Effect of Women Self-screening on Early Detection of Reproductive Abnormalities

Thesis

Submitted for partial fulfillment of the requirement of Doctorate Degree in Maternity & Neonatal Nursing

By

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M.sc Nursing
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(2006)

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Acknowledgement

First and foremost, I feel always indebted to God, the most kind and most merciful.

I wish to express my deepest thanks and sincere appreciation to ***Prof. Dr. Nadia Mohammed Fahmy****, Professor of Maternity and Neonatal Nursing, Faculty of Nursing, Ain Shams University. For her meticulous supervision, constructive criticism, unlimited help, motherly attitude that has mad the easiest out of the most difficulty.*

I turn with a grateful heart to express my appreciation for the expert assistance of ***Assistant professor Dr. safaa*** *Abdel Raoof, Assistance Professor of Maternity and Neonatal Nursing, Faculty of Nursing, Ain Shams University. For her meticulous supervision, tireless efforts, fruitful guidance, continuous unlimited help and her step by step follow up.*

I turn also with a grateful heart to express my appreciation for the expert assistance of ***Assistant professor Dr. Om*** *Elsaad Farouk, Assistance Professor of Maternity and Neonatal Nursing, Faculty of Nursing, Ain Shams University. For her meticulous supervision and fruitful guidance.*

Finally yet importantly, I would like to thank and appreciate target group and every one who has given me an unfailing support and assistance.

Eman

ABSTRACT

The study was aiming at evaluating the effect of self-screening practices on early detection of reproductive system abnormalities. A convenient sample of 106 women employed in Faculty of Nursing and Nursing School in Ain Shams University Hospital were included in the study. The total sample reached 102 as four were dropped out in the follow up process. Four tools were used for data collection; Structured-interviewing questionnaire sheet, the modified likert scale, self-examination checklists and follow up card. Also was a booklet about self-screening was distributed after counseling, after 3 and 6 months reassessment of women knowledge, practices and attitude was carried out using the same sheets to evaluate the effectiveness of counseling. The study revealed the counseling using educational booklet has an obvious effect in improvement of women self-screening knowledge, practices and performance. The study revealed also improving health seeking behavior that, all women discovered abnormal findings by self-screening were seeking medical examination. There was positive correlation between women age, education and their knowledge and practices regarding self-screening, while there was negative correlation between women practicing of self-screening and their previous and present reproductive problems. Further studies still needed to identify barriers of practicing self-examination as well as to suggest strategies to sustain practices overtime.

Key words: self-screening, early detection, reproductive abnormalities.

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(2006)

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Abbreviations	Meaning
AIDS	Acquired Immuno-Deficiency Syndrome
BSE	Breast Self-Examination
CBE	Clinical Breast Examination
GP	General Practitioner
HIV	Human Immuno-Deficiency Virus..
HPV	Human Papilloma Virus
HRT	Hormonal Replacement Therapy
IUCD	Intra Uterine Contraceptive Device.
MMR	Maternal Mortality Ratio
NMMS	National Maternal Mortality Surveys
PID	Pelvic Inflammatory Diseases.
SE	Self-Examination
STDs	Sexual Transmitted Diseases.
TCA	Trichloroacetic acid

List of Abbreviations Cont.

Abbreviations	Meaning
VIN	Vulvar Intraepithelial Neoplasia
VSE	Vulvar Self-Examination
WHO	World Health Organization.

Introduction

The new approach of women health care today is directed toward health promotion, which is defined as activities that maintain or enhance on individual's wellbeing and moving toward optimal health. The major objective for women's health is to empower each woman to have control over her body & values the women's participation through self-care ***(Akinremi, 2004).*** A person is said to be "healthy" if they have sufficient self-care abilities to meet universal self-care requisites. However, Orem identifies further self-care requisites depending on the circumstances a person is in. According to Orem "self-care" is the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health and well-being ***(Lancaster., & Stanhope., 2002).***

Health providers use the disease prevention strategy of risk appraisal and risk reduction to help individuals and groups maximize their self-care activities. Self-examination is one of the self-care activities for health promotion, which increase the woman's awareness about the importance of screening procedures and the benefits of early detection of diseases for proper treatment, less complication and better health status ***(Abercrombie, 2001).***

Screening is a major secondary prevention strategy. When any previously unrecognized illness is identified via a screening procedure, it is essential that the client be promptly referred to an appropriate agency for follow up diagnosis and treatment. Screening correctly differentiates among individuals who have an illness, a developmental delay or any other health aberration and those who do not ***(Singleton.., 2003).*** Moreover, vulval self-examination (VSE) and breast self-examination (BSE) are simple procedures that any women can perform monthly as it has the value of a screening procedure. BSE and VSE, a cost-free health practice under women's control that needs no special experience & dose not entail any expected harm or danger to the woman ***(McPhee., et al, 1997)***.

Reproductive morbidity refers to conditions of ill health unrelated to a pregnancy episode such as Internal, external genital tract disorders and breast disorders. Internal genital tract disorders can affect the uterus, fallopian tubes, ovaries, and internal lining of the pelvis (peritoneum). While external genital tract disorders are pruritus vulva, vaginal disorders, neoplasia as carcinoma, lymphoma and vulval inter epithelial neoplasia. Women with these disorders may have a variety of symptoms or no symptoms at all. Breast disorders may be non-cancerous (benign) or cancerous (malignant). Most are non-cancerous and not life threatening. Often, they do not require treatment. In contrast, breast cancer can mean loss of a breast or of life ***(Bare, & Smeltzer., 2000)***.

Health promotion and disease prevention is the keys to managing health care costs. Promoting the health of individuals, families, populations and communities is essential in nursing practice not only because it is the human and ethical thing to do but also because of its practical and economic benefits ***(Janes ., & Saucier., 2001).***

The nurse is the core of health education; she must teach and counsel all women at the reproductive age as well as menopausal age BSE and VSE. The periodic self-examination will enhance the understanding of the woman to herself and her own body and adds the active self-care ***(Bobak, 1995).***

Justification of the problem:

Forty seven percent of women silently endure genital tract infection without complaining in Egyptian community. In addition, 35.8 % of women were unaware that they had genital prolapse. The Ain Shams Maternity University Hospital Annual Statistical Report (2000) recorded that 2.31 % of females had vulval malignancy out of 173 women admitted for genital tract malignancies, in addition to 5.56 % for pre- malignant lesions did not take the advantage of recommended health.

Breast cancer is the second leading cause of cancer deaths in women today (after lung cancer) and is the most common cancer among women. According to the World Health

Organization, more than 1.2 million people will be diagnosed with breast cancer this year worldwide ***(American Cancer Society Breast Cancer Facts.,2004).***

Early detection is the key in reducing mortality resulting from reproductive morbidity. Women who are health conscious are more likely to have used screening services.

So this study will be conducted to investigate whether BSE & VSE enhance women information & practices as well as increase their awareness about self-screening for early detection of reproductive disorders.

Aim of the study:

- Evaluate effect of self-screening on early detection of reproductive abnormalities. This objective will be attained through;

✓ Assessing women misconception, knowledge, practices and attitude regarding self-screening for reproductive abnormalities.

✓ Implementing counseling about self-screening technique.

✓ Evaluating the effect of counseling on women self-screening & their utilization of health services.

Research hypothesis:

Women self-screening of reproductive disorders will increase women early detection of reproductive abnormalities.

Screening

Historically, health promotion as a concept has been linked with disease prevention. Clark & Leavel (1965) depicted three levels of prevention; primary prevention measures are directed toward well individuals in the prepathogenesis period to promote their health and to provide specific protection from disease. Secondary preventive measures are applied to diagnose or to treat individuals in the period of disease pathogenesis. Tertiary prevention addresses rehabilitation in order to interrupt the course of the disease reduces the amount of disability that might occur. The three levels of prevention are primarily directed at restoring Health Balance ***(Diczbaluzy.F., 1999).***

Nowadays; health promotion has two definitions depending on if the nurse is applying health promotion strategies to other people or if the nurse is promoting his or her own health. The definition of **professional health promotion** on behalf of others reflects the " organized actions or efforts that enhance, support, or promote the wellbeing or health of individuals, families, groups, communities or societies. **Personal health promotion** reflects more emphasis on self-actualization and taking care of oneself. This definition identifies what motivates people to attain and maintain their highest state of wellness, overall fitness and self-actualization ***(Hinchliff S., et al., 2003).***

Self-care and consumerism are processes that assist people to know about health promoting items and activities. At the population and community levels, the healthy cities and communities program depends heavily on people within communities to identify problems and engage in problem solving and self-care to correct problems and promote maximal community wellness ***(Janes S., & Saucier K. L., 2001).***

The concept of preventive health care screening has been developed over the last 30 years through clinical trials of screening maneuvers as well as a theoretical statistical literature. These data have helped clinicians to understand the profound value of specific screening interventions, as well as the fact that more screening is not always equivalent to better health care. Screening is used in general medical practice in two ways: screening for early disease, and screening for risk factors for disease or injury. Both are important, despite the emphasis in what follows on screening for disease ***(Singleton.H., 2003).***

Screening refers to activities designed to establish the presence or absence of a particular condition or marker for a condition. In another word, it is application of a test to people who are as yet a symptomatic for the purpose of classifying them with respect to their likelihood of having a particular disease. Health assessment involves a range of different measurements,

tests and inquiries designed to uncover a wider picture of a person's health and wellbeing. Many activities can also be divided into universal or targeted screening or assessment. Universal screening is carried out on a whole-defined population, while targeted screening is aimed at a part of the population or an individual who may be at greater risk ***(Cook Rosemary, 1999).***

Screening for early disease is most effective the disease meets specific criteria and appropriate tests are available. Four criteria are required to make a ***disease*** appropriate for screening: The disease must have a **detectable preclinical period**, before the disease becomes clinically apparent and during which the disease can be detected by the screening test. Cervical intraepithelial neoplasia can be clinically silent for years, yet easily diagnosed by a screening test. The detectable preclinical period must be **before the disease escapes from cure**. **Treatment must be more effective if given earlier** (at the time of screen detection) than later (at the time the disease becomes clinically apparent) ***(Hawksat., 2001).***

The **disease must be sufficiently common** in the population, since the prevalence of a disease, together with the sensitivity and specificity of the test, determine the positive and negative predictive values of the test. Availability of appropriate health service infrastructure, technical resources for sampling

and examination, resources for diagnosis and treatment ***(Ann J.A., & Walton B. S., 2001)***

For a screening ***test*** to be effective, it must be sensitive, specific, have high predictive value, be feasible for broad use, and acceptable in terms of cost, risk and patient tolerability.

Screening is aimed at the earlier detection of life threatening disease in asymptomatic patients. The outcome of a screening program, if it reaches its target population and the results are acted upon, would be a substantial reduction in the disease specific mortality rate. In the cervical screening program intervention at the pre-cancerous stage is very effective at preventing further progression to malignancy As the natural time course of some cancers can be very long it may take a number of years before a positive effect is seen in terms of reducing the disease ***(Abdel Fatah.A., 2000).***

Major **barriers to screening** for diseases include *Population factors;* lack of disease knowledge, information/misinformation, Cultural perceptions and myths, Socioeconomic status & Urban/Rural distribution. *Health Care Provider factors;* Lack of organization, Lack of manpower and coordination, Lack of finance and basic resources, Misuse of

available resources & Misplacement of priorities ***(Edlin.G., et al., 1998).***

Self screening:

Knowledge is not enough to bring about healthy behaviors. The woman must be convinced that she has some control over her life and that healthy life habits including periodic health examinations are a sound investment. She must believe in the efficacy of prevention, early detection and therapy and her ability to perform self-care practices ***(Ash R., et al., 1999).***

Educating people about reproductive function is an important primary prevention measure because it teaches them to better monitor their own health through vulvar and breast self-examinations ***(Callander R., et al., 1995).***

Vulvar screening:

It is important that every woman from her teen years onwards regularly (monthly in between menstrual periods) performs vulvar self-examination. This practice is medically recommended and enables each woman to become aware of any changes that may be occurring. It is important to identify the

color of vulvar tissue, to note if it has a healthy pinkish color or if the skin is becoming white or reddened in areas. As you examine each section, note the texture of the skin and note any sores, splitting skin, lumps, cysts or scaly tissue. Identify any areas of special sensitivity, note any unusual discharge, odor or traces of bleeding. Generally speaking any changes that may be of concern should be discussed with your doctor at the earliest opportunity ***(Creer, I.A et al., 2001).***

To do self-examination, familiarize with the anatomy diagram and then with the assistance of a hand held mirror attempt to identify each of the parts of the vulvar. Remember that the smaller glands and ducts may be too small to see with the unaided eye. Vulvas could look very different from one woman to the next. The differences can be most noticeable in the shape and size of the labial lips, the location of the urethra and the outline of the vaginal opening. Medical practitioner can answer and clarify any questions and concerns ***(Greenlee, R.T et al., 2000).***

Many diseases of the vulva have similar symptoms. The vulvar self-exam; help to be aware of any changes in the vulvar area that could mean an infection or other problem. Some changes in the vulva may mean cancer. Often cancer can be avoided if changes in the vulva are caught early enough. Consult

the doctor if any changes or symptoms that don't go away such as itching bleeding, or discomfort. If a problem does occur, chances of catching it at an early stage-when treatment is most successful-are best if the woman has examined herself regularly ***(JenningsDosier,K.,2000).***

The quicker treatment can be given, the less likely woman will suffer from symptoms and this may potentially reduce the extensiveness of treatment. The key is early detection. Women who are sexually active and all women over the age of 20 years should perform vulval self-examination ***(Abdel Salam.G., 1999).***

To do vulval self-examination, Find a private place such as bedroom and hold a mirror in one hand. Try and get a good view of the vulval area by separating the outer lips. The diagram below indicates the different parts of the vulva (external genitalia) which should be examined individually. Each area can be both looked at and touched gently with a finger. Start at the top with the 'mons pubis' which is the area above the vagina around the pubic bone where the pubic hair is located. Then work down checking the clitoris, labia minora, labia majora, perineum (area between the vagina and anus) and finally the anus ***(John Hoppkins University Epidemiol., 2001).***

Vulvar self-examination should be performed once a month in between periods or at any time when developing vulval itching or pain, pain on penetration during sex or when feeling vulval lumps or thickening of the skin ***(Karen M., & Janice M., 2000).***

Changes in the vulval skin. Some examples of changes include; Any changes in the color of the vulval skin such as whitening or an increase in skin pigmentation, Any thickening of the skin such as warts or skin tags, Any ulcers of sores in the skin & Any symptoms of persistent itching or soreness. Remember skin cancer of the vulva is very rare, but to be certain, report all changes to physician ***(Nayar Misra., 1997).***

For immediate help, contact local General Practitioner (GP) who should at least examine the woman and treat appropriately. Sometime he/she will refer the woman to a hospital specialist such as a gynecologist or dermatologist. If woman have difficulty in getting help from GP ten her can go to a Genito-Urinary Medicine clinic in local hospital. Some hospitals have clinics dedicated to looking after vulval problems, but woman will have to ask her GP ***(American Society of clinical Oncology., 2002).***

Breast Screening

Early detection of breast abnormalities through regular breast screenings is the key to maintaining breast health and reducing chance of breast cancer. Regular breast screening includes performing monthly breast self-exams, getting annual breast physical exams from physician and following the American Cancer Society's guidelines for mammography ***(Rogers.C., 2000).***

Breast self-examination (BSE) is a technique that women can use to assess their breasts. When women perform BSE properly and regularly, they can note early changes in their breasts and seek further evaluation. A major barrier to BSE is lack of confidence. When teaching, emphasize that the examination should be done every month and at the end of menses in all menstruating women. Advise non-menstruating women to pick one day a month (e.g. the first day of the month) to do BSE ***(Heyman.S., 2000).***

The examination should include inspection of the breast and palpation of the breast and axilla. To perform adequate BSE the patient needs instruction in the technique and the manner in which she is carrying this out. This should be checked at subsequent examinations by her family physician. There is no

evidence that BSE improves survival, but regular self-examination does allow a woman to know her own body and therefore she may recognize changes early ***(Abd Elkreim. A., 2003).***

While lung cancer has surpassed breast cancer as the leading cause of cancer death in women, breast cancer remains the most commonly occurring non-skin cancer and remains one of the most common causes of death in women ages 35 – 55 years.

Screening procedures for breast cancer include breast self-examination, clinical examination by a physician, and mammography. Breast self-examination (BSE) is safe and inexpensive, although ineffective. The usual recommendation is that it be performed monthly, at the onset of menstrual bleeding, while in the shower. Proponents argue that teaching BSE serves an educational purpose about breast cancer risk and is self-empowering ***(Pillitteri.A., 2003).***

Monthly breast self-examination (BSE) includes both *looking* and *feeling* over the entire breast and chest area. The steps can be performed in any order, but each step is important. Women should use the pads, not the tips, of the three middle fingers when performing BSE. The time required to perform the

exam varies with the size and features of a woman's breasts but usually only takes about 15 to 20 minutes each month. Women should be sure to examine the breasts in the same manner each month, check the entire breast and armpit area, and remember how the breasts feel from month to month. Some women prefer to keep a small diary of their monthly breast self-exams ***(Barbieri.R., Berkawitz.R. & Ryan.K., 1999).***

Women should use three different patterns when examining the breasts each month: Vertical or "up and down" pattern (or "squares") covering the entire breast, Spiral or ring pattern, making concentric rings that tighten in a spiral, starting on the outer edges of the breast and ending around the nipple & Wedge patterns in and out (or "quadrants") ***(htt://wwwniaidnih.gov/2004).***

Women should use three levels of pressure (light, medium, and firm) and small "massaging" circles when palpating the breast using the patterns described above. Women should not lift the fingers while feeling the breasts to ensure that no area is missed ***(htt://wwwniaidnih.gov/2004).***

Women should perform BSE when they can be in a private place that is free from disturbances, so they may concentrate fully on the examination. BSE should be performed

in a warm room or during a warm shower so that the breast tissue is relaxed and easier to examine. Cold air or cold water causes the breasts and nipples to contract and may make examining the breasts more difficult ***(El Hosseiny.E.A., 2002).***

Some women prefer to use a small amount of baby powder or talcum powder on the skin of their breasts to help reduce friction and allow the fingers to move more easily over the skin. In addition to performing BSE in front of a mirror, some women also like to do the standing portion of breast self-exam while taking a warm shower. Soapy fingers reduce friction and allow some breast changes to be more easily recognized ***(Keitel.M.A. & Kopala M., 2000).***

It is important to thoroughly examine the entire area of the breast every month: Outside (armpit to collar bone, and below the breast), Middle (the breast itself) & Inside (the nipple area). However, cancerous tumors are more likely to be found in some parts of the breast than in others. Approximately half of all breast cancers occur in the upper, outer region of the breast toward the armpit. Some physicians refer to this upper outer region as the "tail" of the breast and encourage women to examine it with great care ***(Luckmann J., 2004).***

Clinical breast examination (CBE) by a health care provider has a somewhat higher sensitivity. In testing with standardized breast models, an 87 percent detection rate was noted for masses one centimeter in diameter. However, in one large clinical study, the sensitivity was as low as 45 percent. A recent systematic review of the literature on CBE concluded that its sensitivity is 54 percent and specificity is 94 percent. In a large retrospective cohort study, the risk of a false-positive CBE was 13 percent over a ten-year period. While there have been no clinical trials of CBE alone, in randomized studies of breast cancer screening, a small proportion of cancers that were not seen on mammography were detected by clinical examination. Like SBE, CBE is safe, inexpensive and an opportunity to provide patient education about breast cancer screening; we recommend annual clinical breast exam for all adult female patients ***(Ellis, R. & Hartley, N., 2000).***

Breast Changes and Warning Signs To Watch for During Breast Self-Exam: Any new lump or hard knot found in the breast or armpit, Any lump or thickening that does not shrink or lessen after your next period, Any change in the size, shape or symmetry of your breast, A thickening or swelling of the breast, Any dimpling, puckering or indention in the breast, Dimpling, skin irritation or other change in the breast skin or nipple, Redness of the nipple or breast skin, Nipple discharge (fluid

coming from your nipples other than breast milk), particularly if the discharge is bloody, clear and sticky, dark or occurs without squeezing your nipple, Nipple tenderness or pain, Nipple retraction: turning or drawing inward or pointing in a new direction & Any breast change that may be cause for concern ***(Nevidjon.T. & Sowers.P., 2001).***

If any of these changes are noted, women should see their physicians as soon as possible for clinical evaluation. However, in the majority of cases (80%), breast lumps and changes are not cancers. Women should not allow their fear of breast cancer keep them from telling their physician or healthcare provider about a lump or change they have found ***(Heiser, N.A & St. Peter, R.F., 1997).***

Reproductive disorders Discovered by Self-screening

Maintaining reproductive health should be a priority for every woman, regardless of whether or not having children is a goal. Scheduling regular screening exams and seeking treatment for disease is important to maintaining good health. Regular screening exams include Pap smears to screen for cervical cancer and mammograms to screen for breast cancer. Eating right and exercising regularly also are critical. Certainly ***(American cancer society., 1995).***

The major themes of all gynecological disorders are sexuality and self-concept, including body image and self-esteem. Any disorder of the reproductive tract may lead to changes in sexual functioning or sexual identity. Alterations in sexuality and body image have a major effect on some women's feminine identity ***(Black J., et al., 2001).***

The ability to manage one's fertility, have healthy pregnancies, avoid sexually transmitted diseases (STDs) and obtain screening services for early detection of reproductive cancers is important for the reproductive and sexual health of adolescents and of adult women and men. Reproductive health pertains to pregnancy termination, obstetric care and cancer screening services ***(Audu. B., et al., 1999).***

Vulva:

The vulva is the part of the female anatomy that surrounds the vaginal and bladder openings and consists mainly of four skin folds. Two skins fold on either side of the openings. The four folds are joint in front of the bladder opening to surround the clitoris. The vulva is examined as part of the annual gynecological check up. If you discover any lumps or sores let it immediately be checked. Although relatively rare cancer does occur on the vulva ***(Anderson. M.C., 1991).***

The vulva, the outer part of the female genital area, can be the site of various diseases. Some cause only discomfort and inconvenience. Other such as cancer can be more serious if not treated early. The following information will tell you about the diseases of vulva-their symptoms, diagnosis, and treatment. It will also tell you how to examine your genital area. This will help you to find possible problems at an early stage, when treatment is more successful. If you have questions about any of these diseases, talk with your doctor (***Walker. P., 2000).***

Anatomy of the Vulva

The mons veneris, our mons, lies directly over the joint of the pubic bones. Below the mons, the fleshy, hair covered folds of tissue form the labia majora, or outer lips of the vulva. The labia minora, or inner lips, are between the labia majora. They are hairless and are very sensitive to touch.

Within the labia minora is a space called the vestibule. The vagina and urethra open into this space. The opening of the urethra is just above the vaginal opening. Just inside the vestibule are the bartholin glands. These glands produce some of the lubrication during sexual excitement.
At the top of the inner lips in the clitoris. This very sensitive organ is a source of sexual excitement in most women. The clitoris is partly covered by a fold of tissue called the hood. The area of thick muscular tissue between the anus and the vagina is called the perineum ***(Abraham S., & Jones D. 1999).***

Vulvar disorders:

Vulvitis is caused by direct irritation of vulvar tissues or by directs extension of irritation from the vagina to the vulva that result in itching. Risk factors associated with vulvitis include skin disorders, inflammatory problems, infection, allergies, postmenopausal atrophy and dryness, uncontrolled diabetes, pediculosis, scabies, cancer, incontinence and poor perineal hygiene. Treatment is based on the specific cause of the condition ***(Smeltzer S., & Bare B., 2000).***

Bartholin Cysts

A lump or swelling occurring at either side of the entrance to the vagina is most probably a Bartholin cyst. One of the most common lumps occurring on the vulva is a Bartholin cyst. It is a swelling that is caused by a blocked gland. The Bartholin glands are two large glades situated on either side of the vaginal openings. The are responsible for secreting lubricating fluid during sexual arousal. When one of this glans are block a lump develops at the entrance of vagina. If the contents became infected a Bartholin abscess can occur. This is very painful condition ***(Kumud p. & Tamasker F 1996).***

Bartholin cysts and abscesses keep on recurring if not properly treated. The treatment is surgical drainage. The best results are achieved through a drainage procedure known as

marsupialization. Under certain conditions total removal of the effected gland might be necessary. **Sebaceous Cysts** occur anywhere on the vulva. Small lumps of variable size and is benign. They developed in blocked sebaceous glands (skin oil glands). ***(Kumud p. & Tamasker F 1996).***

Sexually Transmitted Diseases

The most common sexually transmitted diseases (STDs) affecting the vulva are viruses. The best way to prevent getting or passing these viruses is to use barrier methods of contraception. Condoms are the most effective ***(WHO,2001-2002).*** According to ***Killion C., (2004);***

1. **Viral STDs** include human immuno-deficiency virus, human papillomavirus, herps simplex virus & pox virus. **Bacterial STDs** include neisseria gonorrhea, hemophilus ducreyi, calymmatobacterium granulomatis & gardnerella vaginalis. **Spirochetal STDs** as syphilis while **protozal STDs** as trichomons vaginalis. Ectoparasites as pediculosis and scabies.
2. STDs affect men and women of all backgrounds and economic levels. They are most prevalent among teenagers and young adults. Nearly two-thirds of all STDs occur in people younger than 25 years of age **(http://www.niaid.nih.gov/ 2003).**
3. The incidence of STDs is rising, in part because in the last few decades, young people have become sexually active earlier yet are marrying later. In addition, divorce is more

common. The net result is that sexually active people today are more likely to have multiple sex partners during their lives and are potentially at risk for developing STDs.

4. Most of the time, STDs cause no symptoms, particularly in women. When and if symptoms develop, they may be confused with those of other diseases not transmitted through sexual contact. Even when an STD causes no symptoms, however, a person who is infected may be able to pass the disease on to a sex partner. That is why many doctors recommend periodic testing or screening for people who have more than one sex partner.
5. Health problems caused by STDs tend to be more severe and more frequent for women than for men, in part because the frequency of asymptomatic infection means that many women do not seek care until serious problems have developed.
    - Some STDs can spread into the uterus (womb) and fallopian tubes to cause pelvic inflammatory disease (PID), which in turn is a major cause of both infertility and ectopic (tubal) pregnancy. The latter can be fatal.
    - STDs in women also may be associated with cervical cancer. One STD, human papillomavirus infection (HPV), causes genital warts and cervical and other genital cancers.

- STDs can be passed from a mother to her baby before, during, or immediately after birth; some of these infections of the newborn can be cured easily, but others may cause a baby to be permanently disabled or even die.

6. When diagnosed and treated early, many STDs can be treated effectively. Some infections have become resistant to the drugs used to treat them and now require newer types of antibiotics. Experts believe that having STDs other than AIDS increases one's risk for becoming infected with the AIDS virus.

Gential warts (condyloma), like warts on other parts of the body, are caused by Human Papilloma Virus (HPV). They are often spread through sexual contact. The warts appear on the vulva as raised and sometimes-reddened patches that may hurt or itch. Sometimes there may be a cluster of warts that look like tiny cauliflowers (***Campbell S., &MongaA.,2000).***

There are several ways to treat genital warts:

· Solutions such as trichloroacetic acid (TCA) applied to the warts

· Podophyllin, a drug that is painted on the warts

· Interferon, a drug that is injected into the warts or into a muscle

· Laser treatment
· Cryotherapy (cold cautery), which destroys the warts by freezing
· Hot cautery, which burns off the warts with an electrical instrument
· Surgery

These treatments do not get rid of the virus, though. The warts may come back. Genital warts can also appear on the cervix. Certain types of viruses that cause revival warts have been linked to the development of cancer of the vulva and the cervix. Consult doctor right away if notice anything that looks like a wart on genital area ***(Black J., etal.,2001).***

Systemic Diseases Systemic; Diseases-those that arise in other parts of the body-may also affect the vulva. Psoriasis, for example, is a skin disease that appears and red, thick, scaly patches that may itch. Crohn disease, in which ulcers from in the digestive system may show up on the vulva before it appears elsewhere, infection of the sweat glands, may also appear in the vulva. If the systemic disease can be successfully treated, then vulvar symptoms usually go away as well. Otherwise, the vulvar symptoms are treated with creams or ointments. Avoid irritation caused by chemicals or tight clothing ***(BennettM.J.,et al.,1996).***

Vulvodynia means "vulvar pain". It is not a specific disease.

Instead it is a syndrome (a group of sings and symptoms) at hat has no specific cause. The symptoms include bring, stinging, and irritation or rawness. Vestibulitis is a type of vulvodynia. Sex, tampon use, bicycles riding or tight jeans may cause the symptoms.

To find the cause of the symptoms, The doctor will take woman history and take a sample of discharge from the vagina. The sample will be examined under a microscope. This is done to find out whether she has an infection. Infections often can be treated with drugs. A biopsy of the vulva maybe done. If no cause is found maybe gave a cream of ointment to treat the condition. The doctor may suggest trying to control pain with a gel that numbs the area. For some women treatment with a low-dose antidepressant may help in severe, chronic cases, surgery may be required. ***(Marseill E. et al, 2001).***

Vulvar Dystrophies is abnormal growth of the skin of the vulva. It can be too thin too thick, or a combination of both. When it is too thin, it may look like thin wrinkled paper, and the vaginal opening may shrink. When it is too thick white, hardened patches on the vulvar area may appear. A biopsy maybe performed to diagnose this problem, especially when the skin is too thick. Lumpy sores maybe a sign of cancer. Vulvar dystrophies are usually chronic and require long-term treatment with creams or ointments. These are rubbed into the vulvar tissue. The doctor may also suggest keeping vulva dry. The aim

is to control, rather than cure, the disease. In some cases, surgery may be needed ***(Bennett V., & Brown 2003).***

Vulvar Intraepithelial Neoplasia (VIN) is a type of vulvar dystrophy. Its most severe from is called carcinoma in situ of the vulva. It is caused by changes in the cells of the vulvar tissue that cause them to grow abnormally. Genital warts caused by HPV infection have been linked to VIN. VIN can progress to invasive cancer. This happens in only 1-2% of cases and usually progresses slowly. Sometimes it clears up by it self, especially after a woman has had a baby. Symptoms of VIN include itching and raised lesions of various colors (brown, red, pink, white, or gray). The disease can also occur without any symptoms, though. Tests to diagnose. VIN includes colposcopy and biopsy.VIN can usually be treated successfully with simple treatments, such as minor surgical or laser removal. For this reason, and because VIN may not produce any symptoms, it is important to have regular checkups by doctor. This is especially true if the woman have a history of genital warts or if she smoke ***(Nabil, 1998).***

Paget Disease of the Vulva is another type of intraepithelial neoplasia. It may mean that a form of skin cancer is present in the same area.The symptoms of Paget disease are recurring, severe itching and soreness. There may also be sharp-bordered, red velvety lesions or white patches on the vulva, perineum, anus, or vagina. Symptoms are usually long lasting.

The cause of Paget disease is unknown. It is diagnosed by biopsy and is usually treated with surgery ***(Chamarro, 2000).***

Invasive cancer of the vulva is most common in women over age 60. It is more common in smokers than in nonsmokers. History of some STDs can also be a risk factor. It occurs most often in areas of the vulva where there is chronic inflammation of VIN. Symptoms in clued itching. Discomfort, and bleeding. Sometimes a tumor or ulcer is present, and the lymph nodes in the groin may also be enlarged. Invasive cancer of the vulva is diagnosed by biopsy. Surgeries usually needed to remove all cancerous tissue. Some nearby normal tissue is also removed to help keep the cancer from coming back. In most cases lymph node tissue is also removed. Radiation (X-ray treatment) and chemotherapy (drug treatment) may also be used.The outlook for invasive vulvar cancer depends on the extent of the disease when it is treated. In general, the earlier the cancer, the better the chances for a full recovery. This is a good reason to do a self-exam ***(Landis, 1999).***

Melanoma is a rare from of skin cancer. It occurs most often after puberty. The disease can be found during a vulvar self-exam. Look for changing moles, particularly if they are red or have uneven borders. Treatment for vulvar melanoma is surgery to remove the cancer itself and some normal tissue around it. If the disease has spread to the lymph nodes in the groin, they may be removed, too. The outlook for recovery depends on the depth

of invasion of the cancer and whether it has spread to other parts of the body ***(Ian et al, 2001).***

Vaginal discharge & itching are among the most common problems women mention to health care providers. All women have normal, nonbloody, asymptomatic vaginal discharge called leukorrhea. The amount of vaginal discharge often varies in relation to the menstrual cycle. It is greastest at ovulation & just before menses. Pregnancy, sexual stimulation & oral contraceptives tend to increase the discharge. Changes in the amount, color, character or odor of vaginal discharge may indicate a problem ***(Reynolds, 1998).***

The most common causes of vaginal discharge & irritation are (1) vaginal infection, (2) parasites such as pinworms, (3) STDs and (4) mechanical or allergic irritants. The discharge frequently causes itching, irritation & redness of the vulva & surrounding areas. Burning & frequency of urination, anal discomfort and pain in the lower abdominal region may accompany it. ***(Pop Council, 2001).***

Vaginitis is characterized by one or more of the following symptoms; increased volume of discharge, abnormal color (yellow or green) of discharge, vulvar itching, irritation or burning, dyspareunia and malodor. Vaginitis may be caused by infectious agents such as candida, gardnerella and trichomonas or by atrophic changes. Other vulvo-vaginal condition may present with symptoms similar to vaginitis including vulvar dystrophies, vulvar dermatitis and other skin conditions of vulva. Acute

herpes simplex genitalia can cause acute vulvar symptoms necessitating prompt evaluation and treatment ***(Beck William W., Jr., 1997).***

Female genital prolapse, also known as pelvic organ prolapse, occurs when the structures of the pelvis protrude into or outside of the vaginal canal. This condition infrequently occurs in young girls, however almost all women who experience female genital prolapse are adults. This condition is also most common among Caucasian women. The most common sites of genital prolapse include the bladder (cystocele), urethra (urethrocele), uterus (uterine prolapse), vagina (vaginal vault prolapse), small bowel (enterocele) and rectum (rectocele) ***(Nayar- Misre., 1997).***

There are many ways of treating female genital prolapse both surgically and non-surgically. Treatment should take into account-affected organs, age, sexual activity, desire to become pregnant, sexual activity, severity of symptoms and other medical conditions ***(Toppozada. M., 1995).***

Finally, there are many types of vulvar disease. Without proper treatment, some can become serious. It's important to note any unusually changes in the genital area. The vulvar self-exam, performed on a regular basis, can help alert to problems. This is especially important if have a history of vulvar disease. Report any changes in the genital

area to the doctor. The earlier seeking treatment, the better chances for a full recovery. See doctor for regular checkups.

Breast:

It is important for women to become familiar with the normal anatomy and physiology (function) of their breasts so that they can recognize early signs of possible abnormalities. This section outlines basic information on breast composition, development, and typical changes from puberty to pregnancy to menopause.

Anatomy of the breast:

The breast is a mass of glandular, fatty, and fibrous tissues positioned over the pectoral muscles of the chest wall and attached to the chest wall by fibrous strands called Cooper's ligaments. A layer of fatty tissue surrounds the breast glands and extends throughout the breast. The fatty tissue gives the breast a soft consistency. The glandular tissues of the breast house the lobules (milk producing glands at the ends of the lobes) and the ducts (milk passages). Toward the nipple, each duct widens to form a sac (ampulla). During lactation, the bulbs on the ends of the lobules produce milk. Once milk is produced, it is transferred through the ducts to the nipple ***(Briggs.E.B., & Ojo.O.A., 2000).***

The breast is composed of:

- milk glands (lobules) that produce milk
- ducts that transport milk from the milk glands (lobules) to the nipple
- nipple
- areola (pink or brown pigmented region surrounding the nipple)
- connective (fibrous) tissue that surrounds the lobules and ducts
- fat

Arteries carry oxygen rich blood from the heart to the chest wall and the breasts and veins take de-oxygenated blood back to the heart. The axillary artery extends from the armpit and supplies the outer half of the breast with blood; the internal mammary artery extends down from neck and supplies the inner portion of the breast ***(Leifer .G., 1999).***

The lymphatic system consists of a network of vessels that drain tissue fluid (lymph) into lymph nodes, larger fluid-containing lymph ducts, and specialized organs involved in the immune system. The lymph nodes and organs act as a type of "filter," removing invading organisms or abnormal cells from the lymph fluid and "processing" them in a way that allows the body to fight these harmful agents ***(Agur B.Sc., et al., 1999).***

Whether the lymph nodes contain cancer cells is an important factor when staging breast cancer, determining treatment, and predicting survival. Though breast cancer has the potential to spread to other regions of the body first, it most commonly spreads first to the axillary (underarm) lymph nodes. This is known as regional spread. From there, the breast cancer can metastasize (spread) systematically to other areas of the body (such as the bone, liver, lung, or brain). ***(Monahan F., & Sands J., 2003).***

According to ***Nies M., & Mc Ewen M., (2001)*** the size and shape of women's breasts varies considerably. Some women have a large amount of breast tissue, and therefore, have large breasts. Other women have a smaller amount of tissue with little breast fat. **Factors that may influence a woman's breast size include:**

- Volume of breast tissue
- Family history
- Age
- Weight loss or gain
- History of pregnancies and lactation
- Thickness and elasticity of the breast skin
- Degree of hormonal influences on the breast (particularly estrogen and progesterone)
- Menopause

A woman's breasts are rarely balanced (symmetrical). Usually, one breast is slightly larger or smaller, higher or lower, or shaped differently than the other. The size and characteristics of the nipple also vary greater from one woman to another. In some women, the nipples are constantly erect. In others, they will only become erect when stimulated by cold or touch. Some women also have inverted (turned in) nipples. Inverted nipples are not a cause for concern unless the condition is a new change. Since there are hair follicles around the nipple, hair on the breast is not uncommon ***(Boback.m., & Jensen.D., 1998)***

The nipple can be flat, round, or cylindrical in shape. The color of the nipple is determined by the thinness and pigmentation of its skin. The nipple and areola (pigmented region surrounding the nipple) contain specialized muscle fibers that respond to stimulation to make the nipple erect. The areola also houses the Montgomery's gland that may appear as tiny, raised bumps on the surface of the areola. The Montgomery's gland helps lubricate the areola. When the nipple is stimulated, the muscle fibers will contract, the areola will pucker, and the nipples become hard. ***(Monahan F., & Sands J., 2003).***

Breast shape and appearance undergo a number of changes as woman ages. In young women, the breast skin stretches and expands as the breasts grow, creating a rounded appearance. Young women tend to have denser breasts (more glandular tissue) than older women. During each menstrual

cycle, breast tissue tends to swell from changes in the body's levels of estrogen and progesterone. The milk glands and ducts enlarge, and in turn, the breasts retain water. During menstruation, breasts may temporarily feel swollen, painful, tender, or lumpy. Physicians recommend that woman practice monthly breast self-exams the week following menstruation when the breasts are least tender ***(Nies M., & Mc Ewen M., 2001).***

Breast disorders:

Breast diseases include; breast pain, nipple discharge, breast lumps and swelling, fibrocystic disease, breast cancer... Breast specialists thoroughly evaluate patients by performing breast exams and, if necessary, diagnostic tests such as mammograms, ultrasounds or biopsies ***(Barbieri R., et al., 1999).***

Breast pain (mastalgia) is the most common breast related complaint among women; nearly 70% of women experience breast pain at some point in their lives. Breast pain may occur in one or both breasts or in the underarm (axilla) region of the body. The severity of breast pain varies from woman to woman; approximately 15% of women require treatment. Though breast pain is not normally associated with breast cancer, women who experience any breast abnormalities, including breast pain, should consult their physicians ***(Graven R., & Hirnle., 2004).***

There are two main types of breast pain:

- Cyclical
- Non-cyclical

Cyclical breast pain is related to how the breast tissue responds to monthly changes in a woman's estrogen and progesterone hormone levels. If breast pain is accompanied by lumpiness, cysts (accumulated packets of fluid), or areas of thickness, the condition is usually called fibrocystic change. During each menstrual cycle, breast tissue sometimes swells because hormonal stimulation causes the breast's milk glands and ducts to enlarge, and in turn, the breasts retain water. The breasts may feel swollen, painful, tender, or lumpy a few days before menstruation. Breast pain and swelling usually ends when menstruation is over. The average age of women who have cyclical breast pain is 34 years old. Cyclical breast pain may last for several years but usually stops after menopause unless a woman uses hormone replacement therapy (HRT) ***(Edmonds., 1999).***

Cyclical breast pain accounts for nearly 75% of all breast complaints. Of all women who experience breast pain, two thirds experience cyclical breast pain. Physicians often have patients chart their pain to determine whether the pain is cyclical. Though cyclical breast pain is usually related to the menstrual cycle, stress may also affect hormone levels and influence breast pain. Physical activity, especially heavy lifting or prolonged use of the arms, has also been shown to increase breast pain (pectoral

(chest) muscles may become sore from physical activity) ***(Graven R., & Hirnle C., 2000).***

Non-cyclical breast pain is far less common than cyclical breast pain and is not related to a woman's menstrual cycle. Women who experience non-cyclical breast pain often experience pain in one specific area of the breast(s). Woman who experience injury or trauma to the breast or those who undergo breast biopsy sometimes experience non-cyclical pain. The condition may occur in both pre-menopausal and post-menopausal women and usually subsides after one to two years. Non-cyclical pain is most common in women between 40 and 50 years of age. Usually, non-cyclical breast pain does not indicate breast cancer, though women should discuss the condition with their physicians ***(Abdel Salam R., 2001).***

Another type of non-cyclical pain called costochondritis does not actually occur in the breast; however, the condition may feel as though it is coming from the breast. This type of arthritic pain occurs in the middle of the chest where the ribs and the breast bone connect. Costochondritis may occur as the result of poor posture or aging. Women who experience costochondritis usually describe it as a burning sensation in the breast.

According to ***Royanne A., (2002) ,***other factors that may contribute to breast pain *in some women* include:

- Oral contraceptive pills

- Hormone replacement therapy
- Weight gain
- Bras that do not fit properly
- Tumors (most painful tumors do not usually indicate breast cancer; however, all abnormalities should be examined by a physician. For example, some patients with inflammatory breast cancer describe "stabbing pains" in the breast.)

Women should report all complaints of persistent breast pain to their physicians. Physicians will evaluate the pain, taking into account the woman's personal history, family history, the area of pain, the intensity and duration of the pain, and the extent to which the pain interferes with her lifestyle ***(Abd Elkreim A., 2003).***

Fibroadenomas are fibrous, benign (noncancerous) growths in breast tissue. These growths are solid, usually painless lumps that are not attached to any structures in the breast. A fibroadenoma is usually removed surgically, using a local anesthetic ***(Weeks L. O., 2002).***

Nipple discharge is the third most common breast complaint for which women seek medical attention, after lumps and breast pain. A woman's breasts have some degree of fluid secretion activity throughout most of the adult life. The difference between lactating (milk producing) and non-lactating breasts is mainly in the degree or amount of secretion and to a

smaller degree in the chemical composition of the fluid. In non-lactating women, small plugs of tissue block the nipple ducts and keep the nipple from discharging fluid ***(Tylor C., Lillis C., & Lemone P.,2000).***

Milky discharge (cloudy, whitish or almost clear in color, thin, non-sticky) is the most common type of discharge. Lactation or increased mechanical stimulation of the nipple due to fondling, suckling or irritation causes most milky discharge from clothing during exercise or activity. Drugs or hormones that stimulate prolactin secretion can cause spontaneous, persistent production of milk (galactorrhea). Prolactin is the hormone produced by the pituitary gland that starts the growth of the mammary glands and triggers production of milk. Some pituitary tumors cause excess prolactin secretion that can lead to milky nipple discharge, usually from both breasts (bilateral) ***(Graven R., & Hirnle C., 2000).***

Opalescent discharge that is yellow or green in color is normal.Most bloody or watery (serous) nipple discharge (approximately 90%) is due to a benign condition such as papilloma or infection. A papilloma is a non-cancerous, wart-like tumor with a branching or stalk that has grown inside the breast duct. Papillomas frequently involve the large milk ducts near the nipple. Multiple papillomas may also be found in the small breast ducts further from the nipple ***(Pillitteri A., 2003).***

A cyst is a fluid-filled sac. The cause of breast cysts is unknown. In the vast majority of cases, cysts are not harmful, although they may cause pain. Cysts disappear sometimes by themselves, or doctor may draw out the fluid with a needle ***(Weeks L. O., 2002).***

A breast abscess is a collection of pus, resulting from an infection. Symptoms may include tenderness and inflammation. Antibiotics are prescribed to treat the infection, and your doctor may drain the pus ***(Edlin G., et al., 2002).***

Fibrocystic breast condition is a common benign (non-cancerous) breast condition related to the menstrual cycle. Some women with fibrocystic breasts experience cysts (accumulated packets of fluid), lumpiness, areas of thickening, tenderness, or breast pain. Symptoms of fibrocystic change will usually subside after menopause but may be prolonged if a woman uses hormone replacement therapy. Fibrocystic breast disease is characterized by an increase in the fibrous and glandular tissues in the breasts, which results in small, nodular cysts, noncancerous lumpiness, and tenderness. Although called a "disease," this condition is not a disease. There is no specific treatment for fibrocystic disease. Treatment of the cysts may be all that is needed ***(Weeks L. O., 2002).***

Breast cancer: is the most common cancer found in women today, with one in eight women in North America developing breast cancer during her lifetime. In the year 2004, it

is estimated that there will be approximately 215,919 new cases of invasive breast cancer and about 40,110 deaths in the United States. Breast cancer is most effectively treated when detected at an early stage. Screening mammography is currently the primary imaging modality available for the early detection of breast cancer. Therefore, secondary prevention, early detection of cancer, remains the main focus for reducing breast cancer mortality. This is especially true because of the proven relationship between mortality and size of the primary tumor as well as the status of the axilla ***(http://www.niaid.nih.gov/2004)***

Risk factors for breast cancer: Age up to 40 years, and especially 50 years; Reproductive period prolongation (starting of cycle before the 12 years old age and it's interruption in 50 years old age); Presence of relatives with breast cancer (mother, sister, grandmother and etc.); Infertility; Marriage, first pregnancy and delivery after the 28 years old age ***(Family health International., 1995).***

Symptoms of breast cancer; Breast pain; Breast pain and enlargement a week prior to menstruation; Presence of breast nodule; Changes of breast shape and form; Breast skin shrinking; Inside turning of breast nipple (umblication); Exudation from the breast (yellowish-bloody spots on the busgalther).

Diagnostic methods for early detection of pathological processes breast cancer; Breast preventive self-examination on

every month; Physical examination by specialist (mammologist, gynecologist, oncologist) of breast (once in every 3 year in 20-39 years old age, once in every 2 year in 40-49 years old age, annually after 50 years old age); Radiological (mammography) and/or ultrasound breast examination (first mammography in 40 years old age, once in every 2-3 year in 40-49 years old age, once in every 1-2 year after 50 years old age) ***(Diczbaluzy F., 1999).***

Inflammatory breast cancer is a rare form of rapidly advancing breast cancer that usually accounts for less than 1% of all breast cancer diagnoses. Inflammatory breast cancer is a form of invasive breast cancer that progresses quickly and should be differentiated by physicians from other forms of advanced breast cancer with similar characteristics. Inflammatory breast cancer causes the breast to appear swollen and inflamed. This appearance is often but not always caused when cancer cells block the lymphatic vessels in the skin of the breast, preventing the normal flow of lymph fluid and leading to reddened, swollen and infect-looking breast skin—hence the designation "inflammatory" breast cancer ***(Pillitteri A., 2003).***

According to ***Pillitteri A., 2003,*** these symptoms may include:

- breast redness - swelling - warmth
- ridges or pits in the breast skin (a condition referred to as resembling an orange peel)
- a change in the size or shape of the breast
- nipple discharge or an inverted (pulled back) nipple
- Swollen lymph nodes.

Role of nurse as Regard Self-screening

Female reproductive disorders can occur throughout a woman's life. These problems range from menstrual disorders to life-threatening malignancies. Nurses can provide much of the needed education to help clients become more aware of preventive measures. The physical and psychosocial care of these clients is important. The skillful and empathic nurse can assist the woman through what is often an extremely distressing diagnosis and treatment ***(Anderson, G., et al., 2000).***

Nurses who need more information on reproductive issues should consult a woman's health. The nurse has a vital role in teaching clients early detection methods so that breast cancer can be detected at a curable stage. The possibility of surgical treatment that may extremely threatening to a woman's body image, the nurse can help the client cope with this potential threats and successfully adapt to any changes that occur ***(Mahon. S.M., 1996).***

Nurses have a major opportunity and responsibility to help women understand risk factors and to motivate them to adopt healthy life styles that prevents disease ***(Brundtland G., 2000).***

In the secondary prevention, nurses responsibilities may include assessment, counseling, teaching, screening and detection, planning, acting as an advocate and acting as a role model ***(varricchio.C.DSN, 1997).***

Roles as direct care provider:

Health screening and assessment is a common activity for nurses in primary care. It should always be based on partnership and openness with the person being screened and the nurse should be aware of the applications for the individual of identifying possible health risks or problems. Some forms of screening require specialist training and should only be undertaken by appropriately trained and/or qualified personnel ***(Howell. E., Nelson-Masten. P., Krebsm. L., Kasz. Y., & Wold. R., 1999).***

The focus of health care providers was on providing more technology and services. With the shift in heath care policy and priorities, however, changes are beginning to be seen driven partly by economics and an aging population. Financial incentives are being created to prevent disease or detect it early. Educating individuals to adapt healthy lifestyles and change harmful behaviors is becoming increasingly important ***(varricchio.C.DSN, 1997).***

The nurse must recognize the women's vulnerability and assure the woman of strict confidentiality. For many women, modesty and fear of the unknown make the assessment, the interview, the physical examination and particularly the pelvic examination an ordeal. Many women are informed, misguided by myths or afraid to appear stupid by asking questions about sexual and reproductive functioning. The nurse must be sensitive to these issues ***(International Cancer Institute., 1991).***

The women's health nurse will provide an opportunity for the woman to develop and understanding of the problems and prevailing attitudes which may prevent women from undertaking breast self examination (BSE) and vulvar self examination (VSE) ***(Read Ash. C., McCorkle. R., & Frank-Stromborg. M.,1999).***

Breast examination:

Nurses have a responsibility to teach the public about **breast** lesions and cancer to correct misconceptions and provide accurate information concerning normal breasts and breast disease, detection and treatment. If women understand the importance of early detection and treatment, they are more likely to have regular mammograms and less likely to delay seeking medical care when an abnormality is found ***(Nan. S., 1995).***

According to (***Heyman S., 2000)*** breast awareness and BSE will be promoted, the women health nurse will;

- First take history including:

- Brief history of breast development.
- Changes in size, shape or color of breast, any breast surgery.
- Soreness of breasts or nipples, particularly in relation to the menstrual cycle.
- Pain.
- Any discharge or secretions.
- Any lumps, masses, cysts or tumors.
- Family history of breast cancer or breast disease.
- Any previous mammogram results.
- Knowledge of BSE.

- Discuss advantages of regular BSE.

Benefits * Improved prognosis for many cases detected by screening * Less radical treatment for many early cases
* Reassurance for those with negative test results

- Explain procedure and obtain consent.

- Ensure privacy and comfort.

- Wash and warm hands.

- Ask client to remove appropriate clothing.

- Observe and palpate both breasts. Discuss the anatomy of the breast with client and the common non-pathological changes, which may occur in breast tissue. If the patient suspects a lump or mass in one breast, examine the other breast first so that you will have a basis for comparison.
- Visual check stands or sits client. Observe breasts carefully as the woman assumes the following positions- arms hanging at her sides, arms over her head, hands pressed against her hips and arms held straight ahead as she leans forward.

- Manual check, ask the client to lie down. When the client is supine, place a small pillow under the scapula on the side being examined, ask her to raise her arm above her head or the side you are examining.

- Note the following characteristics;

- Size, shape and symmetry of breasts.
- Direction of both breasts and nipples.
- Color (e.g. patches of redness or inflammation).
- Skin texture (e.g. dimpling or puckering of the skin).
- Retraction or invertion of the nipples.
- Any spontanous discharge from the nipples.
- Persistent sores, lesion, rashes or ulceration.
- Any swelling, lesions or masses of the upper arm or axilla.

- Palpation of the breast may be conducted with the client either sitting or lying. Use the flat of the fingers together with a circular motion and a firm pressure.

- Ensure that the entire breast surface is covered in the examination from the clavicle to the axillary tail. Repeat for the other side.

- If any abnormality is detected, discuss findings and referral options. Record findings in client records.

Early detection of breast cancer can lead to greater likelihood of cure. The American Cancer Society recommends the following guidelines for the detection of breast cancer in women who are asymptomatic (show no symptoms of breast cancer):

- Women 20 years of age and older should perform breast self-examination (BSE) every month.

- Women 20-39 should have a physical examination of the breast (CBE or clinical breast exam) at least every three years, performed by health care professional such as a physician, physician assistant, nurse or nurse practitioner. CBE may often be received in the same appointment as a

Pap smear. Women 20-39 should also perform monthly BSE.

- Women 40 and older should have a physical examination of the breast (CBE or clinical breast exam) every year, performed by a health care professional, such as a physician, physician assistant, nurse or nurse practitioner. CBE can often be performed in the same visit as a mammogram. Monthly BSE should also be performed.

- Women 40 years of age should receive a screening mammogram every one to two years. Beginning at age 50, screening mammography should be performed every year.

Age	Examination	Frequency
20-39	Breast Self-Exam (BSE) Clinical Breast Exam (CBE)	Monthly Three year intervals
40-49	Breast Self-Exam (BSE) Clinical Breast Exam (CBE) Mammogram*	Monthly Every year Every year
50 and older	Breast Self-Exam (BSE) Clinical Breast Exam (CBE) Mammogram*	Monthly Every year Every year

Source: American Cancer Society (2000)

The American Cancer Society guidelines on breast self-exams only advise women to be aware of their breasts, enough to notice any physical changes. Women can achieve this awareness by occasionally looking at breasts while taking a shower, getting dressed, or looking in the mirror. Still, a monthly self-exam is a great way of becoming familiar with the texture of your own breasts, says Meissner. "There may be insufficient evidence to recommend performing a self breast exam, but it doesn't mean that women shouldn't do it." ***(WebMD.,2005-2006)***

Vulvar examination:

Primary care physicians can identify women at risk and prevent serious, advanced disease by properly educating their peers and patients. Although there are no supporting data, expert opinion recommends routine annual visual inspection of the external genitalia, even if the patient is no longer receiving annual Papanicolaou smears.[3] Teaching female patients about vulvar self-examination as part of their preventive health care regimen has also been advocated.[3] ***(American Academy of FamilyPhysicians.,2002).***

According to ***(Hill L., & Nancy S.,1999)*** vulva awareness and VSE will be promoted, the women health nurse will;

- First take history including:

- patient's description of presenting issue/problem

  - Signs and symptoms eg: discharge, odour, itchiness, pain, scratching. Changes in size, shape or color of vulva, any vulva surgery, Any lumps, masses, cysts or tumors.

- duration of problem, timing of problem ie post coital, cyclic

- dermatological history including personal or family history of eczema or psoriasis; other skin or oral diseases

- relevant past medical and drug history including history of vaginal or vulvar candidiasis, genital Human Papilloma Virus, urinary incontinence, dysuria, diabetes, drug sensitivities, medications including ointments used eg antibiotics, lubricants, use of oral and barrier contraceptives and spermicides, age of menarche, menopausal status

- lifestyle factors eg tampon usage,panty liner usage, dyspareunia, sexual practices, use of tight fitting clothing, relevant sporting activities such as prolonged bike riding, jogging, use of soaps, detergents and disinfectants or any other substance used on the vulvar area, diet or suspected vitamin deficiencies, weight control issues, smoking

- Knowledge of VSE.
  - Discuss advantages of regular VSE.
  - Explain procedure and obtain consent.
  - Ensure privacy and comfort.
  - Wash hands and put gloves.
  - Inspect vulva. Discuss the anatomy of the vulva with client, examining external genitalia for any conditions that might require further investigation.
  - Observe vulva, vaginal introitus, perineum and anus for any abnormality. While looking, ask client to cough and check for any bulging or leakage of urine.
  - Observe any changes in the color of the vulval skin such as whitening or an increase in skin pigmentation, Any thickening of the skin such as warts or skin tags, Any ulcers of sores in the skin & Any symptoms of persistent itching or soreness.
  - If any abnormality is detected, discuss findings and referral options. Record findings in client records.

- Following Primary assessment the Women's Health Nurse Practitioner should refer all eligible women to a medical service specializing in management of vulvar disorders

(Jeremy Oats., 2004).

There is need to raise awareness about the vulva - and talk plainly about the vulva, so that women can communicate with health practitioners about their experiences. There is also need to raise awareness about vulvar disorders so that these problems become more recognized and so that more research in this area gets funded, providing evidence for incidence rates, causes, treatments and hopefully cures for vulvar disorders (***Debby Herbenick, The Kinsey Institute.,2006).***

Both professional and self vulvar exams are extremely important tools for early detection of vulvar disorders, including vulvar cancer," Vulvar health should be regarded no differently than breast or heart health." The Vulvar Health Awareness Campaign encourages women not only to conduct regular examinations of their vulva, but to follow up on any symptoms noted with qualified health care professionals."Although few vulvar abnormalities are cancerous, most, if not all, of them can be treated and provide symptomatic relief, including the most serious," Herbenick says. "Even when pain, discomfort or other

symptoms turn out to be something other than cancer, all the vulvar disorders deserve attention." (***Debby Herbenick.,2006).***

Role as counselor:

Counseling is apart of communication and helping process through which an individual with special knowledge and skills interact with a client who need problem solving for better coping, with the counselor help providing free choices and options leaving the decision making to the client to decide ***(Marchial & Ladewig, 1995).***

The aim of counseling is to free the person being counseled to live more fully and such fuller living comes through action as counseling must have practical aim. It must empower the client to become confident enough to choose a particular course of action and complete it ***(Burnard, 1996).***

GATHER model was advocated by the Population Communication Services of John Hopkins School of Hygiene and Public Health. It has been used in many countries including Egypt ***(Population Reports 1999).***

There are six steps in this model;

1. **G:** greet the patient.
2. **A:** ask about her.

3. **T:** tell about reproductive disorders and self screening that can detect it.
4. **H:** help her to acquire positive attitude toward prevention and screening for early detection and proper treatment.
5. **E:** explain how to practice BSE and VSE.
6. **R:** return for follow up.

Counseling the client for better health by creating a positive attitude toward healthy life style, good balanced and high vitamin diet and decrease number of cigarette smoked are all health promotion activities. Counseling about the meaning of self-screening, importance, technique, abnormalities that can be detected and seeking screening services are essential components of counseling as well ***(Mohan, 2000).***

Women can also be encouraged to make changes in life style to lower their potential risk for cancer. Although a moderate decrease in dietary fat intake does not reduce appear to reduce the risk of cancer, decreasing fat intake to 20% of dietary calories is a worthwhile goal. Exercise may have an indirect role in the prevention of breast cancer. Exercise leads to decrease in body fat, there by reducing the amount of free estrogen stored in body fat ***(Entrekin. N. M., & McMillan. S. C., 1995).***

Counseling continues to take place throughout the whole screening process. Nurses should reinforce that a negative screening result means that no evidence of cancer exists, what signs to report for further evaluation and the interval and recommendation for repeat screening ***(Mohan, 2000).***

Nurses have an important responsibility and opportunity to help individuals, groups and communities in cancer prevention activities. If willing to use the knowledge now have about cancer prevention and risk reduction, will be well on the road to the elimination of cancer. The time is right to increase knowledge and skills and to integrate cancer prevention into nursing practice ***(varricchio.C.DSN, 1997).***

Role as educator:

The knowledge about the screening procedure & its importance in reducing the risk of developing the disease by early detection is important. There should be an insight of the problem and the need to take preventive measures. Lack of awareness of the benefits of screening as well as cultural barriers may enhance poor utilization of screening facilities even when they are available ***(Audu et al, 1999).***

On the other hand, knowledge is not enough to bring about healthy behaviors. The woman must be convinced that she

has some control over her life and that healthy life habits including periodic health examinations are a sound investment. She must believe in the efficacy of prevention, early detection and therapy and in her ability to perform self-care practices such as BSE and VSE ***(Cancer Network., 2002).***

Group sessions for women at high risk to correct misconceptions about risks and ways to reduce them as well as practice and training on theses skills have been found successful risks ***(Kelly, 1994).***

The nurse has a critical role to play in breast cancer screening and teaching. When the tumor is detected early while it is still localized, the survival rate approaches 100 %. Most tumors are discovered by the women herself ***(Nemcek,1990).***

The nurse should encourage the woman to verbalize her intention to perform BSE monthly. Return demonstration is essential; this allows for correction where there is error and reinforcement of the woman's confidence in self-care ability for each woman, barriers must be assessed and strategies to overcome them must be individualized. The extra time these efforts take may save a life ***(Duncan. I., 2000).***

The pelvic examination provides a good opportunity for the practitioner to emphasize the need for regular vulvar self-examination and teach this procedure.

A simple diagram of the anatomy of the vulva can be given to the woman with instructions to perform the examination herself that evening to reinforce what she has learned.

There are three major approaches to cancer prevention; education, regulation and host modification. Education is intended to reduce the cancer-causing behaviors of individuals. Educational programs must include messages to avoid risk factors for cancer and improve workplace practices to reduce exposure to carcinogens. Educational programs can be implemented on a one-to-one basis, be targeted to high-risk groups or take the form of mass media campaigns ***(varricchio.C.DSN, 1997).***

Nurses can develop educational packets providing comprehensive information about the disease, screening system, dates and appointments, investigations, medications and others ***(Kottman,1995).***

Roles as researcher:

Nurses can play an integral role in the development and management of screening programs ***(Alan p.,1999).*** There are six principles inherent in the framework for the appropriate initiation of any screening programs;

1. Presence of a significant health problem.
2. Ability to identify the earliest stage of the disease.
3. Existence of effective treatment.
4. Necessity of being safe, simple, cost effective and acceptable.
5. Possibilities for follow up diagnosis and treatment.
6. Detection is reliable and valid.

According to ***(Naidoo J., & Wills J., 1995)*** The responsibilities of the community health nurse in selecting, establishing, implementing and evaluating screening programs may include the following;

- **Assessment:** determining the population at risk based on analysis of sociodemographic characteristics along with the resources available in the community. The diagnosis relevant to the screening need is then decided on.

- **Planning:** establishing program priority objectives and goals meaningful to the community. Key persons

should have a voice in program development and assist in securing needed resources. Appropriate forms for documenting the data must be designed.

- **Implementation:** the actions taken to effect the program. It is helpful to advertise information to the community. Partnership may be formed with volunteers, health care providers, community organizations and other interested persons to assist in program implementation. There also needs to be a mechanism for responsible follow up of any abnormal findings.

- **Evaluation:** conducted to improve service delivery to justify continued program operation and to determine the impact of the program on community health. Outcome evaluations refer to the actual end results of the program. Process evaluation focuses on actual program performance regardless of whether the goals are achieved.

Referral is the process of directing persons to resources to meet needs. Participation in a screening program requires appropriate counseling and referral for follow up of any abnormal test results. Ethical behavior by the community health nurse dictates that follow up counseling and referral must be

essential elements of any screening program ***(Ann J.A., & Walton B.,S., 2005)***.

Health care needs vary with culture, religion, age and personal differences. The changing status and roles of women, socioeconomic status, education and personal circumstances contribute to differences in the health behavior of women. Employment outside the home, physical disability, a change in residence, separation or divorce, single parenthood and widowhood affect women's ability to seek care ***(Denyes M., Orem D., & Beckel G., 2001).***

Health promotion and disease prevention provides the best opportunities for addressing the major health problems of women. Nurses have a vital role to play in these activities, providing hands on care, teaching and counseling or directing and participating in clinical research ***(Mahon. S. M., 2000-oct.).***

مقياس لتقييم اتجاهات السيدات نحو الفحص الذاتي

العناصر	أوافق			غير متأكدة			لا أوافق		
	المقابلة الأولى	المقابلة الثانية	المقابلة الثالثة	المقابلة الأولى	المقابلة الثانية	المقابلة الثالثة	المقابلة الأولى	المقابلة الثانية	المقابلة الثالثة
1 ـ من الصعوبة تعلم الفحص الذاتي.									
2 ـ الفحص الذاتي غير مفيد.									
3 ـ الفحص الذاتي يمكن أن يؤذى أو يؤلم السيدة.									
4 ـ الأمراض لها مضاعفاتها مهما كان الاكتشاف مبكرا.									
5 ـ اكتشاف الأمراض مبكرا يؤثر على الحالة النفسية.									
6- لمس الأعضاء التناسلية حرام.									
7 ـالاكتشاف المبكر لأ يساعد على الشفاء الأسرع.									
8 ـعند اكتشاف أي أعراض غير طبيعيةغير ضرورى اللجوء للكشف الطبي.									
9 – غير ضرورى المواظبة على عمل الفحص الذاتي.									
10 - الفحص الذاتي لأ يساعد على تحقيق العناية الذاتية.									

طلب موافقة

السيدة الأستاذة/ مديرة مدرسة التمريض جامعة عين شمس
تحية طيبة و بعد،

الرجاء من سيادتكم الموافقة على نزولي أقسام الموظفات و ذلك لتجميع البيانات الخاصة برسالة الدكتوراه المقدمة من/ إيمان مصطفى سيد احمد بقسم تمريض الأم و الرضيع، كلية التمريض، جامعة عين شمس.

وهى بعنوان:

أثر الفحص الذاتي للسيدات على التشخيص المبكر لعيوب الجهاز التناسلي.

ويقوم بالأشراف عليها كل من:

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ولسيادتكم جزيل الشكر ووافر الاحترام
مقدمته لسيادتكم
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الـملـخص الـعـربـي

التشـخيص المبكـر ضـرورة لصـحة أفضـل, و مضـاعفات أقـل, و عـلأج مناسـب للأمراض. بالرغم من بساطة و سرعة و عدم تكلفة الفحص الذاتى, الأ أن الكثير من السيدات لأ يمارسهن بطريقة منتظمة. يرجع عدم ممارسة أغلبية السيدات لـه بانتظام الى الجهل باهميته, و فقدان المعلومات الخاصة به بالأضافة الى عدم الثقة فى نتائجه. استهدفت الدراسة الشبه تجريبية الحالية إلى تقييم تـأثير الفحص الذاتى للسيدات على الأكتشاف المبكر لأمراض الجهاز التناسلى0

خطة البحث:

تم أجراء هذا البحث في كلية التمريض و مدرسة التمريض بمستشفى جامعة عين شمس لمدة تسعة أشهر في الفترة من 1 -11 - 2004 حتى 30 - 7 - 2005 .
تضمنت الدراسة كل السيدات اللأتى يعملن في كلية التمريض و مدرسة التمريض بمستشفى جامعة عين شمس ، بلغ عددها 106 سيدة، وو صلت عدد العينة الى 102 حيث فقد 4 حالأت أثناء المتابعة0 و قد روعى فى العينة بالمواصفات التالية: متزوجات بأعمار و مستويات تعليمية و وظيفية مختلفة, لهن أي عدد من مرات الحمل و الولادة0

تم جمع البيانات عن طريق أربع وسائل الأولى استمارة استبيان و مقابلة شخصية لجمع بيانات عن خصائص العينة و لتقييم معلومتهن و ممارستهن للفحص الذاتى ، و ليكرت مطور بواسطة الباحث لتقييم اتجاهات السيدات نحو الفحص الذاتى, والثالثة قائمة ملأحظة لتقييم اداء السيدات للفحص الذاتى, والرابعة كارت متابعة لتدوين ممارسات السيدات و الأعراض المكتشفة و رودود افعالهن تجاه هذه الأعراض0 كما استخدم كتيب مزود بمعلومات خاصة بتعريف و أهمية الفحص الذاتى و صور توضيحية عن التركيب التشريحى للثدى و الأعضاء التناسلية الخارجية, و كيفية اجراء الفحص الذاتى للثدى و الأعضاء التناسلية الخارجية بالأضافة الى الأعراض الغير طبيعية التى يمكن اكتشافها من خلأل الفحص الذاتى0

تم عمل دراسة مصغرة لمدة أسبوعين على (10) موظفات في الفترة من 15- 10 - 2004 حتى 30 - 10 - 2004 0 نتائج هذه الدراسة لم تسفر عن اي تعديلات لأدوات البحث, لذا تم اخذ عينة الدراسة المصغرة ضمن العينة الكلية للبحث0

نتائج البحث:

- أن عمر السيدات في الدراسة يقع بين 20 – 59 سنة، أغلبية السيدات متزوجات ، أنهين تعليمهن الثانوى و الجامعي، و أكثر من نصف العينة بدخل شهرى أكثر من 500 جنية و بعدد أفراد من 2-4 فرد.
- السيدات متعددى الولأدة يبلغن 9و58 %, أكثر من نصفهن يستخدمن وسائل منع الحمل, و اللولب مثل الأستخدام الشائع بينهم.
- أكثر من نصف السيدات سبق لهن الأصابة بامراض الجهاز التناسلى و الأغلبية عولجن منها. حوالى ربع السيدات يعانين من مشاكل حالية خاصة بالجهاز التناسلى.
- أكدث النتائج تحسن معلومات السيدات عن الفحص الذاتى بعد المشورة الذى تم من خلأل الدراسة, الى جانب ارتفاع معدل ممارسة الفحص الذاتى بانتظام بين السيدات0
- أسفرت النتائج عن زيادة لجوء السيدات الى الكشف والمشورة الطبية بعد الدراسة
- أكدث النتائج تحسن اداء السيدات للفحص الذاتى بعد المشورة.
- أغلبية السيدات لديهن اتجاه ايجابى نحو الفحص الذاتى قبل الدراسة0
- هناك علأقة ايجابية بين سن السيدات ومعلومتهن و ممارستهن للفحص الذاتى.
- هناك علأقة ايجابية بين المستوى التعليمى السيدات ومعلومتهن و ممارستهن و اتجاهاتهن نحو الفحص الذاتى.
- هناك علأقة ايجابية بين المتابعة مع وسائل منع الحمل و ممارسة السيدات للفحص الذاتى.
- هناك علأقة ايجابية بين معلومات السيدات و اتجاهاتهن نحو الفحص الذاتى, و ايضا بين اتجاهات السيدات و ممارستهن للفحص الذاتى.
- هناك علأقة ايجابية بين معدل ممارسة السيدات و ادائهن المهارى للفحص الذاتى.

الخلأصة: ثعليم السيدات الفحص الذاتى عن طريق المشورة هام و يساعد على تحسين المعلومات و الأداء واللجوء الى جهة الأختصاص عند أكتشاف اى شيء غير طبيعى.

<u>توصيات البحث:</u>

- على ضوء نتائج البحث نستخلص التوصيات التالية:
  - امداد معلومات عن الفحص الذاتى لها اساس علمى من خلأل وسائل الأعلأم.
  - طبع كتيبات عن الفحص الذاتى و توزيعها على السيدات فى مستشفى النساء.

و نشر الوعى عن كيفية الفحص الذاتى من خلأل وحدات تنظيم الأسرة, الحوامل و بعد الولأدة0

- المزيد من الدراسات البحثية لمعرفة عوائق القيام بالفحص الذاتى بين السيدات وطرق الحد منها وتوصيل المعلومة الخاصة بها.
- يجب على جميع طالبات التمريض استخدام الكتيب المطور الحالى عن الفحص الذاتى لزيادة وعيهن تجاه أهمية الفحص الذاتى.

جامعة عين شمس
كلية التمريض

تعريف الباحث

الأسم: ايمان مصطفى سيد أحمد
أسم الدرجة: دكتوراه فى علوم التمريض
القسم التابع له: تمريض الأم و الرضيع
أسم الكلية: كلية التمريض
الجامعة: جامعة عين شمس
سنة التخرج: مايو 1996
سنة المنح:

جامعة عين شمس
كلية التمريض

رسالة دكتوراه

أسم الطالبة: **ايمان مصطفى سيد أحمد**
عنوان الرسالة: أثر الفحص الذاتى للسيدات على التشخيص المبكر لأمراض الجهاز التناسلى.
أسم الدرجة: دكتوراه فى علوم التمريض

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ثاريخ البحث: / / 2006

الدراسات العليا

ختم الأجازة / / 2006
موافقة مجلس الكلية

أجيزت الرسالة بتاريخ / / 2006
موافقة مجلس الجامعة

جامعة عين شمس
كلية التمريض

شكر

أشكر السادة الأساتذة الذين قاموا بالأشراف و هم:

الأستاذة الدكتورة/ نادية محمد فهمى أستاذ تمريض الأم و الرضيع كلية التمريض/ جامعة عين شمس.

الأستاذة الدكتورة/ صفاء عبد الرؤوف أستاذ مساعد تمريض الأم و الرضيع كلية التمريض/ جامعة عين شمس.

الأستاذة الدكتورة/ أم السعد فاروق أستاذ مساعد تمريض الأم و الرضيع كلية التمريض/ جامعة عين شمس.

PART 2

Table (3) **Sample's knowledge about self-screening before and after counseling**

Knowledge about self-screening	Precounseling		3 month follow up		6 month follow up	
	N=106	%	N=102	%	N=102	%
Know concept of self-screening	65	61.3	100	98	100	98
Know importance of self-screening	65	61.3	100	98	100	98
Know sites of self-screening						
Breast	41	38.7	102	100	102	100
Vulva	7	6.6	102	100	102	100
Know anatomy of						
Breast	0	0	80	78.4	93	91.2
Vulva	0	0	76	74.5	93	91.2

N.B 4 cases dropped through out follow up

Table (3)

Women who had correct concept and know the importance of self-screening represented 61.3 % for both before counseling. Meanwhile the percentage reached to 98 % for both after counseling. Women know sites of self-screening represented 39.6 % before counseling, reached to 100 % after counseling. No one had knowledge about anatomy of breast and vulva before counseling. While after 3 months, women know breast anatomy represented 78.4 %, reached to 91.2 % after 6 month and vulvar anatomy represented 74.5 %, reached to 91.2 %.

Concerning **total score of knowledge**, only 5.7 % of women achieved good total score and 61.3 % achieved fair total score, while 33 % achieved poor total score before counseling, while 98 % achieved good total score after counseling.

Table (4) **Source of information about self-screening before counseling**

Source of information about self-screening	**Precounseling**	
	N=106	%
Source of information		
1. Relatives or friends	6	5.7
2. Doctor or nurse	21	19.8
3. Maternal and child health center	3	2.8
4. Media	15	14.2
5. The work in health institute	32	30.2

The major source of information was the work in health institute that represented 30.2 % followed by Doctor & nurse represented 19.8 % and media represented 14.2 %.

Table (5) **Frequency of self-screening practice by the women before and after counseling**

Practice of self-screening	Precounseling		3 month follow up		6 month follow up	
	N=106	%	N=102	%	N=102	%
self-screening practice by the women						
Regular monthly practicing	7	6.6	39	38.2	79	77.5
Irregular practicing	35	33	63	61.8	23	22.5
Not practiced	64	60.4	0	0	0	0
Sites of self-screening	N*= 42		N*=102		N*=102	
Breast self-examination	35	83.3	26	25.5	9	8.8
Vulvar self-examination	1	2.4	0	0	0	0
Both sites self-screening (Breast + Vulva)	6	14.3	76	74.5	93	91.2

N.B **N*** refer to number of women practicing self-screening

Table (5)

Women practiced self-screening on regular basis represented 6.6 % before counseling, reached to 77.5 % after counseling. Women practicing breast and vulva examination increased from 14.3 % to 91.2 % after 6 month of counseling.

Table (6) **Accuracy of practicing self-screening by the women before and after counseling**

Accuracy of practice	Precounseling		3 month follow up		6 month follow up	
	N=42	%	N=102	%	N=102	%
Breast self-examination performance Incorrect Correct	33 9	78.6 21.4	43 59	42.2 57.8	12 90	11.8 88.2
Mean accuracy score of Breast self-examination	2.84 ± 3.68		8.80 ± **1.46**		9.64 ± **0.98**	
Paired T. test pre & post 6 month **P value**	T = 20.5 P = 0.001					
Vulvar self-examination performance Incorrect Correct	40 2	95.2 4.8	83 19	81.3 18.6	33 69	32.3 67.6
Mean accuracy score of Vulvar self-examination	0.34 ± **1.23**		3.68 ± **2.21**		5.11 ± **1.76**	
Paired T. test pre & post 6 month **P value**	T = 24.3 P = 0.001					

Table (6)

Women practicing breast self-examination completely correct represented 21.4 % before counseling, reached to 88.2 % after 6 month of counseling. Women practicing vulvar self-examination incorrect represented 95.2 % before counseling, decreased to 32.3 % after 6 month of counseling. This represented statistical significance differences between pre and post counseling for breast and vulvar self-examination.

Table (7) **Women reaction to abnormal findings discovered by self-screening before and after counseling.**

Results of self-screening Practice	Precounseling		3 month follow up		6 month follow up	
	N= 42	%	N=102	%	N=102	%
Abnormal findings discovered by self-screening	8	19	20	18.9	16	15.7
Reaction to abnormal findings	N*=8		N*=20		N*=16	
Seeking the medical examination	5	62.5	13	65	16	100
Asking relatives or friends for help	1	12.5	0	0	0	0
No reaction	2	25	7	35	0	0
Results of medical examination	N**=5		N**=13		N**= 16	
Fibroedenoma	3	60	1	7.7	2	12.5
Breast cysts	2	40	0	0	0	0
Polyps under axillia	0	0	1	7.7	0	0
Genital infection	0	0	10	76.9	13	81.3
Vaginal prolapse	0	0	1	7.7	1	7.7

N.B N refers to number of women practicing self-screening.

N* refers to number of women discovered abnormal findings by self-screening**.**

N** refers to number of women seeking the medical examination.

Table (7)

Women discovered abnormal findings by self-screening represented 19 % before counseling, 62.5 % of them were seeking medical examination, while 25 % of them had no reaction. However, after 6 month of counseling women discovered abnormal findings by self-screening represented 15.7 %, all of them were seeking medical examination. Breast fibroedenoma and cysts were the results of medical examination represented 60 % and 40 % respectively before counseling. Genital infection represented 76.9 % and 81.3 % of results after 3 and 6 month of follow up.

Table (8) **Sample attitude toward self-screening before and after counseling**

Sample attitude (Maximum score 20)	**Precounseling**		**3 month follow up**		**6 month follow up**	
	N= 106	**%**	**N=102**	**%**	**N=102**	**%**
Positive attitude	103	97.2	102	100	102	100
Uncertain attitude	3	2.8	0	0	0	0
Negative attitude	0	0	0	0	0	0

Women had positive attitude toward self-screening represented 97.2 % pre-counseling. The rest 2.8 % dropped out in the follow up process.

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PART 3

Table (9) Correlation between women age and their knowledge regarding self-screening before counseling.

Knowledge about self-screening	Age								Correlation P value
	≤ 29yrs		30-39yrs		40-49yrs		≥ 59yrs		
	N=32	%	N=27	%	N=37	%	N=10	%	
Know concept & importance of self-screening	14	43.8	16	59.3	28	75.7	7	70	R = + 0.2 P = 0.01
Didn't know	18	56.2	11	40.7	9	24.3	3	30	
Know sites of self-screening									
Breast	10	31.2	9	33.3	19	51.3	3	30	
Vulva	0	0	0	0	1	2.7	0	0	
Didn't know	22	68.8	18	66.7	17	46	7	70	

N.B the percentage of women had knowledge were the same about concept and importance of self-screening. No one had correct knowledge about anatomy of beast and vulva.

Table (9)

There was positive correlation between women age and their knowledge regarding self-screening (R = + 0.2) as age increases the knowledge increases. There was statistical significance difference between the different age group concerning knowledge about self-screening (P = 0.01). The major percentage 75.7 % had correct knowledge with age group 40 – 49 yrs.

Table (10) Distribution of women age by their practicing to self-screening.

Self-screening practice	Age							
	≤ 29yrs		30-39yrs		40-49yrs		≥ 59yrs	
	N=32	%	N=27	%	N=37	%	N=10	%
Self-screening practice by the women								
Regular monthly practicing	1	3.1	0	0	4	10.8	2	20
Irregular practicing	9	28.1	9	33.3	16	43.2	1	10
Not practicing	22	68.8	18	66.7	17	45.9	7	70
	N* =10		N* = 9		N* =20		N* = 3	
Sites of self-screening								
Breast self-examination	8	80	9	100	14	70	3	100
Vulvar self-examination	0	0	0	0	1	5	0	0
Both sites self-screening (Breast + Vulva)	2	20	0	0	5	25	0	0

N.B N* refer to number of women practicing self-screening

Table (10)

There was relation between women age and their practicing to self-screening, as age increases the practice increases. Regular practicing represented 20 % with age group ≥ 59yrs followed by 10.8 % with age group 40 – 49 yrs and 3.1 % with age ≤ 29yrs. While no one with age 30 – 39 yrs.

Table (11) Correlation between women age and their attitude toward self-screening before counseling.

Women's attitude toward self-screening	Age								Correlation P value
	≤ 29yrs		30-39yrs		40-49yrs		≥ 59yrs		
	N=32	%	N=27	%	N=37	%	N=10	%	
Positive attitude	32	100	27	100	35	94.6	9	90	R = 0.0
Uncertain attitude	0	0	0	0	2	5.4	1	10	P = 0.85
Negative attitude	0	0	0	0	0	0	0	0	

N.B no one had negative attitude

There was no correlation between women age and their attitude and non-statistical significance difference between women age and their attitude toward self-screening.

Table (12) Distribution of women education by their knowledge regarding self-screening.

Knowledge about self-screening	Education					
	Basic		Secondary		University	
	N=17	%	N=42	%	N=47	%
Know concept and importance of self-screening	6	35.3	25	59.5	34	72.3
Didn't know	11	64.7	17	40.5	13	27.7
Know sites of self-screening						
Breast	1	5.9	17	40.5	23	49
Vulva	1	5.9	0	0	0	0
Didn't know	15	88.2	25	59.5	24	51

N.B the percentage of women had knowledge were the same about concept and importance of self-screening. No one had correct knowledge about anatomy of beast and vulva.

Table (12)

There was relation between women education and their knowledge regarding self-screening, as the education increases the knowledge increases. Women had correct concept and know the importance of self-screening were more among university education 72.3 % followed by secondary education 59.5 % and basic education 35.3 %.

Table (13) Distribution of women education by their practicing of self-screening before counseling.

Self-screening practice	Education					
	Basic		Secondary		University	
	N=17	%	N=42	%	N=47	%
Self-screening practice by the women						
Regular monthly practicing	0	0	4	9.5	3	6.4
Irregular practicing	2	11.8	13	31	20	42.6
Not practicing	15	88.2	25	59.5	24	51.1
	N* = 2		N* = 17		N* =23	
Sites of self-screening						
Breast self- examination	1	50	15	88.2	18	78.3
Vulvar self-examination	1	50	0	0	0	0
Both sites self-screening (Breast + Vulva)	0	0	2	11.8	5	21.7

N.B N* refer to number of women practicing self-screening

Table (13)

There was relation between women education and their practicing of self-screening, as the education decreases the practice decreases. Not practicing were more among basic education 88.2 % followed by secondary education 59.5 % and university education 51.1 %.

<u>Table (14)</u> Distribution of women education by their attitude toward self-screening.

Attitude toward self-screening	Education					
	Basic		Secondary		University	
	N=17	%	N=42	%	N=47	%
Positive attitude	16	94.1	41	97.6	46	97.9
Uncertain attitude	1	5.9	1	2.4	1	2.1
Negative attitude	0	0	0	0	0	0

There was relation between women education and their attitude toward self-screening, as educational level increases as the percentage of positive attitude increases.

Table (15) Distribution of women contraceptive methods follow up by their practicing to self-screening.

Self-screening practice	Contraceptive follow up					
	Always		Sometimes		No	
	N=4	%	N=24	%	N=31	%
Self-screening practice by the women						
Regular monthly practicing	0	0	4	16.7	0	0
Irregular practicing	4	100	9	37.5	9	29
Not practicing	0	0	11	45.8	22	71
	N* = 4		N* = 13		N* = 9	
Sites of self-screening						
Breast self-examination	3	75	12	92.3	7	77.8
Both sites self-screening (Breast + Vulva)	1	25	1	7.7	2	22.2

N.B N* refer to number of women practicing self-screening
No one practicing vulvar self-examination

Table (15)

There was relation between women contraceptive methods follow up and their practicing of self-screening. Women not practicing self-screening were more among women not seeking contraceptive methods follow up 71 %.

Table (16) Distribution of women practicing of self-screening by their previous reproductive system problems.

Self-screening practice	Previous reproductive problems			
	Present		Absent	
	N=49	%	N=57	%
Self-screening practice by the women				
Regular monthly practicing	3	6.1	4	7
Irregular practicing	13	26.5	22	38.6
Not practicing	33	67.3	31	54.4
	N* = 16		N* = 26	
Sites of self-screening				
Breast self-examination	13	81.3	22	84.6
Vulvar self-examination	1	6.2	0	0
Both sites self-screening (Breast + Vulva)	2	12.5	4	15.4

N.B N* refer to number of women practicing self-screening

Table (16)

There was relation between women practicing of self-screening and their previous reproductive problems. Women not practicing self-screening were more among women had previous reproductive system problems 67.3 %. Women practicing breast and vulvar examination were more among women had not previous reproductive problems.

Table (17) Distribution of women practicing of self-screening by their present reproductive system problems.

Self-screening practice	Present reproductive problems			
	Present		Absent	
	N=26	%	N=80	%
Self-screening practice by the women				
Regular monthly practicing	3	11.5	4	5
Irregular practicing	7	26.9	28	35
Not practicing	16	61.5	48	60
	N* = 10		N* = 32	
Sites of self-screening				
Breast self-examination	9	26.0	25	78.1
Vulvar self-examination	0	3.8	1	3.1
Both sites self-screening (Breast + Vulva)	1	14.3	6	18.8

N.B N* refer to number of women practicing self-screening

Table (17)

There was relation between women practicing of self-screening and their present reproductive problems. Not practicing were more among women had present reproductive problems 61.5 % and women practicing breast and vulvar examination were more among women had not reproductive problems 18.8 %.

Table (18) Correlation between women knowledge and their attitude toward self-screening before counseling.

Knowledge about self-screening	Attitude toward self-screening (Maximum score 20)				Correlation P value
	Positive attitude		Uncertain attitude		
	N=103	%	N=3	%	
Know concept & importance of self-screening	64	62.1	1	33.3	R = + 0.2 P = 0.006
Didn't know	39	37.9	2	66.7	
Know sites of self-screening					
Breast	41	39.8	0	0	
Vulva	1	1	0	0	
Didn't know	61	59.2	0	0	

N.B no one had negative attitude

The percentage of women had knowledge were the same about concept and importance of self-screening.

No one had correct knowledge about anatomy of beast and vulva.

Table (18)

There was significant positive correlation between women knowledge and their attitude toward self-screening (R = + 0.2 and P = 0.006). Correct knowledge was more among women had positive attitude.

<u>Table (19)</u> Distribution of women practicing of self-screening by their attitude toward self-screening.

Practice of self-screening	Attitude toward self-screening (Maximum score 20)			
	Positive attitude		Uncertain attitude	
	N=103	%	N=3	%
Self-screening practice by the women				
Regular monthly practicing	7	6.8	0	0
Irregular practicing	35	34	0	0
Not practicing	61	59.2	3	100

<u>N.B</u> no one had negative attitude

Table (19)

There was relation between women attitude toward self-screening and their practicing of self-screening, the frequency of practicing increases with positive attitude. Women who had uncertain attitude not practicing self-screening.

Table (20) Correlation between women practicing self-screening and their performance regarding self-screening.

Self-screening performance	Practice of self-screening				Correlation P value
	Regular		Irregular		
	N = 7	%	N = 34	%	
Breast self-examination					R = + 0.8 P = 0.000
Incorrect	4	57.1	28	82.4	
Correct	3	42.9	6	17.6	
Vulvar self-examination	N=0		N=1		R = + 0.2 P = 0.01
Incorrect	0	0	1	100	
Correct	0	0	0	0	

Table (20)

There was positive correlation between frequency of women self-screening practice and their performance of breast self-examination and vulvar self-examination, in a term of as the frequency increases as the performance improved. There was statistical significance differences between frequency of practice and their performance of breast self-examination and vulvar self-examination (P= 0.000), complete correct performance was more among regular practicing.

Summary

Early detection is essential to obtain better health status, less complication and proper treatment for diseases. Despite the simple, quick and cost free self-examination procedures, it appears that many women do not practice this behavior with any regularity. The lack of regular practice by the majority of women appeared to result from ignorance of the importance of self-examination and lack of knowledge about or confidence in how to do it ***(Egbert, & Parrot, 2001)***.

A prospective quasi- experimental study was done, it was aiming at evaluating the effect of self-screening practices on early detection of reproductive system abnormalities. The study conducted at Faculty of Nursing and Nursing school in Ain Shams University Hospital (employee departments) for 9 months in the period from 1-11-2004 to 31-7-2005.

All the employed women in the Faculty of Nursing and Nursing School were included in the study. The sample size were **(106)** women. The total sample reached only **(102)** as four were dropped out in the follow up process.

Four tools were used for data collection; Structured-interviewing questionnaire sheet, it contains items identifying sample characteristics and questions to assess women's knowledge and practice for self-screening. The likert attitude

scale developed by researcher., is used to assess the women's attitude regarding self-screening. Checklists are used to assess women practices of self-screening. Follow up card is used also to assess Frequency and site of self-screening, and reaction to abnormal findings. Also was a booklet was distributed after counseling.

Pilot study was conducted for 2 weeks in the period between 15-10-2004 & 30-10-2004, sample size reached (10) employees. Women included in the pilot study were not excluded from the sample, as no modification was needed in the tools.

The results of the present study illustrated that:

- The women mean age of 37 ± 9.7 yr ranged between 20 – 59 yr. all almost women were married and majority of them completed their university and secondary education. More than half of them with family income > 500 LE and with 2 – 4 family members.
- Multipara women represented 85.9 %. More than half of them used contraceptives methods, intrauterine devices the most common method among them. About half of women had previous reproductive system problems and about one quarter suffer from present problems.
- The results showed improvement of women self-screening knowledge after counseling**.**
- The percentage of women practiced self-screening on regular basis Increased after counseling.

- Highly significance improvement was observed post counseling in women self-screening technique.
- Women seeking the medical advice and examination increased after counseling.
- All almost women had positive attitude toward self-screening pre-counseling.
- There was positive correlation between women age and their knowledge and practices regarding self-screening.
- There was positive correlation between women education and their knowledge, practices and attitude regarding self-screening.
- There was significant positive correlation between women contraceptive methods follow up and their practicing of self-screening.
- There was significant positive correlation between women knowledge and their attitude toward self-screening.
- There was significant positive correlation between women attitude and their practicing of self-screening.
- There was significant positive correlation between frequency of women self-screening practice and their practicing technique.

The results have indicated a need to suggest the following recommendation;

- Educational programs and the mass media should provide more information based on scientific knowledge about self-screening.

- Pamphlets and brochures about self-screening must be prepared and distributed to women in different maternity hospitals, e.g. antenatal, postnatal and family planning unites.
- Further studies still needed to identify barriers of practicing self-screening as well as to suggest strategies to sustain practices overtime.
- All nursing students should use the currently developed educational booklet about self-screening.

Standard performance list for VSE according to *Olds et al. (1996)*

Items to be evaluated	score	1st visit	2nd visit	3rd visit
• Choose a comfortable position.	1			
• Observe the entire vulva for similarity.	1			
• Push back the hood of clitoris to inspect the area.	1			
• Separate the labia & examine the inner parts for any visible abnormalities such as lumps, dimpling, edema or discharge.	1			
• Press all vulvar areas with flat part of fingers.	1			
• Use the thumb & index finger inside the labia to palpate the area.	1			
• Encircle the vaginal opening with index & middle fingers & compress the tissue.	1			
• Perform VSE at the same time each month.	1			
Total	8			

0 < 6 Incorrect

6 – 8 Correct

Standard performance list for BSE according to Fuller. J & Schaller. J (2000)

Items to be evaluated	score	1st visit	2nd visit	3rd visit
• Observe your breasts in front of a mirror & in good lightening.	1			
• Observe your breasts in 4 positions: With your arms relaxed & at her sides. With your arms lifted over your head With your hands pressed against your rips. With your hands pressed together at your waist, look at catch breast individually & then to compare them.	1			
• Observe for any visible abnormalities such as lumps, dimpling, deviation, recent nipple retraction, irregular shape, edema or discharge.	1			
• Palpate both breasts while standing or sitting with one hand behind your head.	1			
• Palpate both breasts during shower because water & soap make the skin slippery & easier to palpate.	1			
• Use the pads of your fingers to palpate all areas of breast, using different technique.	1			
• Press the breast tissue gently against the chest wall & to be sure to palpate the axially tail.	1			
• Palpate both breasts again while lying down.	1			
• Place a folded towel under the shoulder & back on the side to be palpated.	1			
• Palpate the areola & nipples next.	1			
• Compress the nipple to check for discharge.	1			
• Perform BSE at the same time each month.	1			
Total	12			

0 < 9 Incorrect

9 – 12 Correct

استمارة استبيان

عن تأثير الفحص الذاتي للسيدات للاكتشاف المبكر لأمراض الجهاز التناسلي

الرقم المسلسل للاستمارة: ( )

بيانات شخصية : -

1 – الاسم:

2 – رقم التليفون:

3- الســـــــن:

4- الحالة الاجتماعية:

(1) متزوجة (2) أرملة

(3) مطلقة

5-المستوى التعليمي:

(1) تعليم تمهيدي (2) تعليم متوسط

(3) تعليم عالي

6 - دخل الأسرة:

(1) أقل من 250 جنيه (2) من 250 – 500 جنيه

(3) أكثر من 500 جنيه

7 – عدد أفراد الأسرة:

تاريخ النساء والولادة : -

8– عدد مرات الحمل:

9- عدد مرات الولادة :

10 -هل تستخدمي وسيلة من وسائل منع الحمل ؟

(1) نعم (2) لا

11-إذا كانت الإجابة بنعم ما هي ؟

(1) حبوب (2) لولب

(3) وسائل أخرى

12 – هل تقومين بالمتابعة الطبية للاطمئنان على الوسيلة ؟

(1) دائما (2) أحيانا

(3) لا

13 – هل تعرضت لمشاكل خاصة بالجهاز التناسلي سابقا؟

(1) نعم (2) لا

14 - إذا كانت الإجابة بنعم هل عولجت منها؟

(1) نعم (2) لا

15 ـ هل تعانين حاليا من أي أعراض غير طبيعية؟

(1) نعم (2) لا

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

16- إذا كانت الإجابة بنعم ما هي؟

(1) تورم (2) حكة

(3) إفرازات (كثيرة- لها رائحة – صفراء أو خضراء)

(4) ألأم مع الجماع (5) نزيف مع الجماع

(6) ألأم اسفل البطن (في غير أوقات الدورة)

(7) أخرى تذكر

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

<u>بيانات عن الفحص الذاتى:</u>

17 ـ هل لديك معرفة بالفحص الذاتي؟

(1) نعم (2) لا

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

18 ـ هل تعلمين أهمية الفحص الذاتي؟

(1) نعم (2) لا

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

19 ـ ما هى الأماكن الثى يمكن فحصها ذاتيا؟

(1) الثدي (2) الأعضاء التناسلية الخارجية

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

20 ـ هل تعلمين الثركيب الثشريحى لكلأ من

(1) الثدي (2) الأعضاء التناسلية الخارجية

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

21ما مصدر معلوماتك ؟

(1) الأقارب أو الأصدقاء

(2) الطبيب أو الممرضة (3) مراكز صحة المرأة

(4) وسائل الأعلام (5) أخرى تذكر

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

22 ـ هل تقومين بالفحص الذاتي ؟

(1) دائما (اذهبي إلى السؤال رقم23) (2) أحيانا(اذهبي إلى السؤال رقم 23)

(3) لا (اذهبي إلى السؤال رقم 27)

- المقابلة الأولى:

23- إذا كانت الإجابة بنعم ما هي الأماكن التي تفحصيها؟

(1) الثدي (2) الأعضاء التناسلية الخارجية

- المقابلة الأولى:

24 ـهل اكتشفت أي علامات غير طبيعية عند الفحص ؟

(1) نعم (2) لا

- المقابلة الأولى:

25- إذا كانت الإجابة بنعم ماذا فعلتي ؟

(1) ذهبت للفحص الطبي (2) استشرت الأقارب أو الأصدقاء

(3) لم أفعل شيئا (4) أخرى تذكر

- المقابلة الأولى:

26- إذا كنتى ذهبت للفحص الطبي ما النتيجة؟

- المقابلة الأولى:

27 - إذا كنتى لا تقومين بالفحص الذاتي لماذا؟

(1) لا أعرف (2) كثرة الأعباء

(3) كسل (4) خوف

(5) أخرى تذكر

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

28 - هل تقومين بفحص دوري كامل كل عام ؟

(1) نعم (2) لا

- المقابلة الأولى:
- المقابلة الثانية:
- المقابلة الثالثة:

كارت متابعة

هل تقومين بالفحص الذاتي ؟

(1) دائما (2) أحيانا

بعد 3 شهور:

بعد 6 شهور:

ما هي الأماكن التي تفحصيها؟

(1) الثدي (2) الأعضاء التناسلية الخارجية

- بعد 3 شهور:
- بعد 6 شهور:

الأعراض الغير طبيعية المكتشفة من قبل السيدة:

- بعد 3 شهور:
- بعد 6 شهور:

ماذا فعلتي ؟

(1) ذهبت للفحص الطبي (2) استشرت الأقارب أو الأصدقاء

(3) لم أفعل شيئا (4) أخرى تذكر

- بعد 3 شهور:
- بعد 6 شهور:

إذا كنتى ذهبت للفحص الطبي ما النتيجة؟

- بعد 3 شهور:
- بعد 6 شهور:

ما العلاج؟

- بعد 3 شهور:
- بعد 6 شهور:

Review Outline

Chapter 1 "Screening"

1. Introduction about health promotion & self-care.
2. Definition of screening.
3. Factors affect decision to screen.
4. Aim of screening.
5. Barriers to screening.
6. Self-screening.

a) Introduction about self-screening.
b) Vulvar screening (Definition – Time – Importance – Technique – Abnormalities).
c) Breast screening (Definition – Time – Importance – Technique – Abnormalities).

Chapter 2 "Reproductive disorders could be discovered by self-screening"

1. Introduction about reproductive disorders.
2. Vulva
   a) Introduction.
   b) Anatomy of the vulva.
   c) Vulvar disorders (Vulvitis – Bartholin cysts – STDs…..)
3. Breast
   a) Introduction.
   b) Anatomy of the Breast.

c) Breast disorders (Breast pain – Fibroadenomas-Nipple discharge - Acyst – Abreast abscess....)

Chapter 3 "Nursing role regarding self-screening"

1. Roles as direct care provider.
2. Role as counselor.
3. Role as educator.
4. Role as researcher.

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Effect of Women self-screening on early detection of reproductive abnormalities

Protocol

Submitted for partial fulfillment of the requirement of Doctorate Degree in Maternity & Neonatal Nursing

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Introduction:

Reproductive morbidity refers to conditions of ill health unrelated to a pregnancy episode, such as reproductive tract infection, cervical cell changes, breast disorders and genital prolapse ***(Thorsons, 2000).***

Internal genital tract disorders can affect the uterus, fallopian tubes, ovaries, and internal lining of the pelvis (peritoneum). Women with these disorders may have a variety of symptoms including pelvic pain, infertility, abnormal bleeding, or no symptoms at all. These problems may include the following: Ovarian cysts, Endometriosis, Uterine fibroids, Pelvic inflammatory disease (PID) ***(Delahunt, 2002).***

While external genital tract disorders are pruritus vulva, vaginal disorders, neoplasia as carcinoma, lymphoma and vulval inter epithelial neoplasia. In addition to varicose vulva, vulval edema, vulval swelling (due to infected Bartholin gland), vulval sore or herpes genitalia and vulval hematoma which arises shortly after complication of labor. Usually women present to their doctors with vulval symptoms of pruritus, pain, burning, superficial dyspareunia, discharge or a perceived abnormality e.g. a white or red lesion. However some vulval disorders are asymptomatic ***(Aydemir, 2003).***

Breast disorders may be non-cancerous (benign) or cancerous (malignant). Most are non-cancerous and not life threatening. Often, they do not require treatment. In contrast, breast cancer can mean loss of a breast or of life. Thus, for many women, breast cancer is their worst fear. However, potential problems can be detected early when women regularly examine

their breasts themselves and have mammograms. Common symptoms include breast pain, lumps, and a discharge from the nipple ***(Abercrombie, 2001).***

Preventive interventions may be broken down into four categories; screening tests, counseling interventions, immunizations & chemoprophylactic regimens. Screening has been defined as the identification among apparently health individuals of those who are sufficiently at risk of a specific disorder to justify a subsequent diagnostic test or procedure. Screening is aimed at the earlier detection of life threatening disease in asymptomatic patients ***(Decherney, 2002)*.**

Ideally, reproductive health services should include: Birth Control, Pregnancy testing and options counseling, Emergency Contraception, Annual gynecological exams, Medical abortion through seven weeks), Surgical abortion through 12 weeks, STD testing and treatment, Cancer screenings (pap tests and breast exams), Level II breast services, Confidential HIV testing and counseling, Urinary tract infection diagnosis and treatment, Colposcopy, Limited family practice (Such as; physical exams, well-child care exams, upper respiratory illness, minor skin disorders, allergic illness, minor gastrointestinal disorders and depression management) and Menopausal services ***(Bobak,1995).***

The new approach of women health care today is directed toward health promotion, which is defined as activities that maintain or enhance on individual's wellbeing and moving toward optimal health. The major objective for women's health is to empower each woman to have control over her body & values the women's participation through self-care ***(Akinremi, 2004).***

Self examination is one of the self care activities for health promotion which increase the woman's awareness about the importance of screening procedures and the benefits of early detection of diseases for proper treatment, less complication and better health status ***(Abercrombie, 2001).***

Moreover, vulval self examination (VSE) and breast self examination (BSE) are simple procedures that any women can perform monthly as it has the value of a screening procedure. BSE and VSE, a cost-free health practice under women's control that needs no special experience & dose not entail any expected harm or danger to the woman. The nurse is the core of health education, she must teach and counsel all women at the reproductive age as well as menopausal age BSE and VSE. The periodic self-examination will enhance the understanding of the woman to herself and her own body and adds the active self-care ***(Bobak, 1995).***

Justification of the problem:

Forty seven percent of women silently endure genital tract infection without complaining in Egyptian community. In addition, 35.8 % of women were unaware that they had genital prolapse. The Ain Shams Maternity University Hospital Annual Statistical Report (2000) recorded that 2.31 % of females had vulval malignancy out of 173 women admitted for genital tract malignancies, in addition to 5.56 % for pre- malignant lesions did not take the advantage of recommended health. Breast cancer is the second leading cause of cancer deaths in women today (after lung cancer) and is the most common cancer among women. According to the World Health Organization, more than 1.2 million people will be diagnosed with breast cancer this year worldwide.

Many women did not seek care only when they have a disabling problem, they were unaware about symptoms of breast or genital disorders & its consequences. Early detection is the key in reducing mortality resulting from reproductive morbidity. Women who are health conscious are more likely to have used screening services.

So this study will be conducted to investigate whether BSE & VSE enhance women information & practices as well as increase their awareness about self-screening for early detection of reproductive disorders.

Aim of the study:

- Evaluate effect of self-screening on early detection of reproductive abnormalities. This objective will be attained through;

✓ Assessing women knowledge, practices and attitude regarding self-screening for reproductive abnormalities.

✓ Implementing counseling about self-screening technique.

✓ Evaluating the effect of counseling on women self-screening & their utilization of health services.

Research hypothesis:

Women self-screening of reproductive disorders will increase women utilization of health services for early detection of reproductive abnormalities.

Subject & methods:

Design: A quasi-experimental study.
Setting: the study will be conducted in Faculty of Nursing at Ain Shams University & Nursing school in Ain Shams Maternity University Hospital.
Sample: a convenient sample of women employed in Faculty of Nursing & women employed in Nursing school at Ain Shams Maternity University Hospital.

Criteria: this study will be chosen according to the following sample criteria;

1. All age group.
2. Has different level of education, occupation.
3. Married women (included widow & divorced).
4. Has different parity.

Tools of the study:

1. *Structured interviewing questionnaire* will be designed by researcher to collect the following:

1st part: Items to assess women's personal data.
2nd part: Items to assess women's obstetrical & gynecological history.
3rd part: Items to assess women knowledge about concept of self-screening, importance, sites of self-screening, anatomy of breast and vulva and practices of self-screening .

2. *Standard performance lists* to assess the women's practice to BSE, VSE.

3. *Likert's attitude scale* to assess the women's attitude regarding self-screening procedures and changes guided by designed booklet.

4. *Follow up card* to assess

a) Women self-report of abnormal findings 6 months post-intervention.

b) Referral, medical diagnosis & prescribed treatment.

Technical design:

- The study group will be chose at first.
- Approval of the women will be obtained orally before history taking & after explaining the purpose of the study.
- Daily visits will be done to interview each employee to collect data until the sample reached predetermined size.
- Assessment sheet will be used to assess women knowledge & attitude regarding self-screening procedures (pretest).
- Application of counseling will be conducted individually.
- *A designed booklet* with illustrative figures for reproductive biology, VSE, BSE, in addition to knowledge about warning symptoms to be reported & importance of periodic check up will be given to the groups.
- Evaluation tool to assess women practices for BSE & VSE.
- Follow up sheet to evaluate women self-report of abnormal findings 6 months post-intervention and referral.
- Post test using the same pre counseling assessment sheet after 6 months to evaluate change in knowledge attitude & practice toward self-screening.

Pilot study:

The pilot study will be conducted on 10 employees to evaluate the validity content & reliability of data collection tools, which will be used in this study.

Administrative design:

An official approval to conduct this study will be obtained from the Director of Faculty of Nursing at Ain Shams University & the Director of Nursing School at Ain Shams Maternity University Hospital.

Analysis of the results:

The appropriate statistical methods & tests will be used for coding & analyzing of the results.

Discussion of the results:

Discussion of the obtained findings will be done using local & international related literatures to the study.

Conclusion & recommendation:

Will be made based on the finding of the study.

Summary:

Will present in brief various aspects of the study.

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أثر الفحص الذاتي للسيدات على التشخيص المبكر لأمراض الجهاز التناسلي

رسالة مقدمة توطئة للحصول على درجة الدكتوراه

في تمريض الأم والرضيع

من/إيمان مصطفى سيد احمد

مدرس مساعد بقسم تمريض الأم والرضيع

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(2004)

المقدمة:

تشير أمراض الجهاز التناسلي للأنثى إلى الأمراض الغير مرتبطة بفترة الحمل؛ مثل عدوى الجهاز التناسلي، إصابة خلايا عنق الرحم، مشاكل الثدي، سقوط الأعضاء التناسلية،...

من إمراض الأعضاء التناسلية الداخلية؛ إمراض الرحم، قنوات فالوب، المبايض، الحوض،...مثل حويصلات المبايض، وجود أجزاء من الغشاء المبطن للرحم خارج الرحم، ورم الرحم الليفي، التهاب الحوض،...تعانى السيدات من هذه الأمراض بمجموعة من الأعراض منها ألم الحوض، العقم، النزيف أو لا تعانى من آي أعراض على الإطلاق.

بينما إمراض الأعضاء التناسلية الخارجية؛ هرش الفرج، الورم السرطاني للمهبل،الورم الليمفاوي،الورم السرطاني للفرج، بالإضافة إلى دوالي الفرج، تورم الفرج، تقرح الفرج، الهر بس و كدمات الفرج الناتجة عن مضاعفات الولادة. تعانى السيدات من أعراض مثل الهرش، الألم، الحرقان، ألم الجماع و الإفرازات أو لا تعانى من آي أعراض.

مشاكل الثدي قد تكون حميدة أو سرطانية. معظم هذه المشاكل حميدة و لا تهدد الحياة و لا تحتاج إلى آي علاج. على العكس سرطان الثدي يمكن أن يؤدى إلى فقد الثدي أو الحياة. و مع ذلك هناك مشاكل يمكن أن تحدد مبكرا خلال الفحص الذاتي الشهري للثدي و أشعة الثدي. من الأعراض الشائعة لمشاكل الثدي؛ ألم الثدي، تورم الثدي، إفرازات الحلمة.

يمكن أن تنقسم الإجراءات الوقائية إلى الكشف المسحى، النصح الإرشادي، التطعيميات و الوقاية باستخدام المركبات الكيماوية. يساعد الكشف المسحى على معرفة الأفراد الذين لا يعانون من آي أعراض المعرضين لخطر مرض ما و يهدف إلى الاكتشاف المبكر للأمراض المهددة للحياة بين الأفراد الذين لا يعانون من آي أعراض.

تتضمن الخدمات الصحية الخاصة بالجهاز التناسلي؛ تنظيم النسل، تحاليل الحمل، وسائل الطوارىء لمنع الحمل، الفحوصات السنوية لأمراض النساء، الأجهاد الطبي و الجراحي، تحاليل الأمراض المنقولة عن طريق الجنس و علاجها، الكشف المسحى للسرطان، تشخيص و علاج عدوى الجهاز البولي، منظار فحص المهبل، خدمات الأسرة (الفحوصات الطبية، رعاية الطفل،...) و خدمات سن اليأس.

يوجه الاتجاه الحديث لصحة المرأة ناحية النهوض بالصحة التي تعرف بمجموعة من الأنشطة التي تحافظ أو تساعد على صحة الفرد و تجعله في أحسن حال. الهدف الأساسي لصحة المرأة هو حث كل سيدة على التحكم في جسدها و مشاركتها من خلال العناية الذاتية.

يعتبر الفحص الذاتي من ضمن أنشطة العناية الذاتية للنهوض بالصحة، الذي بدوره يرفع من وعى السيدة عن أهمية الكشف المسحى و فوائد الاكتشاف المبكر للأمراض للحصول على العلاج المناسب، المضاعفات الأقل و حالة صحية أفضل.

الفحص الذاتي للفرج و الثدي من الفحوصات البسيطة التي تجريها السيدة شهريا. تعتبر هذه الفحوصات من الممارسات الصحية التي لا تحتاج إلى آي تكلفة مادية و لا آي مهارة خاصة تحت سيطرة السيدة و لا تسبب آي ضرر أو خطر على صحة السيدة.

تعتبر الممرضة لب الإرشاد الصحي، التي يجب أن تعلم و تنصح كل السيدات في سن الإنجاب و سن اليأس الفحص الذاتي للفرج و الثدي. تساعد الفحوصات الذاتية الدورية على فهم السيدة لنفسها و جسدها و تساعد على تحقيق العناية الذاتية.

أهمية الدراسة:

حوالي 47 % من سيدات المجتمع المصري مصاب بعدوى الجهاز التناسلي دون معاناة صريحة. بالإضافة إلى 35,8 % من السيدات لا يدركون إصابتهم بسقوط الأعضاء التناسلية. رصد التقرير الإحصائي السنوي (2000) لمستشفى عين شمس الجامعي للنساء و التوليد 2,31 % من السيدات بورم سرطاني بالفرج من ضمن 173 حالة دخول بعدوى الجهاز التناسلي. يعتبر سرطان الثدي في المرتبة الثانية لأسباب وفيات السرطان بين السيدات اليوم و من الأمراض السرطانية الشائعة بين السيدات. رصدت منظمة الصحة العالمية في السنة الحالية 1,2 مليون حالة بسرطان الثدي على مستوى العالم.لا يلجأ الكثير من السيدات للرعاية الطبية آلا عندما يصابون بمشكلة صحية و لا يدركون أعراض مشاكل الثدي و الجهاز التناسلي و مضاعفاتها. الاكتشاف المبكر المفتاح للإقلال من الوفيات الناتجة عن أمراض الجهاز التناسلي. تعتبر السيدة الأكثر وعيا من الناحية الصحية أكثر استخداما لخدمات الكشف المسحى أو الفحص الجماعي.

هدف البحث:

لتقويم أثر الفحص الذاتي للسيدات على التشخيص المبكر لأمراض الجهاز التناسلي، هذا الهدف سوف يحقق من خلال:

1. تقييم الشائعات، المعلومات، الممارسات، سلوك السيدات الخاصة بالفحص الذاتي.
2. إعداد برنامج عن كيفية الفحص الذاتي.
3. تقويم أثر البرنامج على الفحص الذاتي للسيدات و استخدامهم للخدمات الصحية.

فرض البحث:

الفحص الذاتي للسيدات سوف يزيد من استخدام السيدات للخدمات الصحية للاكتشاف المبكر لأمراض الجهاز التناسلي.

طريقة البحث:

نوع البحث: دراسة إجرائية شبه تجريبية.

مكان البحث: سوف تجرى الدراسة في كلية التمريض جامعة عين شمس و مدرسة التمريض التابعة لمستشفى عين شمس الجامعي.

عينة البحث: تتكون العينة من كل الموظفات المتواجدات في كلية التمريض جامعة عين شمس و مدرسة التمريض التابعة لمستشفى عين شمس الجامعي. بالمواصفات الآتية:

1. بمختلف الأعمار.
2. بمختلف الوظائف و المستوى التعليمي.
3. بمختلف عدد الولادات.
4. السيدات المتزوجات.

أدوات البحث:

1. استمارة استبيان بالمقابلة سوف تصمم بهدف التزويد بمعلومات تشمل أسئلة عن:
   - البيانات الشخصية.

- تاريخ أمراض النساء و الولادة.
- معلومات السيدات عن مفهوم الفحص الذاتي، أهميته، الفحص الذاتي للثدي والفحص الذاتي للأعضاء التناسلية الخارجية.

2. قائمة لتقييم أداء السيدات للفحص الذاتي للثدي وللأعضاء التناسلية الخارجية .
3. مقياس لتقييم اتجاهات السيدات نحو الفحص الذاتي.
4. كارت متابعة للسيدات لتقييم

- التقرير الذاتي للسيدات عن النتائج الغير طبيعية بعد 6 شهور.
- التحويل الطبي، التشخيص، العلاج المقرر.

خطة البحث:

- سيتم اختيار العينة وأخذ الموافقة شفهية من السيدات بعد شرح هدف البحث لهن.
- سيتم إجراء المقابلة يوميا بكل موظفة لجمع البيانات حتى تصل العينة للعدد المحدد سابقا.
- سيستخدم استمارة لتقييم معلومات وأداء و اتجاهات السيدات نحو الفحص الذاتي.
- سوف يتم تطبيق المشورة مع كل فرد على حدي بواسطة الباحثة و إعطاء كتيب مكون من إرشادات عن مفهوم الفحص الذاتي و أهميته، صور عن تشريح الثدي و الفرج ، كيفية الفحص الذاتي للثدي و الفرج، و الأعراض الغير طبيعية التي يمكن أن تكتشف من خلال الفحص الذاتي.
- سوف يتم تقييم ممارسة السيدة للفحص الذاتي للثدي و الفرج باستخدام قائمة.
- سيتم تقييم التقرير الذاتي للسيدات عن النتائج بعد 6 شهور، التحويل الطبي، التشخيص، العلاج المقرر باستخدام كارت متابعة.
- سيتم تقييم المشورة من خلال نمط معين يستخدم قبل و بعد المشورة عن التغير الوارد في معلومات و أداء و سلوك السيدات نحو الفحص الذاتي.

دراسة مصغرة:

سوف يتم عمل دراسة مصغرة على 10 موظفات لتقييم ثبات و صدق أدوات جمع البيانات في الدراسة. نتائج هذه الدراسة سوف تساعد في عمل التعديلات اللازمة لأدوات البحث حتى تكون ملائمة للدراسة.

التصميم الإداري:

سوف يتم الحصول على الموافقات الإدارية الرسمية للقيام بهذه الدراسة من مدير كلية التمريض جامعة عين شمس و مدير مدرسة التمريض التابعة لمستشفى عين شمس الجامعي.

نتائج البحث:

سوف تستخدم طرق إحصائية مناسبة لتحليل نتائج البحث و سوف يتم مناقشة هذه النتائج في ضوء المراجع المحلية و العالمية.

توصيات البحث:

سوف تستخرج التوصيات المناسبة في ضوء نتائج هذه الدراسة.

Discussion

Reproductive disorders diminish the quality of life for affected women & their families. Many women did not take the advantage of recommended health maintenance procedure, they seek care only when they have a disabling problem, and they were unaware about symptoms of breast or genital disorders & its consequences ***(Pillitteri, 2003)***.

Health providers use the disease prevention strategy of risk appraisal and risk reduction to help individuals and groups maximize their self-care activities. The goal of risk appraisal and reduction is to prevent disease or detect disease in its earliest stages. The knowledge base for risk appraisal and reduction is the scientific evidence, which relates risk factors and disease and the effectiveness of interventions in reducing both mortality and risks of mortality ***(Stanhope.M. & Lancaster J., 2000).***

The design of this study was prospective quasi-experimental aimed at evaluating the effect of self-screening on early detection of reproductive abnormalities. This objective will be attained through; Assessing women knowledge, practices and attitude regarding self-screening for reproductive abnormalities, implementing counseling about self-screening technique and evaluating the effect of counseling on women self-screening & their utilization of health services.

The age of the women included in the study ranged between 20 – 59 year with mean age of 37 ± 9.7 yr, married women represented 94.3 %. Women completed their secondary and university education represented 83.9 %, while basic education represented 16 %. Women with more than 500 L.E family income represented 52.8 %.

The multipara women represented 85.9 %, while nullipara women represented 14.2 %. More than half of women used contraceptives methods, 81.3 % of them used intrauterine devices, while 18.7 % of women used other different methods.

According to the result of ***the last national studies,*** most Egyptian women prefer a contraceptive method, which they can rely on for a long time avoiding the daily chance of forgetfulness associated with oral contraceptive pills. There is a low preference of barrier contraception by most partners.

The present study showed that 46.2 % of women had previous reproductive problems e.g. fibroedenoma, vulvar cyst, benign breast tumor, and 95.9 % of them were treated. On the other hand, the present reproductive problems represented 24.5 % of women, 42.3 % of them suffered from heavy vaginal discharge and lower abdominal pain that indicate infection in Precounseling stage.

The present study showed that 61.3 % of women had correct concept of self-screening and its importance. While women knowing self-screening sites represented 39.6 % before counseling.

They were improvement on women's knowledge regarding self-screening after counseling as those women became fully knowledgeable about self-screening concept, importance and sites represented 98 % out of none. Those who became oriented about different screening sites anatomy represented 0 % precounseling reached 91.2 % after counseling.

In Support to this point, ***Hassan H.M., (2002)***, in his study found statistical significant difference among pre, post & follow up regarding women's knowledge about proper screening age. The percentage of women had complete knowledge increased from only 4.1 % Precounseling to 92.6 % in the follow up. While regarding screening frequency the percentage of women who had complete knowledge from 0 % Precounseling, reached 75.4 % in the follow up.

Concerning the total knowledge score as an indicator of women general orientation and understanding of self-screening, only 5.7 % of women achieved good score and 61.3 % achieved

fair score before counseling. This has been improved after counseling as those achieved good score represented 98 %.

This finding supported by ***Herman C., & Tessaro I., (2000);*** whom noted highly significant difference was found between university nursing students' total score of knowledge about self-screening before and after distribution of booklet about self-screening, as only 0.9 % of them achieved good total score reached to 99.1 % after counseling. This concluded that the educational booklet increased the samples' knowledge.

Being working in the health institution reflected another source of the women knowledge as those informed about self-screening from their working place represented 30.2 % and those informed from doctors and media represented 19.8 % and 14.2 % respectively, while a minority of them 5.7 % obtained it from relatives or friends.

This source is different in the study done by ***Abdel hamid W., et al (2003);*** who found that books and magazines were the main source for information about self-screening represented 56.6 % followed by doctor and media 25.9 % and 11.8 % respectively. This reinforced the fact that reading books and magazines is very beneficial and powerful way to disseminate information among population at large. This differentiation between two studies, due to level of education, as university degree in other study.

However, there were many factors found to affect women knowledge about self-screening; as the present results illustrated significant positive correlation between women age and their knowledge regarding self-screening, as women knowledge increases as age increases.

This finding not agreed with ***Hamdy S.I., (2005);*** who confirmed no statistical significance difference between age and knowledge about self-screening. It may due to the different range of women age in two studies, as the age of the women in other study ranged between 20 – 45 year.

The present finding revealed also significant positive correlation between the women education and their knowledge regarding self-screening, as the knowledge increases with the increase in the educational level.

On the same line with ***Jennings D.K., & Lawrence D., (2000);*** who emphasized that knowledge of self-examination increases with increase of the level of education. This may be explained by the fact that education makes people more health conscious or with a greater propensity to seek information on their own health.

This finding is different from the finding of the study done by ***Gross S., et al., (2003);*** whom documented that even educated women had knowledge deficits about timing and practice behavior of self-examination.

Regular screening is an important preventive measure reducing morbidity & mortality rate among women. While clinicians at a gynecological exam look for infections and abnormalities, they recommend that a regimen of self-exams be practiced so that the woman herself can learn to recognize any physical changes. The ability to examine one's own breasts and vulva is an important part of personal health care for women ***(http://wso.williams.edu/orgs/peerh/topics.htm., 2005)***.

The counseling done at the present study showed direct positive effect on women's practice of self-screening. As women practiced self-screening on regular basis represented, 6.6 % reached to 77.5 % after counseling. In addition, women practicing breast and vulvar examination increased from 14.3 % to 91.2 % after counseling.

This coincides with ***Lu-Z-J., (2001)*** found that the program significantly increased BSE frequency, BSE accuracy, perceived benefit of BSE and decreased perceived susceptibility to breast cancer and perceived barriers to practice BSE.

This finding was assured by ***Abdel hamid W., et al (2003);*** as he found that none of the nursing students practiced self-examination monthly before counseling, compared to 79.7 % after counseling. This can be related to the accessibility of information in the booklet.

The women practicing of self-screening affected by many factors; as the present study clarified positive correlation between women age and their practicing to self-screening, as age increases the practice increases.

Similar to the finding of the study done by ***Carness J.E., et al., (2002);*** whom observe differences among age groups in practicing breast screening. This in accordance with ***Chee HL., et al., (2003)*** who stated that both BSE and Pap smear screening were more likely to be practiced by women older than 30 years. It may due to increase women understanding of such practice by age.

The present study revealed also significant positive correlation between women education and their practicing of self-screening, as the educational level decreases the practice decreases. In accordance with ***Devine S.K., & Frank D.I., (2000);*** they reported that the practicing of the BSE influenced by the level of education.

Supporting the same point by ***Jennings D.K., & Lawrence D., (2000);*** who mentioned that African American women who were high school graduates were more likely to be adherent to self-screening than low school graduates. It can be related to high motivation among educated women to self-care practices.

The present finding confirmed significant positive correlation between women contraceptive methods follow up and their practicing to self-screening, women not practicing self-screening were more among women not seeking contraceptive methods follow up.

In accordance with ***Chee., et al., (2003);*** noted that practicing of self-screening were among those who are on oral contraceptives and the intrauterine devices, both of which require women to be in contact with health care services. This implies that the women receive reinforcement each time they visit the family planning clinic.

It was found inverse correlation between practicing of self-screening and previous reproductive problems, not practicing self-screening were more among women had previous reproductive system problems, e.g. breast problems.

Incongruent with ***Aydemir ., et al., (2003).,*** they observed highly significant relationship between previous history of

diseases and performance of self-screening. This may be due to increasing women worries and fears of being affected by any more diseases and health problems.

Astonishing finding was detected, as negative correlation between women practicing of self-screening and present reproductive problems, those not practicing self-screening was more among women had present reproductive problems, e.g. genital infection. Women explained this by being afraid to harm their present problem when doing this examination.

This was not in accordance with ***Hamdy, (2005);*** who noted the most frequent group who do breast self-examination those complaining of breast pain.

According to ***Guillermo, et al., 1998*** fear of the word disease may act as motivating factor cueing women to act to protect their health, fear of detecting disease may represent a negative belief closely related to the cultural theme of fatalismo. Fatilismo may be a barrier in the sense that it may lead some women to assume that there is little that they can do to prevent diseases.

Gasalberti, (2002); who concluded that worry about diseases and embarrassment interfere with performing BSE. Similar to the present findings revealed significant positive

correlation between women practicing of self-screening and their attitude toward self-screening, as the frequency of practicing increases among women had positive attitude.

This is congruent with ***Chee HL., et al., (2003);*** they found that self-screening was significantly associated with having a higher level of health knowledge and showing positive self-interest towards health. This may be explained as the tendency for individuals who are aware and concerned about their health to be motivated toward self-screening practice.

The current study showed highly significance improvement on women technique of practicing breast self-examination, as the percentage of women practicing breast self-examination completely correct increased from 21.4 % to 88.2 % after counseling.

Similarly, ***Bragg S.L. et al., (2000)*** reported that the instructional interventions used to teach BSE have showed improvement in both examination technique & lump detection accuracy. This reflects the importance of teaching women how to practice such procedure.

Supporting this point ***Fitch M.I., Fanssen E., & Mc phail J., (2001)*** showed statistically significant changes following the teaching program in the areas of knowledge about

the correct technique for performing BSE, proficiency performing BSE and confidence about finding changes when performing BSE.

On the same line with ***Glaus A., et al (2004);*** who stated that none of the women perform complete steps of BSE, while only 7.1 % perform incomplete steps and most of them 92.9 % perform wrong steps before counseling, compared to 48.6 %, 50.5 % and 0.9 % respectively after counseling.

This interpreted by the finding of present study that found significant positive correlation between frequency of practicing and performance improvement, as the frequency increases the performance improved.

This was assured by ***Ku-Y-L., (2001);*** who confirmed that increased self-examination frequency influence perceived competence and accuracy of self-examination. This reinforced the fact of increasing the practice increased the competent of doing this practice.

Finally yet importantly regular breast examination promotes body awareness, although it is not as reliable as mammography. However, doing it regularly helps women learn what is normal for breasts so they will notice any changes earlier ***(momaison@uottawa.ca.,2005).***

It is suggested in various medical reports that women should perform vulvar self-examinations on a monthly basis, just as they would breast self-examination. Some doctors suggest that women begin performing vulvar self-examinations when they become sexually active or beginning at the age of 18. It is important for women to learn early on what a "normal" vulva for them personally looks like, as vulvas can look very different from one woman to the next. If young women begin performing self-examinations early, they will be more aware if changes should occur ***(http://wwwvulvarhealth.org.,2002).***

The present finding showed highly significance difference between sample performance of VSE before and after counseling, women practicing VSE completely correct increased from 4.8 % to 67.6 % after counseling.

A similar finding was represented by ***Hassan H.M., (2002)*** who found highly significant difference among pre, post & follow up regarding VSE knowledge & practice where the percentage of women who had complete knowledge increase from 0 %, 33.2 % and 77.1 % regarding women's knowledge about VSE. While it increased from 0 %, 31.4 % and 42.9 % regarding VSE practice in pre, post and follow up respectively. As the acquired knowledge, motivate the women to practice these examinations.

This in accordance with ***Tosson A., & Abou Shabana K., (2001***); who indicated poor women's knowledge and awareness about vulvar self-examination which increased significantly post-intervention as well as the agreement to practice vulvar self-examination increased from 86.8 % to 92.1% one and 6 month post-intervention.

Over the past two decades, many medical reports in peer-reviewed journals have suggested that healthcare providers teach women about vulvar anatomy as well as how to perform vulvar self-examinations. Vulvar self-exams are important tools for early detection of vulvar disorders and vulvar cancer," according to ***Debby Herbenick*** of the Vulvar Health Awareness Campaign. "Unfortunately, many patients and healthcare providers may feel too awkward to talk about the vulva and women may suffer needlessly because of this silence. Vulvar health should be regarded no differently than breast or heart health." ***(Olympics W.T., 2006).***

The present study, showed that all women had positive attitude toward self-screening, except 2.8 % of women dropped through out follow up. Compared with ***Tosson A., & Abou Shabana K., (2001),*** was observed that 86.8 % of women had positive attitude toward practicing VSE, where as re-instruction was considered for women with negative attitude in the follow up. It may due to coincidence of sample criteria.

In relation to factors affecting attitude toward self-screening**;** present finding showed positive correlation between women education and their attitude toward self-screening, as the educational level increases as the percentage of positive attitude increases, but there was no statistical significance difference between the different levels of education concerning attitude.

Similar to ***Lubish L., & Greenberg S., (2001);*** who showed highly educated women more likely to be adherent to screening procedures than low educated women. This implies that educated women showing positive self-interest towards health and less misconceptions about disease and fatalistic attitudes toward diagnosis and treatment.

The present results showed also significant positive correlation between women self-screening knowledge and their attitude, correct knowledge was more among women had positive attitude. This finding supported by ***Delahunt T.D., et al., (2002);*** they observed that the self-screening information produced changes in women practices and intentions toward self-screening. This emphasized the importance of continuing education to counteract misbelieves and malpractices of self-screening.

On the other hand, the present finding revealed no statistical significance difference between women age and their attitude toward self-screening. In opposite of ***Janothon G.,et al.,***

(1999), they mentioned that there were weak to moderate significant associations between age and general anxiety and cancer worries, indicating that both general anxiety and cancer-specific concerns tend to decrease with increasing age. High cancer anxiety may lead to high general anxiety and precipitate hyper-vigilant breast self-examination rather than avoidance.

Women discovered abnormal finding by self-screening before counseling represented 19 %, only 62.5 % of them were seeking medical advice Precounseling. Meanwhile, women discovered abnormal findings after counseling represented 15.7 %, all of them were seeking medical examination and advice. This reflects the direct effect of counseling regarding utilization of health service.

Supporting this results ***Hassan H.M., (2002)*** said that Egyptian women would not hesitate to seek health care service when there is a considerable health threat, but when no abnormalities are detected or no symptoms are present they are not as motivated as in the first case.

Compared with results of ***Jirojwong S., & Manderson L., (2001);*** who documented that 64.1 % and 33.5 % of women tended to consult a physician and mother or relative respectively if any danger sign or symptom of the breast was detected before distribution of the booklet, reached to 97.6 % and 2.4 %

respectively after distribution of the booklet. This finding reinforced the great influence of the counseling on women behavior that all almost of them would seek help from a health professional caregiver if any danger signs would be detected.

In contrast, ***Samir, (2001)*** reported that women in rural Egypt are silent and endure reproductive morbidity without complaining of its symptoms. They give a low priority to their own health problems in comparison to those of their husband and children. The difference between the findings may be due to the difference of sample culture & lack of awareness.

This result agrees with ***Queda, (1999)*** who found that the majority of Egyptian women do not seek care for gynecological problems such as heavy vaginal discharge, probably due to economical factors or lack of information.

Regarding results of sample's medical advice, fibroedenoma and breast cysts represented 60 % and 40 % of medical diagnosis respectively before counseling. Genital infection was the most common diagnosis among women after counseling, as represented 76.9 % and 81.3 % of results after 3 and 6 month of follow up. This reflects increase women awareness about the vulva and any abnormalities affect it.

On the same line with ***Hassan, (2002)*** that reported 56.6 % of women who had non-specific infection suffered from excessive vaginal discharge. Compared with ***Tosson, & Abou Shabana, (2001***), who noted that the most common medical diagnosis among referred cases were vaginitus or pruritis.

Nearly one million cases of sexually transmitted infections occur each day. Prevalence studies indicate that reproductive tract infections (RTIs) are extremely common among a significant proportion of reproductive age women around the globe ***(Aly, 2003).***

Gasalberti, (2002) concluded the specific barriers to perform self-examination; as the following, worry about breast cancer, embarrassment, time, unpleasantness of procedure and lack of privacy. In the present study, more than two third of sample 60.4 % not practiced self-screening Precounseling due to lack of knowledge. Meanwhile after counseling four women missed out in the follow up, 75 % of them not practiced self-screening for fear and worry from discovered diseases.

Regular practice of self-examination can cause considerable anxiety in some women because of the possibility that they will eventually find something suspicious. This may be one of the many reasons why most women fail to examine their

breasts & vulva regularly, despite high levels of awareness of self-examination in the population (***webMD, 2005-2006).***

Information and knowledge about self-screening still need to be widely disseminated, and women should still need to be encouraged to be aware of their reproductive health, any abnormal symptoms that could arise the need to seek health advice for their condition. Those encourage them to use available health services. Consequently, this can promote women health and lessen the burden of disease on the community.

Subjects & Methods

The study was aiming at evaluating the effect of self-screening practices on early detection of reproductive system problems. This objective was attained through;

- Assessing women knowledge, practices and attitude regarding self-screening for reproductive system problems.
- Implementing counseling program about self-screening technique.
- Evaluating the effect of counseling on women self-screening practices & their utilization of health services.

The methodology followed for achieving the aim will be elaborated under the following items:

1. Technical design.
2. Operational design.
3. Statistical design.

(1)Technical design:

The technical design used for the study will discuss the following headings; research design, setting of the study, tools for data collection.

*Research design:

A prospective quasi- experimental study, related to the presence of control group and intervention while there is no randomization.

*Setting:

The study conducted at Faculty of Nursing and Nursing school in Ain Shams University Hospital (in employee departments). This site gives the researcher an ideal opportunity for counseling program and facilitates follow up of the study group.

*Subjects:

Study population: All employed women working in Faculty of Nursing and Nursing school.

Sample size: The sample size was **(106)** women, of them (90) was employed in Faculty of Nursing, (16) was employed in Nursing School. The total sample reached **(102)** as four were dropped out in the follow up process. Three of them afraid of discovered abnormalities by self-screening and rejected due to husband desire.

Sample type: A convenient sample, all women employed in Faculty of Nursing and Nursing School included in the study.

Criteria:

1. All age group.
2. Has different level of education, occupation.
3. Married women (included widow and divorced).
4. Has different parity.
5. The study group is the control group before counseling.

Tools of the study:

Four tools were used for data collection related to this study, in addition to educational booklet.

1) Structured interviewing questionnaire:

The researcher constructed Arabic questionnaire sheet after reviewing the related literature. It was divided in 3 parts and Consisted of (26) questions of open and closed-ended types, which

- *The first part;* included personal history and demographic data including Name, telephone number, age, marital status, level of education, family size and family income (Questions 1-7).

- *The second part;* included obstetrical and gynecological history, information about number of pregnancies and deliveries, family planning methods, follow up, any previous diseases related to reproductive tract and any present complains (Questions 8-16).

➢ *The third part;* was designed to assess women's knowledge, practice of self-screening. **Regarding knowledge and practice of self-screening,** it consists of questions to assess knowledge about concept of self-screening, its importance, sites of self-screening, anatomy of breast and vulva, the source of information, women's practice for self-screening, any discovered abnormalities if present and medical diagnosis. The causes of no practice of self-screening (Questions 17-28).

The time allowed to fill these parts of questionnaire was 15 minutes.

Scoring system for knowledge, the correct answers were predetermined according to literature. Each knowledge question was given a score and the total score of knowledge was obtained for each study subject. The range of score was from zero to eight, women's total score was classified as follows;

- Good (75 % or more correct answers)
- Satisfactory (50 % - 74 % correct answers)
- Poor (less than 50 % correct answers)

2) A likert rating attitude scale The scale developed by researcher; was used to assess the **women's attitude regarding self-screening** procedures and the changes after counseling using the distributed booklet. The scale consists of 3 responses for each statement; agree, uncertain, disagree. It consisted of (10) clear simple statements that reflect participants beliefs toward

self-screening. The time allowed to fill it was 5 minutes. (Questions 1-10).

Scoring system for this part:
Agree = 0 score
Uncertain = 1 score
Disagree = 2 score

- ☒ 10 score indicate uncertain attitude.
- ☒ Less than 10 score indicate negative attitude.
- ☒ More than 10 score indicate positive attitude.

3) Performing checklists:

The researcher constructed English performance lists after reviewing the related literature to assess practices of self-screening. It consisted of steps for breast self-examination (BSE) and vulvar self-examination (VSE), which were divided in 2 parts;

✓ *The first part;* included (12) step for breast self-examination each step has score (1), **scoring system** for this part;

- 0 < 9 Incorrect.
- 9 – 12 Correct.

✓ *The second part;* included (8) step for vulvar self-examination each step has score (1), **scoring system** for this part;

- 0 < 6 Incorrect.
- 6 – 8 Correct.

The time allowed to fill the performance lists was 10 minutes.

4) Follow up card:

The researcher constructed Arabic card was used twice after first three months and the following 6 months of counseling to assess;
- Frequency and site of women's self-screening practice.
- Women self- report of findings and their reaction to abnormal findings.
- The prescribed treatment if medically diagnosed.

The time allowed to fill the card was 5 minutes.

(2)Operational design:

The operational design included; the preparatory phase including administrative design and pilot study, implementation phase and follow up phase.

**Preparatory phase:*

Review of the current related literature. This helped the researcher to be acquainted with magnitude and incidence of the problem and guided the researcher in tool preparation process used in the study. The interviewing questions, attitude scale, brochure, and performing checklists and follow up card were designed prior to the pilot study.

*Administrative design:

An official approval with written letter clarifying the title, purpose and setting of the study was be obtained from the director of the Faculty of Nursing at Ain Shams University and director of Nursing School in Ain Shams maternity University hospital at as an approval for data collection to conduct this study.

*Pilot study:

Pilot study was conducted for 2 weeks in the period between 15-10-2004 & 30-10-2004, sample size reached (10) employees. It was conducted to evaluate the efficiency and content validity of the tool, to find the possible obstacles and problems that might be faced during data collection.
Women included in the pilot study were not excluded from the sample, as no modification was needed.

Implementation phase:

Data collection at 9 months started from 1-11-2004 to 31-7-2005.

- The researcher visited employee's departments, 3 sessions per each intervention, sessions were implemented from 9.30 a.m. to 1.30 p.m. Each intervention was conducted for 3 days/ wk until the sample size completed.

- At the beginning of the first session, the employee approval was obtained orally after explaining the purpose of the study before starting data collection.

- The interviewing sheet was used to assess women knowledge and practice regarding self-screening procedures. A likert rating attitude scale to assess women attitude toward self-screening in a time ranged from 15-20 minutes (pretest).

- Every woman was counseled individually (Face to face) about concept and importance of self-screening, anatomy of breast and external gentalia, as well as demonstration for breast and vulvar self-examination using model and a designed booklet within 20 minutes.

- ***A designed booklet*** was distributed after counseling to guide the women while performing the procedure, which covered the following items;
  - Concept and importance of self-screening
  - Illustrative figures for anatomy of breast and vulva.
  - Vulvar self-examination and breast self-examination technique in addition to knowledge about warning symptoms to be reported.

- On subsequent sessions, follow up was conducted as the follows 3 and 6 months post intervention, to assess changes in women concepts and their competency in practicing self-

screening using the same pre counseling assessment sheet. Reinstruction if needed was conducted and referral for medical examination if indicated.

- The subsequent visits took only 30 min. as the demographic data & history was previously taken in the initial visit.

- Evaluation tool to assess women practices for vulvar self-examination and breast self-examination in a time 10 minutes.

- Follow up sheet to evaluate Frequency and site of women's self-screening practice, Women self- report of findings and their reaction to abnormal findings as well as the prescribed treatment if medically diagnosed. filled within 5 minutes.

- A home phone call system was used to facilitate follow up and tracing cases. A contact phone number was taken from women including personal, friend or close relative phone number.

- Code number was used for every woman to compare between them.

Follow up phase:

The study contained during the period from 1st November till the last July. Recruitment of the study sample was done during the period from 1-11-2004 to 31-1-2005, while follow up of cases was completed in the another six months starting from 1-2-2005 to 31-7-2005 (with twice follow up after 3 & 6 months).

(3)Statistical design:

The collected data was analyzed and results were presented in tables and graphics using frequency distribution tables. Test of significance was used to find out associations between the study variables. Quantitative variables for one group (before and after) were compared using **Paired T.test.** Quantitative variables for one group were compared using **Correlation.** Whenever the expected values in one or more of the cells in a 2 x 2 tables was less then 5.

- Statistical significance was considered at P-value < 0.05.
- Non-significance difference obtained at P-value > 0.05.
- Highly significance difference at P-value < 0.01.

Limitation of the study:

1) The total sample reached **(102)** as four were dropped out in the follow up process and refused to cooperate with the researcher.

2) Unavailability of research on vulvar self-examination.

List of Tables

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Results

Results are presented in 3 parts according to the following sequence:

PART 1 **:Characteristics of the study sample** (Tables 1 – 2)

PART 2: **Knowledge, practices and attitude of self-screening before and after counseling** (Tables 3 – 8)

PART 3: **Correlations between Knowledge, practices and attitude regarding self-screening and sample characteristics.**
(Tables 9 – 20)

PART 1

Table (1) Sociodemographic characteristics of the studied group.

Sociodemographic characteristics	N=106	%
Age in years		
≤ 29	32	30.2
30 – 39	27	25.5
40 – 49	37	34.9
≥ 59	10	9.4
Mean age (37 ± 9.7)		
Marital status		
Married	100	94.3
Widow	3	2.8
Divorced	3	2.8
Educational level		
Basic education	17	16
Secondary education	42	39.6
University degree	47	44.3
Family income		
< 250LE	7	6.6
250 – 500 LE	43	40.6
> 500 LE	56	52.8
Family size		
2 – 4 members	70	66
5 – 7 members	35	33
> 7 members	1	0.9

Table (1)

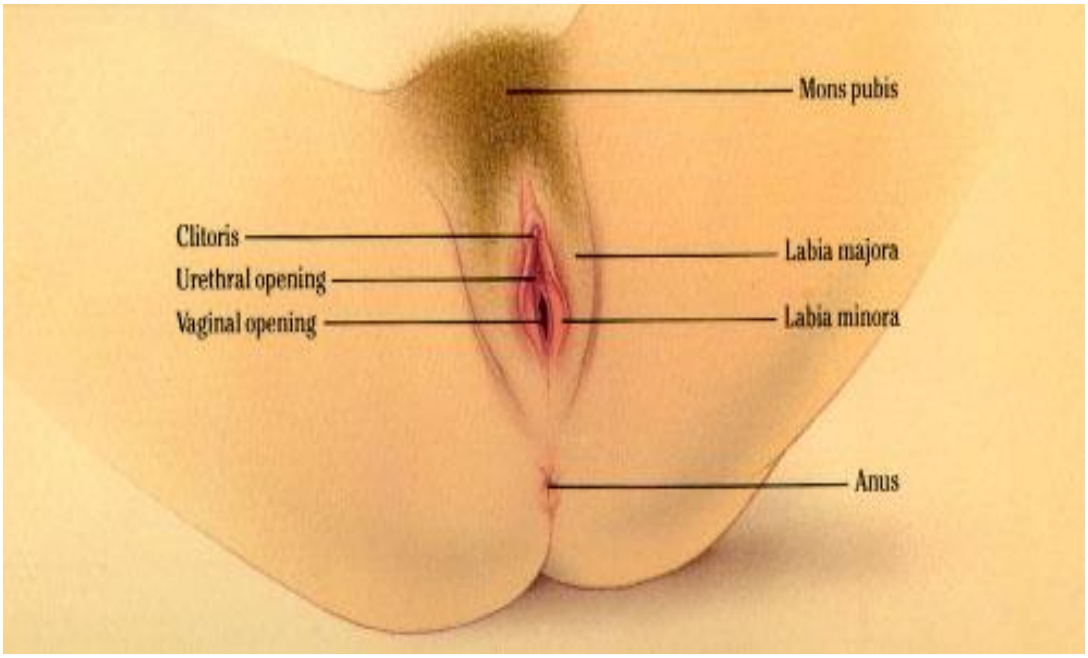
The women age ranged between 20 – 59 yr with mean age 37± 9.7 Yr. Married women represented 94.3% while the rest percentage widow and divorced women. Women completed their university education represented 44.3% followed by those completed secondary education 39.6 % and basic education 16 %. Women with family income > 500 LE represented 52.8 % while those with < 250LE represented 6.6 %. Women with 2 – 4 family members represented 66% followed by those with 5 – 7 family member 33 % and > 7 members 0.9 %.

Table (2) sample obstetrical history.

Obstetrical history	**N = 106**	**%**
Number of pregnancy		
Non	8	7.5
1 – 4	80	75.5
≥ 5	18	17
Number of delivery		
Non	15	14.2
1 – 4	85	80.2
≥ 5	6	5.7
Contraceptive use		
Yes	59	55.7
No	47	44.3
The method used	N = 59	
Pills	6	10.2
Intrauterine devices	48	81.3
Others	5	8.5
Follow up for contraception	N=59	
Regular	4	6.8
Irregular	24	40.7
Not followed	31	52.5
Previous Reproductive problems		
Present	49	46.2
Absent	57	53.8
Treatment of Reproductive problems	N= 49	
Treated	47	95.9
Not treated	2	4.1

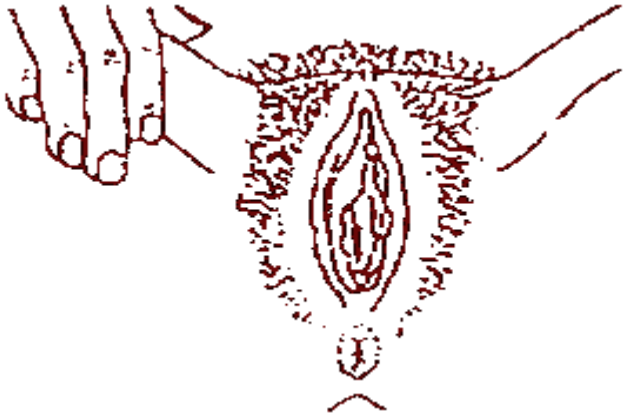
Table (2)

Multipara women (1 – 4 deliveries) represented 80.2%, while nullipara women represented 14.2 %. Women used contraceptives methods represented 55.7%. Intrauterine devices represented 81.3 % while other methods represented 18.7 %. Women performed follow up for contraception methods used represented 47.5 %. Women had previous reproductive system problems represented 46.2 %, and 95.9 % of them were treated.

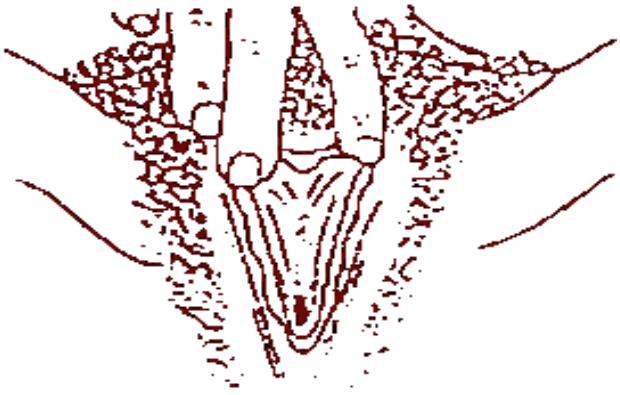


(Figure 3) **Anatomy of external female genitals**

Adapted from Cooper M.A., & Fraser D.M., (2003): Myles textbook for midwives, 14th ed., Churchill Livingstone, Edinburgh, London, Newyork, Philadelphia, p.110

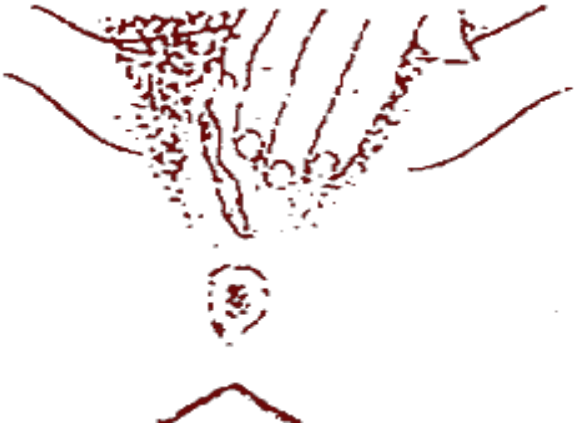


1 Inspect the vulva to look for any warning signs: are both sides alike?



2 Push back the cover of the clitoris

3 Separate the lips of the labia with your fingers and examine the inner parts: the urethral opening, the vagina and the skin between the vagina and the anus.

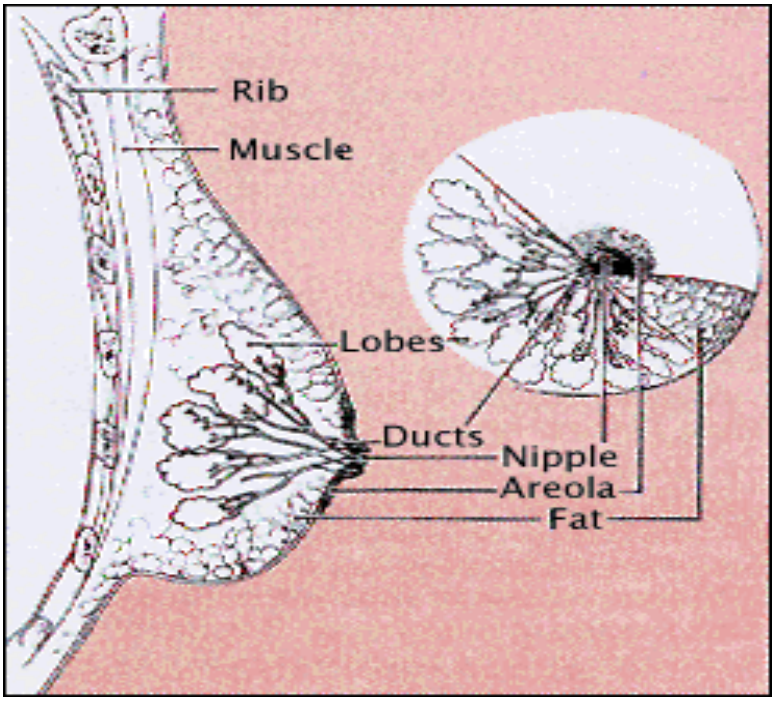


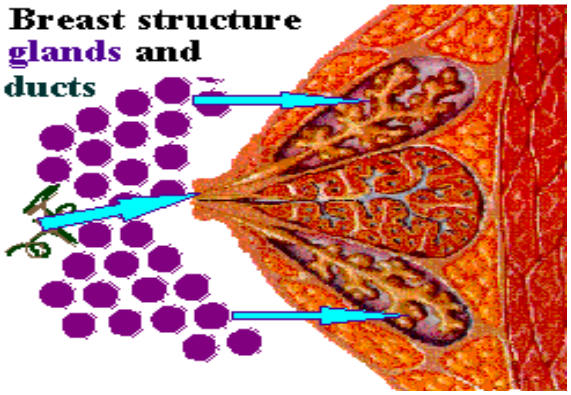
4 Feel the sides for lumps or thickening, pressing all the areas of the vulva with the flat part of your fingers.

5 Circle the vaginal opening with your thumb and index finger.

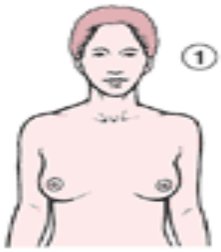
6 Compress the tissue: it should be soft, slightly moist and not tender.

(Figure 1) **Steps to perform Vulvar self-examination**
Adapted from a publication of the National Cancer Institute 2006.

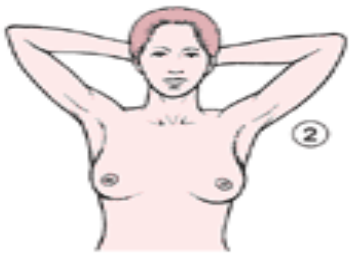




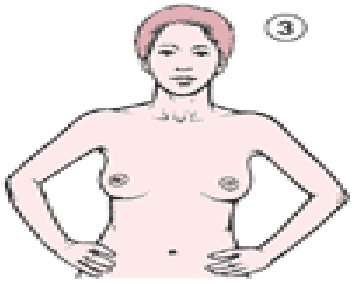
***(Figure 4)* Anatomy of the female breast**
Adapted from Pillitter A., (2002): Maternal & child health nursing, 4th ed., Lippincott Williams & Wilkins Co., London, Philadelphia, P. 675



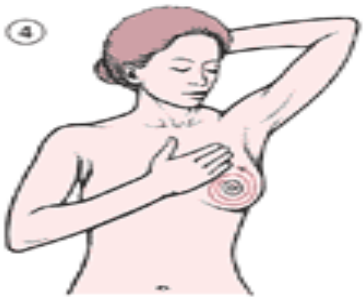
1. While standing in front of a mirror, look at the breasts. The breasts normally differ slightly in size. Look for changes in the size difference between the breasts and changes in the nipple, such as turning inward (an inverted nipple) or a discharge. Look for puckering or dimpling.



2. Watching closely in the mirror, clasp the hands behind the head and press them against the head. This position helps make subtle changes caused by cancer more noticeable. Look for changes in the shape and contour of the breasts, especially in the lower part of the breasts.



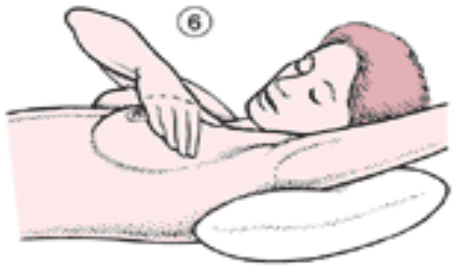
3. Place the hands firmly on the hips and bend slightly toward the mirror, pressing the shoulders and elbows forward. Again, look for changes in shape and contour.

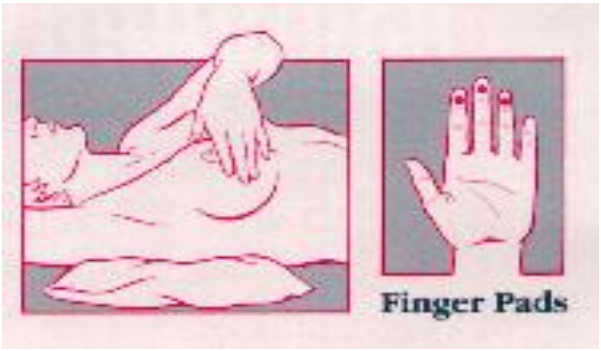


4. Raise the left arm. Using three or four fingers of the right hand, probe the left breast thoroughly with the flat part of the fingers. Moving the fingers in small circles around the breast, begin at the outer edge and gradually move in toward the nipple. Press gently but firmly, feeling for any unusual lump or mass under the skin. Be sure to check the whole breast. Also, carefully probe the armpit and the area between the breast and armpit for lumps.

5. Squeeze the left nipple gently and look for a discharge. (See a doctor if a discharge appears at any time of the month, regardless of whether it happens during a breast self-examination.)

Repeat steps 4 and 5 for the right breast, raising the right arm and using the left hand.



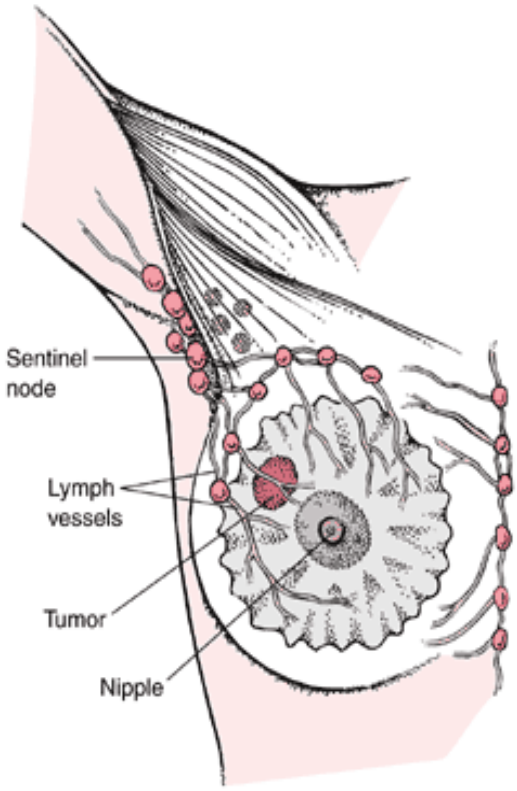


6. Lie flat on the back with a pillow or folded towel under the left shoulder and with the left arm overhead. This position flattens the breast and makes it easier to examine. Examine the breast as in steps 4 and 5. Repeat for the right breast.

A woman should repeat this procedure at the same time each month. For menstruating women, 2 or 3 days after their period ends is a good time because the breasts are less likely to be tender and swollen. Postmenopausal women may choose any day of the month that is easy to remember, such as the first.

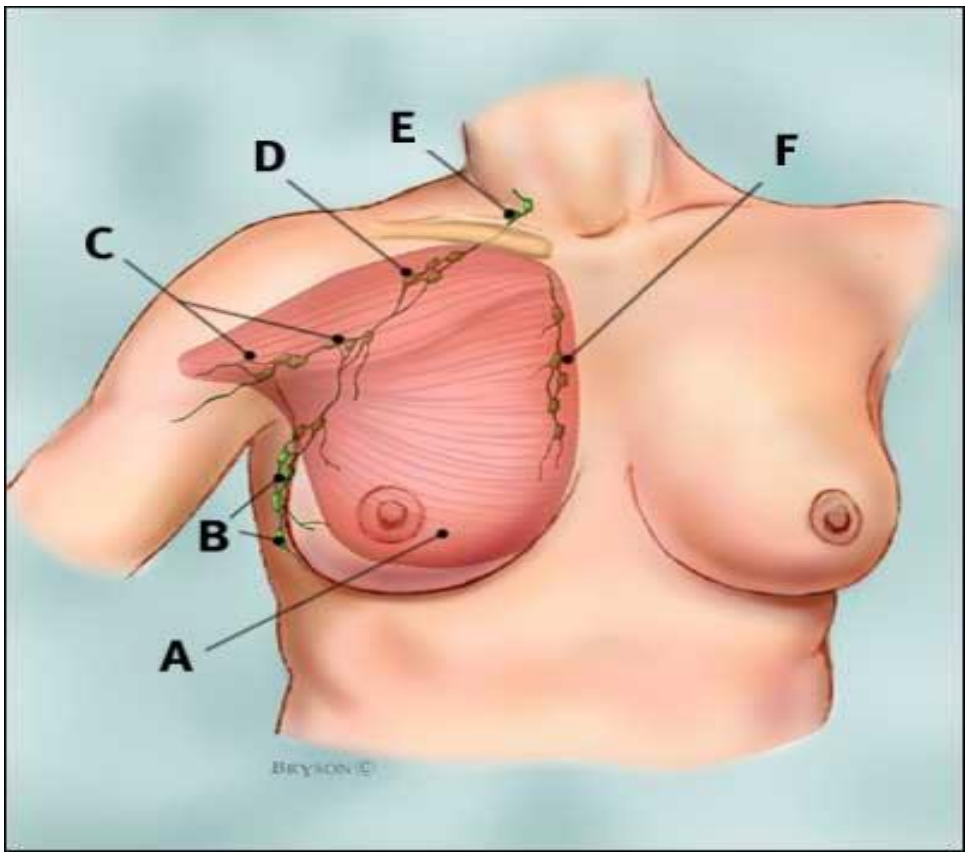
(Figure 2) Steps to perform breast self-examination

Adapted from a publication of the National Cancer Institute 2006.



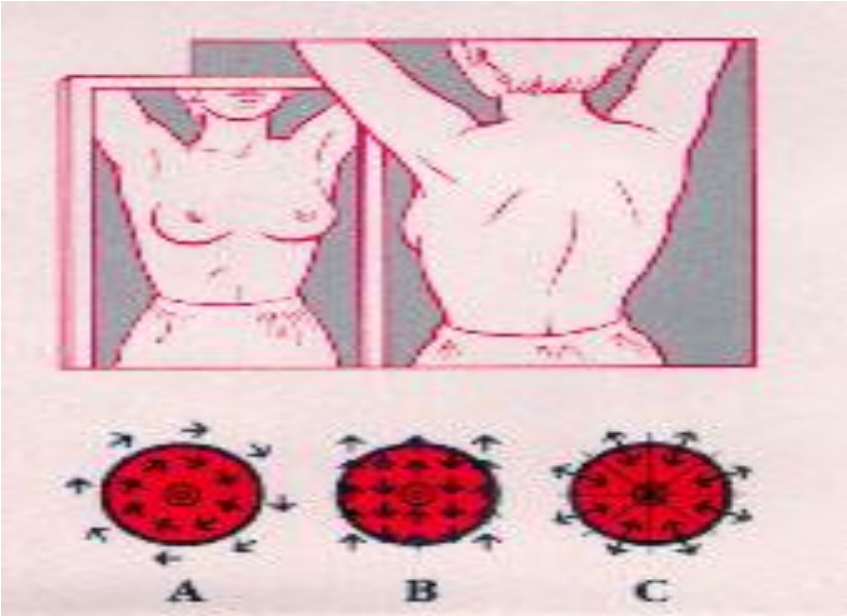
(Figure 5) **A network of lymphatic vessels and lymph nodes drain fluid from the tissue in the breast.**

Adapted from Pillitter A., (2002): Maternal & child health nursing, 4th ed., Lippincott Williams & Wilkins Co., London, Philadelphia, P. 675



A pectoralis major muscle
B axillary lymph nodes: levels I
C axillary lymph nodes: levels II
D axillary lymph nodes: levels III
E supraclavicular lymph nodes
F internal mammary lymph nodes

(Figure 5) **A network of lymphatic vessels and lymph nodes drain fluid from the tissue in the breast.**
Adapted from Pillitter A., (2002): Maternal & child health nursing, 4th ed., Lippincott Williams & Wilkins Co., London, Philadelphia, P. 675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Appendix 1

Appendix 2

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Appendix 4

Arabic Summary

Conclusion

Based on the findings of the present study, it is concluded that:

- There is improvement of women self-screening knowledge and practice before and after counseling**.**
- Percentage of women practiced self-screening on regular basis increased after counseling.
- Highly significance improvement was observed post counseling in women practicing of self-screening technique.
- Women seeking the medical advice and examination increased after counseling.
- All almost women had positive attitude toward self-screening pre-counseling.
- There was positive correlation between women age, education, contraceptive methods follow up and their knowledge and practices regarding self-screening.
- There was significant positive correlation between women knowledge and their attitude toward self-screening.
- There was significant positive correlation between women attitude and their practicing of self-screening.
- There was significant positive correlation between frequency of self-screening practice and performance.

Recommendation

In the light of the study findings, the following were recommended;

- Educational programs and messages through the mass media and particularly through an influential medium of television should provide more information based on scientific knowledge about self-examination.

- Pamphlets and brochures about self-examination must design by staff members of maternity hospital and distributed to women in maternity hospitals; e.g., antenatal, postnatal and family planning unites.

- Further studies still needed to identify barriers of practicing self-examination as well as to suggest strategies to sustain practices overtime.

- All nursing students should use the currently developed educational booklet about self-screening to increase their awareness about importance of self-examination.

دليل المشورة للسيدات عن الفحص الذاتى

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هل تعرفي ما هو الفحص الذاتي؟

الفحص الذاتي يعتبر واحد من أنشطة العناية الذاتية التي تساعد على تحسين صحة المرأة و يزيد من توعية السيدة بأهمية و فائدة الاكتشاف المبكر للأمراض، و هو سهل و تستطيع أي سيدة القيام به.

هل تعرفي أهمية الفحص الذاتي؟

الفحص الذاتي بطريقة منتظمة بعد كل دورة شهرية يساعد في اكتشاف أي تغيرات قد تكون بداية لظهور أحد الأمراض في الجهاز التناسلي. الاكتشاف المبكر = علاج كامل و شفاء تام دون الحاجة لعمل أي جراحات جذرية أو علاج إشعاعي و بالتالي الحفاظ على صحة السيدة و حماية الأسرة.

ما هي الأماكن التي يمكن فحصها ذاتيا؟

1- الثدي
2- الأعضاء التناسلية الخارجية.

هل تعلمين التركيب التشريحي للثدي؟

هل تعلمين التركيب التشريحي للأعضاء التناسلية الخارجية؟

الفحص الذاتي للثدي

1. **سيدتي أفحصى ثدييك بشكل دوري وكل شهر**

سيدتي تذكري أن أكثر سرطانات الثدي تكتشفها النساء بأنفسهن ، وأن الاكتشاف المبكر ، وبالتالي المعالجة الفورية تؤدي الى أحسن النتائج في التخلص والشفاء من الأورام ، لذلك يترتب عليك أن تتقني طريقة فحص الثديين بنفسك ، وهي الطريقة ذات الخطوات الثلاث المشروحة هنا .

ما هو أفضل وقت لفحص ثدييك؟

أن أفضل وقت لفحص الثديين هو بعد انقضاء أسبوع على العادة الشهرية حيث يختفي التورم والالم من الثديين أما بعد سن اليأس فيمكنك فحص ثدييك في أول يوم من كل شهر ، أما بعد استئصال الرحم فاسألي طبيبك عن أفضل وقت لفحص ثدييك.

ان قيامك بفحص ثدييك بشكل دوري سيعطيك الراحة والاطمئنان ، وزيارتك لطبيبك كل سنة سيؤكد لك عدم وجود أي شيء غير طبيعي في ثدييك .

كيف تفحصين ثدييك؟

هناك طريقة بسيطة من ثلاث خطوات تساعدك على فحص ثدييك ، وبالتالي اكتشاف أي ورم في مرحلة مبكرة يمكن معها معالجته والشفاء منه بإذن الله.

2. الخطوة الاولى – عند الاستحمام
3. الخطوة الثانية – أمام المرآة

الخطوة الثالثة – خلال الاستلقاء

الفحص الذاتي للثدي: الخطوة الأولى – عند الاستحمام

افحصي ثدييك خلال الاستحمام والجلد مازال رطبا وذلك بوضع يدك والأصابع مبسوطة فوق الثدي ، وأجري حركات لطيفة فوق كل جزء من أجزاء الثدي ، افحصي ثديك الأيسر بيدك اليمنى ، ودلكي الأيمن بيدك اليسرى ، تحرى وتقصى كل كتلة تورم أو أي ثخانة في الجلد.

الفحص الذاتي للثدي: الخطوة الثانية – أمام المرآة

1. أرفعي ثدييك وأنت أمام المرآة ولديك على جانبي جسمك
2. ويديك مرفوعتين عاليا فوق رأسك. لاحظي ان كان هناك أي تبدل في شكل الثدي ، تورم ، أو انكماش في الجلد أو تبدلات في شكل الحلمة.

3. ضعي يديك على خاصرتيك واضغطي نحو الأسفل لكي تتقلص عضلات صدرك ، وأعلمي يا سيدتي أن هناك احتمالا لعدم تشابه الثديين عند معظم النساء وهذا شي طبيعي .

عندما تفحصين ثدييك بصورة دورية ، فانك تصبحين قادرة على معرفة الشكل الطبيعي بالنسبة لك ، وبالتالي سيكون عندك الثقة التامة بفحص ثدييك.

الفحص الذاتي للثدي: الخطوة الثالثة – خلال الاستلقاء

افحصي الثدي الأيمن بوضع وسادة أو منشفة تحت كتفك الأيمن ويدك اليمنى خلف رأسك ، ثم ابسطي يدك اليسرى فوق ثديك الأيمن امسحي بها الثدي بشكل دائري مع ضغط خفيف من الخارج ونحو المركز باتجاه الحلمة دون ان تتركي أي جزء دون فحص ، وهذا يحتاج على الأقل لثلاث حركات دائرية ثم افحصي الثدي الأيسر بوضع وسادة أو منشفة تحت كتفك الأيسر ويدك اليسرى خلف رأسك ، واستعملي يدك اليمنى في فحص ثديك الأيسر بنفس التي فحصت بها ثديك الأيمن باستعمال يدك اليسرى .

في نهاية الفحص قومي بالضغط على الحلمتين بلطف بين إصبعي السبابة والإبهام ولاحظي خروج أى إفراز مائي أو دموي . وفي حالة حصول هذا أخبري طبيبك فورا بذلك.

ما العمل في حالة اكتشافك كتلة في الثدي أو ثخانة في جلد الثدي؟

إن اكتشفت وجود كتلة أو انكماش أو الإفراز من الحلمة خلال فحصك الدوري لثدييك فانه من المهم للغاية أن تراجعي طبيبك فورا ، لا تخافي يا سيدتي ، إن أكثر الكتل المحسوسة أو الإفراز من الحلمة هي ذات طبيعة حميدة وليست بالضرورة سرطان ، ولكن طبيبك بخبرته يقدر على مساعدتك والوصول إلى التشخيص الصحيح.

الفحص الذاتي للأعضاء التناسلية الخارجية:

هناك الكثير من الأعراض التي يمكن أن تصيب جلد الفرج مثل الالتهابات و التقرح و التورم،.. الذهاب المبكر للطبيب يساعد على علاج أسرع و بالتالي مضاعفات اقل و نتيجة أفضل.

ما هو أفضل وقت لفحص الأعضاء التناسلية الخارجية ؟

الفحص الذاتي للأعضاء التناسلية الخارجية يجب ان يكون بطريقة منتظمة كل شهر بين الطمثين.

كيف تفحصين الأعضاء التناسلية الخارجية ؟

- اختاري الوضع المريح لكي، لتسهيل الرؤية استخدمي مرآة ثم اكشفي الشفريين الكبيرين.

- لأحظى مدى التشابه بين الشفريين الكبيرين و الشفريين الصغيرين.

- اكشفي برفق الشفريين الصغيرين لرؤية ما بداخلها.

- افحصي باستخدام أصابعك ما بداخل الشفريين الصغيرين.

- اضغطي بوضع يدك و الأصابع مبسوطة على كل أجزاء الفرج.

- حسي شفرتي الفرج بلطف بين إصبعي السبابة و الإبهام.

- افحصي باستخدام السبابة و الوسطى فتحة المهبل و تأكدي أن المنطقة رطبة، مرنة و غير متورمة.

عند اكتشافك أي من التغيرات التالية يجب استشارة الطبيب؛

- تغيرات في لون الجلد.
- ثخانة أو تقرح أو بثور بالجلد.
- إفرازات لها لون أو رائحة أو كثيرة.
- الحكة المستمرة.