

Response to the Comments on Zohra Jabeen et al. (J Pak Med Assoc. Vol 71, No-9, September 2021)

Effect of health education on awareness and practices of breast self-examination among females attending a charitable hospital at North Karachi

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Madam, thank you for reading and giving your insightful comments on our article, "Effect of health education on awareness and practices of breast self-examination among females attending a charitable hospital at North Karachi" (JPMA, Vol 71, No-9, September 2021). Here is a point-by-point response to your comments and concerns:

Our research introduction started with exclusively elaborating the huge public health issue of breast cancer especially in Asian women. We further described not only the magnitude of the problem but then narrowed it down to detecting it at an early stage by mentioning the technique of Breast Self-Examination (BSE). We then comprehensively described the ability of this screening test (BSE) compared to the gold standard mammography. Having identified how little is actually known about this common technique, we concluded our introduction with the aim of our study research. The hypothesis of the study was that there is a difference between the practices of BSE among women who received education about BSE compared to those who did not receive this education.

Pakistan is a developing country and health facilities for breast screening are not available for everyone. As stated before, mammogram is the gold standard screening method but it is expensive and not affordable to every woman. Most of the Pakistani females have low education status. This was also the case with Khatri community females, so we selected this low-resource setting and preferred this community for our study population.

Inclusion and exclusion criteria have been detailed in the second paragraph of the Methods section. However, it is pertinent to mention here that the Khatri community females that we recruited had not participated in any

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educational program before this study so there were no chances of contamination in the results.

Due to strict limitation of time and resources as this study was part of a master's thesis, piloting of the tool was not done. However the tool was extensively subjected to face validity from three subject experts and then the study was initiated. Pretesting on 10% of sample was also done to check for data accuracy.

The health education session/lecture lasted for 5 minutes in which information regarding the signs, methods of screening, importance of early detection of breast cancer was given to each study participant. Video for practice of skill was played after the 5 minutes of practical demonstration. Participants were sent home with pamphlets which educated them further about how to perform BSE at their homes. The timing of BSE was enquired from the participants, (as mentioned in Table-2) i.e. a week before /after / during menses/ any time, and how to perform BSE.

The principal investigator called the participants of the intervention group monthly through mobile phones & asked about the BSE, its frequency, methods, and place of performing BSE on each call to avoid inconvenience. These strict reminders ensured no loss to follow up as well. Knowledge and skills were assessed at baseline and then after 6 months of completion of the follow-up period to assess the effectiveness of the intervention. As participants had demonstrated adequate skills after the video session, they were not measured immediately after delivering the intervention. Attitudes were also tested (please refer to Table 1 & 2) when the study participants were asked about their impression of BSE and their attitudes on its importance for breast health.

As with every research study, there are some limitations, which have been listed in the last paragraph of Discussion section, however our study proved that interventions like BSE can create awareness among our females and can prove to be effective in detecting breast lumps at an early stage.