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Assess the Awareness, Knowledge and Practice of Breast Self-Examination

Affi Ayuba[1], Imoh Lucius[1], Longwap S. A[1], Alfred Odo[1], Solomon Luka Mercy[1] and Anzaku A[2]

[1]*Department of Chemical Pathology, University of Jos, Plateau, Nigeria*
[2]*Department of Anatomical Pathology, Jos University Teaching Hospital, Jos, Plateau, Nigeria*

ABSTRACT

The aim of this descriptive study is to assess the awareness, knowledge and practice of breast self-examination. This study is done by administering a structure validated close- ended, a structured validated close ended of Questionnaire to 184 consented and willing final year-female medical students of Bingham University teaching Hospital Karu, Jos Campus. From the 184 responders, 81.5 show good knowledge of BSE and 34% with no knowledge. 70% indicate practical knowledge and 70% clearly show no practical knowledge. In conclusion there is an overall lack of comprehensive practical knowledge of BSE. There is need to improve knowledge of BSE and to target all groups for future BSE awareness programmes. Moreso are the first level care given of women that may be potential of possible cancer.

Keywords: *Breast Cancer, awareness, knowledge and practice.*

Abbreviations: *BSE - Breast Self-Examination, BC - Breast Cancer*

INTRODUCTION

Breast cancer is the proliferation of cancerous mostly occurring at the milk ducts or lobule. The cause is not exactly known but there are predisposing risks features which include gender, family history, age over 50 and hormonal factors such as prolonged estrogen exposure [1-4]. In 2020, WHO reports (BC) as the most common type of cancer worldwide occurring in 2.3 million cases 685,000 deaths in 2020. The control of BC in many developing counties including Nigeria is under the guidance of WHO which involves education and screening young women for clinical manifestation of BC [5-8]. BC screening includes BSE, clinical Breast Exam (BSE) and mammography. BSE is recommended for developing countries because it's easy, cheap, private convenient early detection and intervention is not often done by many women. Women diagnosis of BC has been clearly demonstrated to reduce mortality and improve survival [9-14]. The knowledge and practice of breast cancer was reduced by more than one third. Thus, knowledge and practice of BC screening and prevention measure therefore is critical in the reduction of BC morbidity and mortality.

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Corresponding Authors: **Affi Ayuba**
Email: **ayubaaffi67@gmail.com**

Poor awareness and knowledge of BC screening methods have been reported by several structures to address this menace of BC healthcare professionals and planners must know the current level understanding. Thus, leading to the need for their study.

Aim

To assess the awareness, knowledge and practices of BSE as a method of prevention and early diagnosis among final year medical student.
This study assessed the awareness, knowledge and practices of breast self-examination as a method of prevention and early diagnosis of breast cancer among final year medical student and their potential patients.

Settings and Design

This study was done in a teaching hospital in Jos Plateau State known as (BHUTH) with volunteered final years female medical students. The calculated sample size adjusted for size was 184.
The age range was between 18-30 years
All participant met this eligibility criteria. The exclusion criteria are the non-medical female and those not willing to participate. Jos is located 4000m above sea level giving the highest elevation in Nigeria.

Data Collection

A structure validated close-ended questionnaire was used for the data collection. The questionnaire is consisted of two sections. Section A consisted of socio demographic data. Section B was on question related to knowledge of BSE.

Data Analysis

Data obtained were coded and entered into a spread –sheet. Analysis was performed using the statistical package for social science, version 20. Descriptive statistics such as frequency counts, percentages, were used to summarize and present the results.

Student's identity awareness and level of utilization of breast self-examination was studies. Only anonym zed data were collected to ensure patient confidentiality and compliance with ethical study.

RESULTS

Table 1: Demographic variables and their association to knowledge of breast cancer.

Variable	Overall knowledge		Chi–square (x^2)	P- value
Age group	Poor knowledge	Good knowledge		
18-20	34	150		
21-24	14	170		
25-30	2	5		
Marital status				
Single	2	182		
Married		1		
Divorced	0			
Religion				
Christian	14	170		
Muslim				
Traditionalist				
Others				
Occupation				
Employed				
Unemployed				
Self employed				
Education				
None				
Primary/JHS				
SHS/SSS				
Tertiary	2	182	29.68	0.000

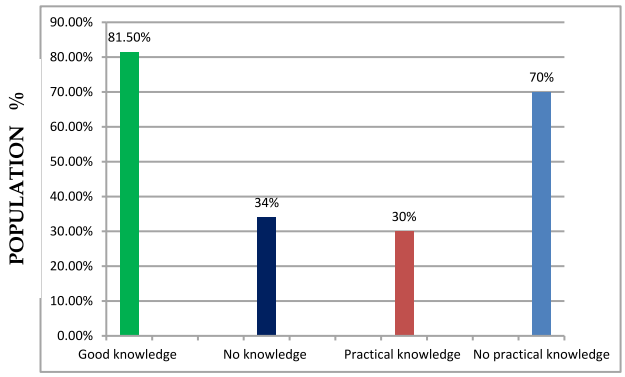

Table 2: knowledge and practice of breast- self examination

Variable	Frequency	Relative percent (%)
Are you aware of or ever heard of breast self-examination?		
Yes	150	81.5
No	34	18.4
Source of BSE information	104	
Health worker	5	56
Family member	15	81
Books/print material	10	5.4
Others	5	2.2
Frequency for BSE		
Monthly	50	27
Every 6 months	20	10.8
Annually	15	8.1
Skills to perform BSE		
Yes	70	38
No	14	62
Appropriate Age to Perform BSE		
Before age 20	20	10.8
20-25	50	27
26 – 30	21	16
35+	8	4-3
Appropriate time to perform BSE		
2-3 days after cessation and menstruation	50	27
Monthly on a fixed day	12	6.5
Few days before menstruation starts	6	3.2
Anytime time within the month	70	38
Do you know it is involving		
Sitting by your mirror		
Full light naked top observation palpation and squeezing of the nipple	14	8.0

Knowledge and practice of breast self –examination

BSE knowledge and practice assessment were the major objectives of this study. This study aimed to determine the proportion of respondents who were aware of and had comprehensive knowledge of and skill to perform BSE and are practicing BSE. The findings show that knowledge of BSE was generally low among the 385 women who participated in this study. Only 165[43.3%] of the respondents knew what self-breast examination was whilst majority 217[56.7%] reported not knowing anything about it or having not heard about it. Out of the 385 respondents surveyed, majority 235[61.0%] reported not knowing anything about BSE and were never taught how to perform it.

Discussion

This discussion shows the main findings of this study and how those findings compare with findings from similar studies conducted on the breast cancer and breast self-examination. This current study breast cancer awareness was high for rural population in that 81.5% of the respondents were aware of breast cancer but only 18.4% of the respondent demonstrate adequate knowledge. This finding of low awareness and knowledge of BSE is similar but lower compared to the findings in Nigeria in which 81.5% reported over hearing BSE and only about 50% reported adequate knowledge on BSE. It is also similar to finding of poor knowledge of BSE in Ibadan, Southwest Nigeria where 70% of 603 market women, that is buying and selling various commodities. Another major objective in this study was to examine the practice of breast self-examination among the women. Where the result indicates that only 106 of the 385 women (81.5%) reported practicing or ever practiced BSE the sample in this study. This finding is consistent with the finding of similar studies in other parts of the world whereby the practice of BSE is generally low. In Cameroon, only 15% of 200 women who reported basic knowledge of BSE actually practiced BSE.

The variables found to be significantly associated with and predicted practice of BSE are knowledge of breast cancer and age of woman. The current work reported a significant association between knowledge of breast cancer and practice of BSE (x2=36.218p=0.000). There is a significant association between age group and practice of breast self-examination (X 2=11.324,p= 0.0003) as the age increased level of participant practice of BSE was lower. Among respondent who reported practicing BSE. Some respondents (17.4%) also said they did not practice BSE because they didn't have breast cancer problems. Lack of privacy at home was also mentioned by 7.3% of the respondents as reason for not practicing BSE. About 3.4% of the respondents did not think they need self-examine their breasts and another 3.4% said they did not feel comfortable to self-examine them. These findings were consistent with other researchers who stated that, knowledge not having symptoms and being afraid of a breast cancer diagnosis were the main barriers to practicing BSE (20.3%, 14.3%, 4.4% respectively).

Conclusion

In conclusion, the findings in this study show an overall lack of comprehensive knowledge of breast cancer and BSE. Also practice of BSE, which is an important of early diagnosis of breast cancer especially in resource limited. The findings did show that knowledge of breast cancer and BSE as well as age of woman are strong predictors of BSE. The implication for public health practice is that there is the interventions to form and train rural women on BSE targeting all women.

There is the need to improve knowledge of breast cancer and BSE and to target all age groups in future breast cancer awareness programs.

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