BSE was low (54.8%). This was attributed to lack of proper knowledge on the practice of BSE and therefore they did not know what to do. It recommended that public awareness on the importance and practice of BSE as a way of early diagnosis of breast cancer be intensified using the mass media and that health workers should promote BSE during their contacts with female patients/clients.

As shown in Table 9, the p-value in the test for equality of means is 0.014 < 0.05, there was a significant difference between the practice of BSE among women who had family members with breast cancer and those who did not have.

Table 9

Comparison according to Having a Family Member with Breast Cancer

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality				
		F	Sig.	t	df	Sig. (2tailed)	Mean Difference	Std. Error Difference
Practice of BSE	Equal variances not assumed	78.516	.000	2.539	52.819	.014	.16184	.06373

These findings indicate that the practice of BSE is influenced by having a family member with breast cancer. The women with family members who had or are having breast cancer tend to practice BSE more than those who did not have family members with breast cancer. This is because they fear falling victim of circumstances, that is why they do it frequently but those who did not have do not feel the pain and see it as a disease of certain families.

These findings concurred with Spector et al. (2009) whose study indicated that women who believed they are at low risk of developing breast cancer are more likely to ignore information and campaigns on BSE. Those who perceived a high risk to BSE were more likely to engage in behaviors to decrease their risk of developing the condition.

Conclusions

On knowledge of BSE the study concluded that majority of the respondents had heard of breast-self-examination from friends as their main source of information in the way they practiced BSE. The study further concluded that BSE was seen as a simple method to practice and women could perform by themselves appropriately.

On attitude of women towards BSE, the study concluded that the women were not well informed on the importance of the practice of BSE since they were afraid of practicing BSE and discovering lumps in their breast which was an indicator for breast cancer. The women were therefore scared to perform BSE because of the knowledge that they could find a lump which could lead to breast cancer in the future.

On socio-cultural beliefs about BSE the study concluded that the respondents thought that t it was not necessary for young women to practice BSE since they were unlikely to have breast cancer. This demonstrated the incorrectness of the information of the women concerning breast cancer since they assumed that age was a factor when it came to who was at risk of breast cancer. This perception illustrated the need for more campaigns and teaching so that it could be known that breast cancer is an issue that affected women of all ages therefore ensuring that all women practice BSE and were not deceived into thinking that they could not be affected.

On the practice of breast self-examination, the study concluded that a majority of the respondents practice BSE. However, there is a shortage of knowledge on the advantages of practicing BSE among some of the respondents. On frequency, the study concluded that a majority carried out BSE once in three months instead of once in a month. This showed that a woman needed more knowledge on the frequency of BSE and its importance through trainings, for early detection and treatment of breast cancer.

On the interrelationship between knowledge, attitudes, socio-cultural beliefs and practice of BSE the study concluded that there was a significant inverse relationship between the practice and knowledge on BSE and a significant direct relationship between knowledge and attitude towards BSE. These findings therefore indicated that knowledge of BSE among the respondents affected their practice of it, while knowledge of BSE affected the attitude of the respondents towards BSE since when women were well informed on the importance of BSE and the role it played in their lives their attitude towards BSE changed. Women could therefore be more inclined to perform BSE when they were educated and informed of its importance demystifying the myths propagated by cultural beliefs.

On the comparison of practice of BSE among women according to demographic characteristics, the study concluded that age of the women and breast cancer awareness did not have any effect on their practice of BSE. This is because there are more variables that played a role in determining the practice of BSE. The literacy level of the respondents and having a family member with breast cancer played a significant role in determining their practice of BSE. These were attributed to the fact that women with low literacy do not have the funds so they prefer to perform BSE compared to women with higher literacy level. On the other hand, women with family members with breast cancer saw the suffering and the possibility for them to be affected.

Recommendations

i) The study recommends that awareness should be created on the importance of BSE using the mass media and the health care providers should promote BSE during their contacts with women of reproductive age.

ii) Health workers and the Ministry of Health in the county should come up with measures to ensure adequate and urgent dissemination of information about breast cancer to all women in the county and the possibility of early detection through BSE for early diagnosis and to enable them seek early treatment.

iii) Women should be enlightened by the health workers that they are obliged on their health especially on their breasts. This will create desire for them to carry out BSE and therefore could help them detect breast cancer and even seek treatment earlier.

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