

Knowledge, Attitude and Practice of Breast Self Examination among Women in Awo-Omamma, Oru East

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ABSTRACT

The study was carried out to determine the Knowledge, Attitude and Practice of Breast self-examination among Women in Awo-Omamma, Oru East Local Government Area Imo State. The breast is the most common site of cancer in women; approximately one in nine women develops the disease in her life time. Breast self-examination is an important tool/method of early detection and prevention. The study was guided by three objectives which are: to assess knowledge of breast self-examination among women in Awo-Omamma ascertain the attitude women in Awo-Omamma have towards breast self-examination in prevention of breast cancer, to ascertain the extent of practice of breast self-examination among women in Awo-Omamma. A descriptive survey design was used. A sample size of 176 was selected using Random Sampling method from the target population of 400. A self-structured and validated questionnaire was used as a method of Data Collection. Information from respondents was arranged in frequency table and cumulative mean were used in data analysis and presentation. The findings revealed that: Women in Awo-Omamma have a good knowledge of breast self-examination with a cumulative mean of 3.21. Women in Awo-Omamma have a positive attitude towards breast self-examination with a cumulative mean of 3.18. A good number of the sampled women (75.0%) in Awo-Omamma practice breast self-examination. Recommendations were made from the findings as well as suggestions for further studies. Conclusively, women should be encouraged to continue the practice of breast self-examination since they have adequate knowledge, positive attitude and majority of the women practice it in order to detect breast cancer and other abnormalities thereby reducing mortality rate among women.

Keywords: knowledge, attitude, breast self-examination, women

INTRODUCTION

According to Adesokan [1], breast self-examination is the regular examination of one's own breast for the sole purpose of lump detection or other changes that may need to be further evaluated as part of screening for breast cancer. Breast self-examination is also a screening technique you can do at home to check for Breast cancer [2-4]. Smeltzer and Brenda [5] defined breast self-examination as one of the three tests the American society recommends to help detect breast cancer in its earliest stages by regularly examining one's own breast, a woman is more likely to find any changes that may have occurred. According to the American cancer society [6], breast cancer is the second leading cause of cancer deaths in women and poses a global public health problem. There is an increased burden of breast cancer in both developed and developing countries. Globally, over one million breast cancer are diagnosed annually [7]. Most women lack the knowledge of breast self-examination and therefore do not practice it [8-9]. This is thought to be the reason for high rate of cancer in the world today. This study will help to bring into view, the importance of breast self-examination as a key measure in the early detection of breast cancer.

METHODOLOGY

Study Design

The researcher adopted descriptive survey design in this study.

Study Area

The area of the study is Awo-Omamma Awo-Omamma Community Oru- East Local Government Area of Imo State.

Target Population

The population of this study comprises of all married women in Awo- Omamma community. A number of 400 women from the four political wards that make up the Awo-Omamma community represent the total population of the study.

Sample/Sampling Techniques

The researcher used Nwana’s formula (2017) as a guide. The formula states that a large population could strain the resources and time, thereby affecting the quality of finding. Forty Percent (40%) of the target population was used to determine the sample hence,

$$n = \frac{N \times P}{1 \times 100}$$

Where n = sample size
 N = Population (target)
 P = Percentage (%)
 $\therefore = \frac{40 \times 400}{1}$

Attrition rate of 10% of the sample size

$$= \frac{10}{100} \times \frac{160}{1}$$

$$= 16$$

Therefore, sample size = 176
 (160 + 16)

Sample Technique

The sampling technique used by the researcher was systematic random sampling technique of women forming the sample group. Based on the political wards in the community, randomization was done to select the women. The figures for the random sampling were purposely derived to ensure each ward equal sample size.

The women were randomly sampled and 176 selected to form the sample group.

Data Collection

The researcher visited the selected wards for the study with letter of permission and introduction to administer the questionnaire to the respondents. One Hundred (176) copies were shared among the women based on their political ward in Awo-Omamma community town hall during the end of their monthly meeting. The administration, filling and collection of questionnaires lasted for a day. The researcher collected the entire questionnaire giving a return rate of 100%. A total of 176 copies of questionnaire collected were arranged and kept safely for the researcher for subsequent analysis.

Data Analysis

The data were organized and analyzed using simple frequency and percentage for personal data. In this study, 4 points like scale was used in assigning values of 4,3,2,1 to strongly agree (SA), Agree (A), Disagree (D) and Strongly Disagree (D) respectively giving a mean score of 2.5 Items with mean value of 2.5 or more were in affirmation and items with mean value below the score of 2.5 were in negation.

Ethical Consideration

There are codes that will enable the researcher to carry out his work and include-

Confidentiality: It was ensured that all information given by respondent was kept confidential and not disclosed to any other person.

Voluntary Participation: Free and informed consent characterized the process of obtaining response from respondents.

RESULTS

Table 1: Demographic Data of Respondents

Variable	Category	Frequency	Percentage %
Age	16-25 years	29	34.7%
	26-35 years	44	25.0%
	36-45 years	44	25.0%
	46- 55 years	25	14.2%
	56 years and above	34	19.3%
Level of Education	No formal Education	4	2.3%
	Primary Education	24	13.7%
	Secondary Education	58	32.9%
	Tertiary Education	90	51.1%

Data on table 1 shows the demographic characteristics of the respondents. 29 (16.5%) of the respondents are between

the ages of 16-25years; 44 (25.0%) of the respondents fall within the ages of 26-35 years; 44 (25.0%) of the respondents fall within the age ranges of 36-45 years; 25 (14.2%) fall within the ages of 46-55 years while 34 (19.3) fall within the age range of 56 and above.

Results show that 4 (2.3%) of the sampled respondents have received no formal education; 24 (13.7%) have received only primary education; 58 (32.9%) have received up to secondary education while 90 (51.1%) of the respondents have received up to tertiary education.

Table 2: Knowledge of Women on Breast Self-Examination

S/N	Statements	SA	A	D	SD	Mean X	Remark
1.	Breast self-examination is done by a woman on her breast	148	23	5	0	3.80	Good knowledge
2.	Detection of lumps and changes through breast self-examination	35	132	7	2	3.13	Good knowledge
3.	Prevention of spread of breast cancer	32	119	22	3	3.02	Good knowledge
4.	Breast self-examination is best performed 4-7 days after monthly period	38	106	27	5	3.00	Good knowledge
5.	Inspection and palpation are measures taken to obtain breast self-examination	10	96	51	19	2.55	Good knowledge
6.	Breast self-examination is examination of one's breast	139	37	-	-	3.78	Good knowledge
Cumulative mean						3.21	

Data on table 2 shows the knowledge of women on the subject of breast self-examination. The mean scores of their responses to the 6 items on knowledge of breast self-examination are 3.80, 3.13, 3.02, 3.00, 2.55 and 3.78 respectively which are all above the cut off mean mark of 2.5 indicating good knowledge on the subject of breast self-examination. The cumulative mean is given as 3.21 and this by implication means that majority of the respondents have a good knowledge on breast self-examination.

Table 3: Attitude of Women towards Breast Self -Examination

S/N	Statements	SA	A	D	SD	Mean	Remark
1.	It is good to perform breast self-examination	121	9	30	16	3.30	Positive
2.	Advising other women to perform breast self-examination	100	32	24	20	3.20	Positive
3.	Detection of abnormality through breast self-examination	129	7	16	28	3.39	Positive
4.	Practice of breast self-examination monthly	28	109	27	12	2.86	Positive
5.	Breast self-examination does not cause harm	103	29	17	27	3.18	Positive
Cumulative mean						3.18	

Data on table 3 shows the attitude of women towards breast self-examination. The mean scores of their responses to the 5 items on attitude towards breast self-examination are 3.30, 3.20, 3.39, 2.86 and 3.18 respectively which are all above the cut off mean mark of 2.5 indicating a positive response to each of the items on attitude towards breast

self-examination. The cumulative mean is given as 3.18 and this by implication means that majority of the respondents have a positive attitude towards breast self-examination.

Table 4: Extent to which Women in Awo-Omamma Practice Breast Self-Examination

Variable:	Options	Frequency	Percentage %
Practice of breast self-examination			
Performance of Breast self-examination	Yes	132	75.0%
	No	44	25.0%
Frequency of breast examination practice	Always	38	21.6%
	Sometimes	44	25.0%
	Rarely	50	28.4%
	Never	44	25.0%

Data on table 4 shows the extent to which women in Awo-Omamma practice breast self-examination. 132 (75.0%) of the respondents practice breast self-examination while 44 (25.0%) do not. 38 (21.6%) of the respondents always practice BSE; 44 (25.0%) practice sometimes; 50 (28.4%) rarely practice BSE while 44 (25.0%) never practice BSE.

Table 5: Factors Hindering Practice of Breast Self-Examination

Variable: Factors hindering practice of breast self-examination	Options	Frequency	Percentage %
Inadequate education	Yes	159	90.3%
	No	17	9.7%
Lack of time	Yes	89	50.6%
	No	87	49.4%
Lack of motivation	Yes	42	22.5%
	No	134	77.5%
Work load	Yes	88	50.0%
	No	88	50.0%
Fear of discovering a lump	Yes	138	78.4%
	No	38	21.6%

Data on table 5 shows the factors hindering practice of Breast self-examination. 159 (90.3%) of the respondents agree that inadequate education is a hindering factor to the practice of BSE while 17 (9.7%) of the respondents believe otherwise. 89 (50.6%) attribute lack of time as a hindering factor while 87 (49.4%) think otherwise. 42 (22.5%) of the respondents are of the view that lack of motivation is a factor that hinders breast self-examination while 134 (77.5%) have opposing views. Half of the respondents (50.0%) agree that workload is a factor hindering the practice of breast self-examination while the other half disagree. Finally, majority of the respondents (78.4%) attribute fear of discovering a lump as a major factor hindering practice of breast self-examination while 38 (21.6%) answered otherwise. Summarily, the major factors hindering breast self-examination as answered by the respondents are: inadequate education, lack of time, workload and fear of discovering a lump.

DISCUSSION

Findings from research question one revealed that women in Awo-Omamma have a high knowledge of breast self-examination. The items on the rating scale revealed a cumulative mean score of 3.01 which is greater than the 2.5 mean mark. This implies that there is a good knowledge of the subject of breast self-examination amongst women of Awo-Omamma. The reason for these findings may not be farfetched given the fact that in recent years, awareness has been continuously made on breast cancer which can be tackled early of detected through breast self-examination. Findings from research question two revealed the attitude of women in Awo-Omamma towards breast self-examination. Results showed that the responses to the items bordering attitude of women towards breast self-examination all had mean scores above the mean mark of 2.5. This implies that women in Awo – Omamma exhibited a positive attitude towards breast self-examination. The reason for this finding can be hinged on the fact that health workers encourage and explicitly teach women about the benefits of having a breast self-examination occasionally especially in detecting any abnormality on the breasts. Finally, findings from research question three revealed that above of the sampled respondents rarely practice breast self-examination while only 21.6% of the sampled population

always practice breast self-examination. This result could be as a result of fear of finding a lump in the breast as answered by majority of the respondents.

CONCLUSION

In conclusion, the midwives and other health practitioners should help to reduce the incidence of breast abnormalities like Breast Cancer by encouraging continued practice of breast self-examination. Since women in Awo-Omamma have adequate knowledge and positive attitude in order to detect breast cancer with other abnormalities, they should be encouraged thereby reducing mortality and morbidity rates.

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