

Knowledge and Practice of Breast–Self Examination among Educated Nigerian Women

By

A. Akhator¹, E. E. Akpo¹, E.A. Sule¹, F.O. Ijekeye²

¹Department of Surgery, Faculty of Clinical Medicine, College of Health Sciences, Delta State University, PMB 1, Abraka.

and

²Department of Surgery, School of Medicine, University of Benin, PMB 1154, Benin City

ABSTRACT

Introduction: Breast cancer is the leading cause of cancer related female death and early detection leads to improved prognosis. Knowledge and practice of breast self examination amongst educated women in Nigeria was studied.

Methods: A questionnaire based study was carried out in June 2007 among female students of Delta State University.

Results: The entire 200 female undergraduates that was studied knew about breast cancer and breast self examination, 31.5% heard of breast self examination in schools and 88.5% had practiced breast self examination with only 33% practicing breast self examination once a month and 21% using a combination of postures.

Conclusion: The knowledge and practice of breast self examination among female undergraduates of Delta State University was good but more practical details of breast self examination has to be disseminated.

KEYWORDS: Knowledge, practice, breast self examination, breast cancer

INTRODUCTION

About 25% of all females after the age of puberty will suffer breast pathology in their lifetime with breast cancer being the most feared¹. Early detection from breast cancer screening in the developed countries has improved prognosis with over 90% survival rate in 15 years.^{2,3} The recommended methods for breast cancer screening include mammography, clinical breast examination (CBE) and breast-self-examination (BSE). While survival benefits had been demonstrated with mammography and CBE, the relevance of BSE in breast cancer screening has recently fallen into contention following reports from Shanghai and St Peterburg.^{4,5} As a result of early age of breast cancer occurrence in Nigeria and the

unaffordable cost of screening mammography, BSE is still recommended as a viable screening tool in Nigeria.⁶ This paper assesses the knowledge and actual practice of BSE among educated Nigerian women.

METHODS

The study setting was Delta State University, a state tertiary institution located in Abraka, a town with a population of over 2.6 million people. The study was designed to determine the knowledge and practice of BSE among students 16 years and above in this institution. Consent was obtained from the university's Faculty of Clinical Medicine Ethical Committee to carry out the study. A simple pre-tested questionnaire was administered by 2 undergraduates of the University, who had been earlier trained, to 200 female undergraduates in the university in June 2007. The data was analyzed using simple percentages.

RESULTS

There were a total of 200 respondents with age range of 16-40 years, and mean age of 24.6 years. All respondents were aware of breast cancer, 139 (69.5%) indicated that breast lump forms the commonest symptom for breast cancer and 142 (71%) indicated that breast self examination was the modality of choice in our environment for early detection of breast cancer.

All respondents admitted to have heard of BSE. 63 (31.5%) respondents heard it first at school, 55 (27.5%) from the mass media and only 48 (24%) heard it from the hospital (Table 1). 177 (88.5%) indicated they practice BSE though only 66 (33%) practiced BSE once a month (Table 2) and 42 (21%) of the study population use a combination of positions (Table 3).

DISCUSSION

A study done earlier in the country had shown a poor knowledge of breast cancer and BSE practice amongst the general population⁶. This study however showed that undergraduates have good knowledge of breast cancer and BSE. It supports what had been previously documented that women who are better educated are more knowledgeable of and more likely to practice BSE⁷. Therefore, with increasing trend in the education of women in the country there is an increased likelihood that there will be an increased awareness of breast cancer and BSE practice in the country.

The main source of information about BSE has been reported to be the media rather than from health staff⁸ and our study showed that the main sources of information are schools and the mass media. These avenues for health education should be strengthened with well prepared jingles and leaflets to better educate women and serve as reminders to them to perform BSE. Hospitals were third as sources of information in this study, this may be due to the fact that majority of people avoid hospitals except when critically ill or when a relative is admitted into the hospital. BSE information should be included in counseling of women who present in hospitals, with ante-natal, post-natal and paediatric clinics been good catchments areas.

The practice of BSE was poor. Only 33% performed BSE once a month. This is understandable considering that there are no national campaign programmes on the prevention of breast cancer in Nigeria. These results are similar to findings from the United States of America where intensive campaign

TABLE 1 Source of Information

Source	Number (n=200)	Percentage
School	63	31.5
Media	55	27.5
Hospital	48	24
Friends	16	8
Family	15	7.5
Others	3	1.5
Total	200	100

TABLE 2 Frequency of Practice

Frequency	Number (n=200)	Percentage
Daily	35	17.5
Weekly	42	21
Monthly	66	33
Yearly	2	1
Rarely	32	16
Never	23	11.5
Total	200	100

TABLE 3 Position of BSE

Position	Number (n= 177)	Percentage
Standing	56	33
Sitting	18	9
Lying	51	25.5
Combination	42	21
Total	177	88.5

programmes for BSE is made with 15-40% people practicing BSE regularly.^{9,10} The goal of periodic BSE is early detection of breast masses,¹¹ and until circumstances are ripe for routine mammography screening, emphasis should be on encouraging women to practice BSE.⁹

CONCLUSION

The awareness of breast cancer and BSE was very good but practice details of BSE were very poor among undergraduate women in Delta State University. There is need for better education of the public on the correct BSE practice method and timing. Physicians are also encouraged to educate women at every opportunity during patient consultation.

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REFERENCES

1. Saddiqi K, Imtiaz RM. Pattern of Breast Diseases: Preliminary report of breast cancer. *J Coll Physician Surg Park*; 11: 495-500.
2. Tabar L, Vitak B, Chen HHT et al.: Beyond randomized control trials: organized mammographic screening substantially reduces breast carcinoma mortality. *Cancer* 2001; 91: 1724-1731.
3. Berry DA, Cronin KA, Plevntis SK, et al.: Effect of Screening and Adjuvant Therapy on Mortality from Breast cancer; Cancer Intervention and Surveillance Modeling Network (CISNE) Collaborators. *N Engl J Med* 2005; 353: 1784-1792.
4. Thomas DB, Gao DL, Ray RM et al.: Randomized trial of breast self-examination in Shanghai: Final results. *J Natl Cancer Inst* 2002; 94(19): 1445-1457.
5. Semiglazov VF, Moiseenko VM, Manikhas AG et al. Interim results of a prospective randomized study of self-examination for early detection of breast cancer (Russia/St. Petersburg/WHO). *Vopr Onkol* 1999; 45: 265-271.
6. Okobia MN, Bunker CH, Okonofua FE, Osime O. Knowledge, attitude and practice of Nigerian women towards breast cancer: A cross-sectional study. *World J Surg Oncol* 2006; 4:11. doi 10.1186/1477-7819-4-11.
7. Ozturk M, Engin VS, Kisioglu AN, Yilmazer G. Effects of Education on Knowledge and Attitude of Breast Self Examination Among 25+ Years Old Women. *Eastern Journal of Medicine* 2000; 5(1): 13-17.
8. Ozturk M, Engin VS, Kisioglu AN. The practice of breast-self examination among women of Gulistan district of Isparta. *Eastern Journal of Medicine* 1999; 4(2): 47-50.
9. Maurer F. A peer education model for teaching breast self-examination to undergraduate college women. *Cancer Nursing* 1997; 20(1): 49-61.
10. Mamon JA, Zakpa JG. Improving frequency and proficiency of breast self-examination: Effectiveness of an education program. *AJPH* 1985; 75(6): 618-624.
11. Smith RA, Saslow D, Sawyer KA, Burke W. American Cancer Society guidelines for Breast cancer screening: Update 2003. *CA Cancer J Clin* 2003; 53: 141. doi 10.3322/canjclin.53.3.141.