

Self-Breast Examination: Knowledge, Attitude and Practice of Nigerian University Students.

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Abstract:

Introduction: Breast cancer is one of the major cancers with high mortality rate both globally and locally and is one of the commonest cancers in Nigeria. Self-breast examination is one of the ways of identifying breast lumps among adolescents and young adult. There is need to ascertain that self-breast examination (SBE) is properly practice among the young women in Nigeria as a means of early detection and curative treatment. This behaviour could curtail the late stage presentation and poor prognosis of this disease.

Objectives: The objective of this study therefore was to establish the knowledge, attitude and practice of self-breast examination among the undergraduate students of the University of Ibadan.

Method: This is a survey research design. Two hundred and twenty eight students (228) were selected by stratified random and purposive sampling of three faculties of the University. A validated questionnaire called Female Self-Breast Examination (FBSE) inventory was used to collect data for the study. Data collected was analyzed descriptively.

Result: The age range of the students was between 18-32 years. One hundred and ninety five (85.5%) of the students knew about cancers and 225 (98.7%) have heard about breast cancer. One hundred and forty eight (64.9%) heard of breast cancer from television and 188 (82.5%) have heard about self-breast examination. One hundred and twenty two (53.2%) of the students knew what self-breast examination is used for while 106 (46.8%) did not. Eleven (4.8%) practice self-breast examination regularly while one hundred and seventy one (75%) of the students will like to be taught how to do self-breast examination. Neither age nor course/area of study has influence either on the knowledge or practice of the students concerning breast examination. Knowledge of breast cancer and self-breast examination are correlated with good attitudes towards SBE ($r = 0.196$; $p < 0.01$). Similarly attitudes of the Nigerian University students towards self-breast were better in some faculties than the others; notably medicine > social science > education ($r = 0.147$; $p < 0.05$).

Conclusion: Information, Education and Communication (IEC) in regard of breast cancer and SBE activities should be given to all Nigerian secondary and tertiary institutions and other developing and resource-poor countries.

Key words: Knowledge, attitude, practice, self-breast, examination

INTRODUCTION

Breast cancer is a very important global women's health problem of the 21st century. The disease occurs in older women and is the second highest cause of death in the developed countries while in the developing countries; it is the third commonest cause of death after infections and parasitic diseases as first and those of the cardiovascular system (WHO, 1995). Olopade (2000) described breast cancer in the developing countries as aggressive disease of the young women. Taguchi and Shiba (1998) stated that breast cancer ranked second most common cancer in women in developing countries and one of the major causes of death. Specifically in Nigeria, according to Solanke (2000) about 100,000 new cases occur every year and going by the current population projections, 500,000 cases will occur annually by the year 2010. According to Ferlay, Bray, Pisani & Parkin (2001) Breast Cancer is responsible for about 16% of all cancer related deaths in Nigeria. Abdul, Ali and Ragad (2007) reported that a sharp increase in the incidence of breast cancer was found in younger age groups but still the highest number of cases was between 40 and 50 years of age. This has also been observed in the Psycho-Oncology clinic even though it has not been statistically proven. According Ohanaka (2007), breast cancer in younger women is associated with a high degree of morbidity and mortality as well as physical and emotional stress in Nigerians.

Risk factors associated with breast cancer could be grouped as gender related, personal life style and others. Wanebo (1983) stated that gender is the most important factor as incidence and mortality rate is high in females while Offit and Brown (1994) mentioned that lifestyle related risk factors such as oral contraceptives, having no children, no breast feeding and induced abortion. Hormonal Replacement Therapy (HRT), alcohol and obesity are risk factors. According to Henderson (1995) other factors are age, personal and family history, menstrual history, some nutritional factors and carcinogenic exposure. In spite of all these factors, real causes of cancer are not yet fully known. Incidence of cancer among the young group has been recorded. (Gabriel and Domchek 2010, Narod 2012) Breast cancer is one of preventable and manageable cancers once detected early. As such there is need for every woman, beginning with every adolescent girl, to be able to do self-breast examination in order to detect breast cancer early and commence early treatment thereby preventing late presentation and poor prognosis. This behaviour will promote early detection of breast cancer by secondary prevention (or virtual cure) of any detected breast cancers.

Energy needs to be geared towards early detection through the use of preventive non-invasive measures such as self-breast examination. Mamon and Zapka (1985) found out that women who practise breast self examination (BSE) have a better chance of early detection, an increase of survival rate and better treatment option. Champion (1992) corroborated the same in his own

study. Greco and Desmeule (1985) described BSE as an attractive method of breast cancer detection which is simple to learn, self-generated, inexpensive, non-invasive, non-radiative, and requires no appointments or travel, and can be performed in rural remote areas where other screening programmes are unlikely to be established. Maurer (1997) stated that breast self-examination as a self-care practice is easy, convenient, private, safe, involving no cost and requiring no specific equipment. This exercise is very important and urgently needed in this environment for early detection and treatment of breast cancer. Jenkins (2003) revealed from the findings of his study that in places where breast-self examination is widely practised, 70-80% of breast cancers are discovered by patients themselves BSE is, therefore, very useful in the detection of breast lumps and as a way of preventing breast cancer. According to Dey (2014), knowledge of breast self-examination among women can also be a major factor for reducing cancer stages at diagnosis breast cancer tumors. The objective of this study, therefore, was to establish the knowledge, attitude and practice of self-breast examination among the undergraduate students of the University of Ibadan so as to plan skill acquisition and training for them as may be needed.

METHODS

Design: This is essentially a descriptive study. The population of undergraduate students of the University of Ibadan was sampled. Two hundred and fifty female students were selected through stratified random sampling of three faculties after which purposive sample was used to select 250 students. Data was collected with a self constructed and validated questionnaire with a reliability coefficient of 0.75. The instrument has two sections. The first section elicited information on the demographic characteristics of the respondents. The second section was divided into three sub-sections and the first sub-section was used to assessed the knowledge of breast cancer and breast self examination. The section sub-section assessed attitude towards breast self examination. The last section on practice of self breast examination. Each of the sections used for assessment used the 5-point likert scale response format of 'I don't, know', 'Strongly disagree', 'Disagree', 'Agree' and 'Strongly agree' with scores of 0 to 4 respectively. The higher the score on each scale, the higher the breast-self examination knowledge, positive attitude towards self breast examination and practice f self breast examination. Two hundred and twenty eight questionnaires were adequately completed and so were used for the analysis of this study. A total of 228 students completed and returned their questionnaires adequately to be used for the analysis of this study. The students were from 3 areas of study; namely, the Faculties of Education, the Social Sciences and the College of Medicine. The age of the students ranged between 17-32 years, with a mean age of 20. Single students were 221 (96.9%) while 7 (3.1%) were married. The students were mostly from the states in the South-south, South-east and South-west geo-political zones of Nigeria. Students of Oyo State origin dominated, with 43 making up 18.9% of the population. The Christians were 187, making 82% of the population. Data were analyzed with descriptive and correlation statistics.

Procedure for data Collection. The researcher collected the data from three Faculties namely Faculty of Education, Social Sciences and College of Medicine. Any female who was willing to participate in the study was given the questionnaire to fill after her consent was obtained. The purpose was also explained to the respondents before the administration of the instrument and they were also informed that they could withdraw their participation from the study at any time without any consequences to them.

RESULTS

Table 1 shows the year of study of the students while Table 2 is the summary of the answers to the major knowledge questions for the study. Year 2, which usually has the largest number of students, is reflected in the study also.

One hundred and ninety five (95.5%) of the students knew about breast cancer while 33 (14.5%) did not know anything about breast cancer. Only 64 (28.1%) of the students knew the recommended interval for SBE; and only 25 (11.1%) actually practised self-breast examination SBE regularly. One of the students described cancer as growth, 25% as diseases, 2.2% as lump in the breast while 8.8% described cancers as tumors. One hundred and forty four (63.2%) said cancers could be prevented while 25% answered in the negative: 11.8% did not know whether it could be prevented or not. 98.7% reported that they had heard about breast cancer while 3% said they had not. The commonest source of information about breast cancer was the television (Table 3).

Table 1: Year of study of the students

Year of study	Frequency	(%)
1	45	19.7
2	82	36.0
3	45	19.7
4	36	15.8
5	20	8.8
Total	228	100.0

Table 2: Summary of socio-demographic and key knowledge answers in the survey

Index	Yes(%)	No(%)
Know some things about cancers	195 (85.5)	33 (14.5)
Cancers can be prevented	144 (63.2)	57 (25.0)*
Have heard about breast cancers	255 (98.7)	3 (1.3)
Have heard about self-breast examination	188 (82.5)	40 (17.5)
Have undergone clinical breast examination	29 (12.7)	199 (87.3)
Has learnt how to do SBE	130 (57.0)	98 (43.0)
Has cancer history in the family	21 (9.2)	207 (90.8)
Practices SBE regularly	25 (11.0)	203 (89.0)

*Don't know 27 (11.8%)

Table 3: Sources of information on breast cancer as given by the students

	Yes	No
Radio	38.2	61.8
Television	64.9	35.1
Health workers	44.7	55.3
School	21.5	78.5
Church	8.8	91.5

Table 4: Uses of breast-self examination

No response	52 (22.89%)
To detect breast lump in the breast	122 (53.5%)
Learn to diagnose	4 (1.8%)
To detect breast cancer	39 (17.1%)
To maintain balance of one's self	11 (4.8%)

Table 5: Attitudinal responses of the students

Index	Yes(%)	No(%)
SBE is too embarrassing	6 (2.6)	222 (97.4)
SBE is a very useful thing to do	106 (46.5)	122 (53.5)
SBE should be actively promoted	131 (57.5)	97 (42.5)
I know how to do SBE well	84 (36.8)	144 (63.2)
Would like to know how to do SBE	171 (75.0)	28 (12.3)*
Early detection of breast cancer is very important	221 (96.9)	7 (3.1)

*No response 29 (12.7%)

One hundred and eighty eight (82.5%) of the students reported to have heard of breast self examination while 17.5 have not heard of it. Table 4 shows the uses to which SBE could be put as revealed by the students. Detection of breast lump was the most frequently given usage. Table 5 is a summary of the attitude responses of the students. Fortunately 222 (97.0%) of the students agree that SBE is not too embarrassing. However, the other attitudinal responses were not so good.

DISCUSSION

The study focused on the knowledge, altitude and practice of cancers in general and about breast cancers and self-breast examination in a particular among the female students. Two hundred and twenty five (98.7%) of the students have known about breast cancer while 148 (64.9%) heard about it from television, showing the dominance and the utility of this avenue in information dissemination in the modern Nigerian communities. However only 188 (82.5%) have heard about self-breast examination and only 122 (53.2%) of them knew what self-breast examination is used for. The knowledge is not deep as only 64 (28%) knew the correct interval for self breast examination. This is in line with the findings of Popovic, Guduric, Komaromi, and Popovic (1991) where there was insufficient knowledge among urban female population about SBE. Only 25 (11%) of the respondents practiced SBE regularly, 50% did not practice at all while 30% did it infrequently. Besides considering SBE as not too embarrassing, all the other attitudinal responses were poor or very poor. These should constitute issues for information,

education and communication (IEC) in regard of breast cancer and SBE activities. The very encouraging finding is that 75% of the population is highly motivated to learn self-breast examination. It suggests that the ground is good for IEC in this regard and that only the lack of such adequate IEC may have been the problem before; as it is difficult to know anybody who have seen an actual case of late detection of breast cancer and death hereof and not desire to prevent it. There is need to plan educational intervention for effective improvement in both frequency and proficiency in self-breast examination. This has been found to be effective in early detection of breast cancer and so its possible cure (Ozturk, Engin, Kisioglu and Yilmazer, 2000).

The developing countries, of which Nigeria is a major one does not have the publicly available resources, the technology or the other things that are needed for any other than very cheap and easily implemented early self-detection of the cases and simple surgical removal of the cancers. All efforts should be put in this direction, starting with the most useful target groups of the community as the university students and armed with the information available from studies such as this one.

RECOMMENDATION

It is therefore recommend that further research such as interventional studies (e.g., among women elite, sports women, musicians and other role model women) and education in breast cancer (including SBE in schools) information, education and communication (IEC) in regard of breast cancer and SBE activities should be given to all Nigerian secondary and tertiary institutions and other developing and resource-poor countries.

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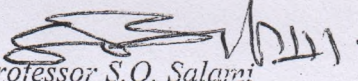
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