



The Nethersole School of Nursing

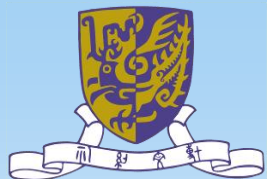
Ethnic Minority Women's Health Promotion (Breast cancer prevention) Program



Carmen Chan

The Chinese University of Hong Kong





The Nethersole School of Nursing



The Chinese University of Hong Kong

We are the first University Dept. of Nursing in Hong Kong

Established in 1991



Our Mission

"To excel in teaching and research, to excel in the promotion of highest standards of nursing practice"

Motto: "Transforming passion into perfection"



I-Care Community Project by teachers and students

中大醫科生義助越戰遺孤



■中大醫學院學生許詠琪(後排左一)及譚悅文(後排左二)，暑假赴越南服務戰後遺孤，學會如何尊重生命。

伍明輝攝

美軍於越戰期噴灑殘害人體的橙劑(除草劑)，令戰後遺孤飽受殘疾煎熬。中文大學醫科生早前赴越南，為康復中心學童檢查身體、教授衛生措施及翻新中心設施等。眼見患病而心智失常的學童被鎖於小房生活，有義工深感戰爭的無情，立志成為「仁心」醫生。另外有音樂系研究生則善用民族音樂及食物，讓視障人士猶如親身旅遊，體驗印度及新疆文化。

訪河內復康中心

中大一一年設立的「I-CARE博群計畫」，上年度資助八十七萬元，支援十四名學生服務計畫，包括由醫學院學生第四年策劃的越南「愛有所醫」計畫。二十多名學生六月到訪河內兩所復康中心，為皮膚病學童種植供洗澡用的茶樹，亦送上港大師

生捐贈的舊衣。

十三天的服務，義工見盡不少感人故事。譚悅文指，戰後遺孤飽受肢體及智力殘疾困擾，令她感心酸，「學童手脚趾不齊全，仍樂觀地與義工共舞。」義工許詠琪偶然發現一名心智失控的學童被鎖於小暗室生活，「他很瘦，瑟縮牀角，臉上滿是淚水。」於心不忍，她要求職員允許學童踏出門戶，又餵食粥飯。她指戰爭無情，期望日後盡己之力，幫助更多戰受害者。

其他獲資助項目包括民族音樂學碩士研究生林國森為視障人士舉辦的「樂動視遊」工作坊，「他們會玩新疆維吾爾族手鼓、印度弦樂器，穿着民族服飾，品嚐地

道食物，以味覺、聽覺及觸覺，感受兩地風俗文化。」他指，新學年計畫帶領視障人士以音樂漫遊拉丁美洲。另外，護理學博士研究生陳傲霜早前籌辦的防乳癌健康講座，讓尼泊爾、巴基斯坦及印度等少數族裔婦女拋開「尷尬」，學習自我檢查乳房。

記者 馮秀芳



Organiser:

**The Chinese University of Hong Kong
The Nethersole School of Nursing**



Co-Organiser:

HOME Centre of New Home Association

Ethnic Minority Women's Health Promotion Program

Breast Cancer Prevention

(I-CARE Programme Service Project)

Aim: To raise awareness among ethnic minority women of breast cancer & the available preventive measures in Hong Kong

Program Contents:

- 1. Health talk**
- 2. Demonstration of breast self-examination & other preventive measures**
- 3. Leaflets distribution**

Date: 3 August, 2013 (Saturday)

Time: 1:45 pm to 3:30 pm

Venue: Mongkok Community Hall,
L2, Mongkok Complex,
557 Shanghai Street, Mongkok.

Target Participants: Ethnic Minority Women
(Indians, Pakistanis, Nepalese)

Gathering Time: 1:15pm at HOME Centre (with transportation)



Background

- Incidence of breast cancer rises sharply from the age of 40, with a median age of 53
- Crude incidence rate increases for 43% and mortality rate increases 28 % in the last 10 years.



Cancer prevention

- Health behavior modifications
 - Exercise, diet and nutrition, decrease alcohol, smoking cessation, weight reduction
- Early detection of pre-cancerous lesions to allow more treatment options with better outcomes.



Ethnic minority

- Hong Kong is a multi-ethnic society.
- Ethnic minority population has 31% growth in ten years time
- 72.6% are South Asians (Indians, Nepalese, Pakistanis)



Comparison of screening uptake between the general female population (n=1002) and South Asian women (n=640)

	General female population	South Asian women
Breast cancer screening		
Breast self-examination	34.1%	11.6%
Mammogram	33.5%	13.8%
Cervical cancer screening		
Pap smear	45.6%	36.9%
Colorectal cancer screening		
Colonoscopy / sigmoidoscopy	11.7%	1%
Fecal occult blood	18.9%	4%

Vulnerable group

- South Asian women are vulnerable group as
 - They are less educated and
 - Low labour force participation rate (most are housewife)
 - With less access to healthcare services
 - Lack of health insurance coverage
 - Financial constraints
 - Custom and cultural belief.



Custom and cultural barriers

- Language barriers
- Unfamiliar with local healthcare system
- Uncomfortable in taking screening test
- Taboo of touching oneself in breast self examination
- Feeling embarrassed of examination by male physicians
- Subordinate to their husband



Aims of the project

- to raise awareness among ethnic minority women (Indian, Nepalese or Pakistani) of breast cancer and the available preventive measures in Hong Kong,
- strengthen the mutual help network among South Asian women generally,
- evaluate the effectiveness of health promotion programmes and
- increase nursing students' understanding of Hong Kong's ethnic minorities.



Involved parties

- 53 South Asians women from support centers (e.g. New Home Association, Christian Action)
- South Asian Women Ambassadors/translators
- 21 Nursing students volunteers
- 4 Nursing Teachers



Inclusion criteria

- South Asian women from India, Pakistan and Nepal
- Aged 18 or above
- Currently living in Hong Kong



BREAST CANCER PREVENTION – YOU CAN DO IT

- Three elements –
 - 1. A health talk
 - 2. A practical demonstration
 - 3. Posters and leaflets

On site children program and baby-sitting were provided



1. One Hour Health Talk

- (1) what cancer is, (2) the incidence and mortality rate of cancer, (3) common types of cancer in women, (4) the nature of breast cancer, (5) the incidence and mortality rate of breast cancer, (6) the causes, (7) risk factors
(8) signs and symptoms of breast cancer,
(9) myths and misconceptions about the disease,
(10) available preventive measures and service providers in Hong Kong, and
(11) primary preventive strategies (lifestyle modifications): e.g. healthy diet, smoking cessation, decreased alcohol consumption, regular physical activity



Mammogram

Preparations before mammogram

- Schedule the examination when your breast are not tender
- Avoid the week just before or during menstrual period
- Abstain from coffee, tea, cola & chocolate 3-7 days before mammogram
- Don't apply deodorant or lotion under the breasts or axilla (armpits)
- Do not appear on white spots on your skin



EXIT出口

角門容華士文和氏基樓舞臺


2. 50 minutes Practical demonstration


- see photos and models
- a demonstration of breast self-examination using breast models
- Counters for individual counseling




購物區需保持暢通
用場人士未經許可
請勿內進

禁煙
NO SMOKING

3  Move the chest bone in an up & down (ribs) pattern

4  Stand in front of the mirror with your hands press firmly on your hip. Look at your breasts for any changes in shapes, sizes, dimpling, redness, scaliness of nipple or breast skin

5  Stand or sit with your arms slightly raised up. Examine each underarm with arms only slightly raised





Kumari

Die

LONG
STOP
JEN

3. Posters and Leaflets

- Cancer-related information and details of local screening services in English, Nepali or Urdu
- Free to take away



Promotion and Training

- Poster displayed in ethnic minority support centers
- Training workshops for voluntary nursing students, translators, and South Asian women ambassadors before the health talk (taboo, cultural issue, communication skill, child care)





Pre-test Post-test Evaluation

- Knowledge in relation to breast cancer and screening tests
- Skill competency in performing breast self-examination
- Attitude and perception on breast cancer and screening tests
- Attitude and perception on healthy lifestyle behaviors



Returned demonstration of BSE



1 =satisfactorily 0 = unsatisfactorily

	Breast self-examination steps	Done
1.	Lie down on the bed (Lie the breast model on the table)	1
2.	Indicate the examination side (Left/Right breast)	1
3.	Put the Left/Right arm behind the head	1
4.	Start the palpation from the axilla	.96
5.	Use finger pads of 3 middle fingers to feel the breast tissue	1
6.	Use 3 different pressure levels on each point of palpation	.96
7.	Palpate the entire breast using the up and down (straight) approach	1
8.	Palpate the entire breast up to the collar bone and down to the ribs	.96
9.	Palpate the entire breast till the chest bone	1
10.	Note any abnormalities (e.g. lumps or masses)	.95
11.	Repeat the steps on the opposite side (by verbalization)	1
12.	Exam the breasts again in standing position in front of the mirror (place the breast model in upright position)	1
13.	Press the hands firmly on the hip	1
14.	Look at the breasts for any changes in shape, size, contour, dimpling, redness, scaliness of nipple or breast skin	.95
15.	Stand or sit with your arm (Left/Right) slightly raise up	1
16.	Examine each axilla (Left/Right) and feel any lump or mass	.9
17.	Repeat the examination on the other side (Left/Right)	1

Total: 15.56 /17

1 = Correct

0 = incorrect

	Statements	Pre N= 45	Post N = 21
1.	Breast cancer is the most common cancer in women in Hong Kong	.91	1
2.	Women with family history of breast cancer are at high risk in developing breast cancer during their lifetime.	.89	.812
3.	Young women will not have breast cancer.	.23	.24
4.	Breast mass is one of the sign of breast cancer.	.63	.81
5.	Breast self-examination is the best method in detecting breast cancer.	.84	.67
6.	Mammography can detect very small masses/lumps.	.88	1
7.	Doing regular physical activity (moderate intensity) 30 minutes everyday will help to decrease my risk in developing breast cancer.	.80	.86
8.	There is no problem if I drink one can (~350ml) of beer per day.	.27	.40
9.	Overweight/obese will not increase my risk in developing breast cancer during my lifetime.	.63	.75
10.	Diet rich in vegetables and fruits can help in maintaining ideal body weight.	.98	.95
	Total score	6.68	7.52

Attitude and perception on breast cancer and screening tests

1: not likely 10: extremely likely

	Pre N = 45	Post N = 21
Susceptibility of having breast cancer	3.31	4.71
Worry about the seriousness of breast cancer	5.57	4.48
Benefits of breast self-examination	6.53	4.78
Barriers of breast self-examination	3.03	3.84
Benefits of Mammogram	5.79	5.49
Barriers of mammogram	3.45	4.32
Self-efficacy of conducting Breast self-examination	4.13	5.53

Attitude and perception of health lifestyle

Normal body weight, regular exercise adequate intake of fruits and vegetables, limiting alcohol

1: not likely 10: extremely likely

	Pre N= 45	Post N = 21
Susceptibility of having breast cancer due to poor lifestyle behaviors	4.94	5.96
Benefits of adhering to health lifestyle behaviors to prevent breast cancer	5.43	6.45
Barrier to adherence to health lifestyle behaviors	5.25	5.66
Self-efficacy to adherence to health lifestyle behaviors	5.69	6.34

Discussion

- Preliminary data
- Improved knowledge after the program
- Satisfactory performance and improved self-efficacy on breast self-examination
- Improved risk perception and lessened worry on breast cancer
- Improved attitude and perception on healthy lifestyle
- Perceived benefits and barriers on screening tests was not satisfactory

Process Evaluation

- A successful event in terms of cost and attendance
- Good experience /training for voluntary student helpers to serving the community
- Networking with ethnic minority community centers and ambassadors
- Language barriers



Implications

- The barriers of conducting breast cancer screening in ethnic minority women remains a challenging area for further exploration.
- A two hours session is too short → a more intensive and advance program is needed
- Extend the service to the whole society e.g. roadshow
- Promotion of students' holistic development in social awareness and commitment in serving the minority group



THANK YOU

