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Practice of Breast Self Examination among Childbearing Mothers in Agbani Health District, Enugu State

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Abstract

Breast is one of the finest physical features of a woman, that contribute largely to her beauty and as such the utmost desire of women is to keep the breast looking beautiful from adolescence to old age without developing health problem like breast cancer. This problem, if not detected early through breast self-examination may cause many women to lose their breast to cancer, hence the purpose of the study was to ascertain the extent of the practice of breast self-examination among child-bearing mothers attending health facilities in Agbani Health District, Enugu State. One purpose of the study, one research and two null hypotheses guided the study. The descriptive survey design was adopted for the study. The sample was 440 CBMs sampled from a population 13,428 through multi-stage sampling procedure. A valid and reliable questionnaire was the instrument for data collection. Mean and standard deviation were used to answer the research question while t-test statistic was used to test the null hypotheses at .05 level of significance. The findings of the study revealed that women practice breast self-examination to a low extent(x=2.35, SD=1.04). Tested hypotheses showed significant differences between the responses of CBMs in Agbani health district on the extent of the practice of breast self-examination (BSC) by educational status and location. Based on the findings, recommendations were made which include, that women should be taught and shown the practical lesson of breast self-examination at health facilities.
Keywords: Breast, Practice, Child Bearing Mothers, Extent, Cancer

Introduction

Breast is one of the finest physical features of a woman, that contribute largely to her beauty and as such the utmost desire of women is to keep the breast looking beautiful from adolescence to old age without developing health problem like breast cancer. However, the World Health Organization (2018) has identified cancers of the breast and cervix as major cancer killers for women above 30 years in low and middle-income countries. Also, cancers are preventable if detected early and it can be detected through screening strategies like Breast self-examination (BSE) but breast cancer is the commonest cancer affecting women in Nigeria of which CBMs attending Agbani health district shared a proportion of it (Ogbodo & Nnamani, 2014). Buttressing this fact, the National Cancer Institute (2013) noted that breast cancer is the commonest cancer affecting women in Nigeria. This alarming increase may be attributed to ignorant and negative feelings toward the practice of its preventive measure such as BSE. Awareness, correct and regular practice of breast self-examination has been found to be one of the best ways to prevent one of the commonest malignancy affecting women which is breast cancer. According to International Agency for Research in Cancer (IARC) (2012), the total cancer death in 2008 was 7.6 million, 2.8 million in economically developed countries and 4.8 million in an economically developing country like Nigeria. The above source also noted that the number of women at risk of breast cancer increased steadily from approximately 24.5 million in 1990 to approximately 40 million in 2010 and is projected to rise to over 50 million by 2020.

The practice of breast self-examination is very important as it is being universally accepted by the experts as a very simple, significant and effective method of early detection of breast cancer (Okoye, 2015). Breast self-examination involves checking the breast for lumps changes while standing and lying in different positions and while looking at the mirror to note any changes in their appearance. In the report of Siahpush and Sigh (2002), BSE makes women more "breast aware" which in turn may lead to an earlier diagnosis of breast cancer. It is worthy to note that breast cancer is preventable through the practice of breast self-examination. Consequently, the American Cancer Society (2012) in recognition of this, recommends breast cancer risk factors awareness and breast self-examination for early detection. According to the report, this practice could be of benefit to women and make them become familiar with both the appearance and the feel of their breast and detect any change in their breast as early as possible. However, Atanga, Atashili, Fuh, and Eta (2012) noted that important breast self-examination is not frequently practiced by women.

Practice according to Ibe and Eze (2014), means to perform (an activity) or exercise (a skill) repeatedly or regularly in other to improve or maintain one's proficiency. Hence practice in this study is repeated or regular

and consistent examining of one's breast by the woman to observer any irregularities in her breast like change in the shape of the breast or nipple, lump, change in colour or any of such. Once a woman knows what her breast normally looks like and feels like, any new lump or change in the appearance, she should consult a doctor for proper medical evaluation. However, it has been observed by researchers that women present themselves late for examination; they came to the hospital when their case has reached an advanced stage, at a time when little or no benefit can be derived from any form of therapy, a case which could have been averted through BSE (Ogbodo & Nnamani, 2014; Madu, 2019). This late presentation of breast cancer cases at hospitals motivated the researchers to carry out this study to determine the extent of practice of breast self-examination among women attending health facilities in Agbani health district, Enugu State. In Agbani health district which happens to be one the seven health districts in Enugu State, childbearing mothers which the present study regarded as women who are still in the act or process of giving birth were the respondents for the study. The district inhabits a great number of such women with varying educational status and resident in different locations (urban or rural). While some are educated up to university level, there is also a great number of them with low educational status and those without any formal education.

There are variables which could influence the practice of breast self-examination. In this study, two of such variable are considered. These variables are the educational status and location of women. Education according to Onuchukwu (2005) is the act of imparting desirable habits, skills, attitudes, which make an individual a good citizen. The author further stated that education can be seen as the shaping of the behaviour of an individual for adequate adjustment in society. In support of this, several studies have shown that education may or may not influence positive health practice like BSE. Gwarzo, Sabitu and Idris (2009), reported that 87.7 of female undergraduate students of Ahmadu Bello University Zaria, Northern Nigeria have heard about breast self-examination and only 19.0% of them perform it monthly. Also, Emenike (2011), observed that majority of female students of the University of Nigeria Enugu Campus (UNEC) practice breast self-examination. Also, Nahid, Masound, Mohammad, and Mohammad (2012) reported that few of Iranian women knew of breast self-examination and this knowledge had a significant association with their educational status. Whether the educational status of the women under study influences their practice of BSE is part of what this study will achieve. Also, location as a variable could influence the practice of breast self-examination. Enewali (2015) defined location as a particular place where somebody stays or lives. Location is further divided into urban and rural. Harper (2014), stated that urban is relating to a city or town. The author further stated that rural is not near cities or large town. In the report of Parkin, Bray, and Ferley (2002), it has been explained that patients in communities with a high level of awareness usually present with less advanced stages of breast cancers as a result of the adoption of screening methods. Those in communities with a low level of awareness often present themselves late to the hospital and may not be practicing breast self-examination.

According to Ibe and Eze (2014), those in rural centers have a lower practice of cancer screening method. The researchers attributed this to the fact that rural populations are usually neglected in health education issues. Furthermore, Ahmed, Zahid, Laadiwala and Memon, (2019) found that although 71.4% of young women in developing countries knew what BSE was while only 33.1% had performed it. In a similar view, Nahid, Masound, Mohammad, and Mohammed (2012), revealed that more than half of Iranian women probably irrespective of their location were able to do breast self-examination. Therefore, education status and location as variables may or may not influence the practice of breast self-examination among CBMs attending health facilities in Agbani health district. The researcher observed that women in Agbani health district present with advanced stages of breast cancer at a time in which little or no benefit is derived from any form of therapy. This may be as a result of non-practice of breast self-examination among CBMs attending health facilities in Agbani health district, Enugu State. This late presentation of breast cancer cases at hospitals motivated the researcher to carry out this study to determine the extent of practice of breast self-examination among CBMs in Agbani health district, Enugu State.

Purpose of the Study
The main purpose of the study was to ascertain the extent of practice of breast self-examination among CBMs attending health facilities in Agbani health district, Enugu State.

Research Question
1. What is the extent of the practice of breast self-examination among CBMs attending health facilities in Agbani health district, Enugu State?

Hypotheses

The following null hypotheses guided the study and were tested at .05 level of significance

1. There is no significant difference in the mean responses of literate and illiterate women on the extent of the practice of breast self-examination in Agbani health district, Enugu State.
2. There is no significant difference in the mean responses of urban and rural women on the extent of practice of breast self-examination in Agbani health district, Enugu State.

Methods

The descriptive survey research design was adopted for this study. This method according to Eze (2014), attempts to describe, explain and interpret conditions of the respondents in their natural setting without any form of manipulations. This design is appropriate for the study because women were studied to ascertain the practice of breast self-examination without any form of manipulations. The population of women of childbearing age in both primary, secondary and tertiary health facilities in Agbani health district in Enugu State was 133,428 (Enugu State Ministry of Health, 2016).

A sample of 440 CBMs was used as the sample for the study. A proportionate sampling technique was used to determine the numbers of respondents used from the health district, to get at the respondent's; convenience sampling technique was used to draw consecutive consenting CBMs as they visit health facilities until the number of respondents was drawn.

The instrument that was used for data collection was a questionnaire developed by the researchers titled "Extent of Practice of Breast Self Examination Questionnaire (EPBSEQ)". The questionnaire has two (2) sections A and B and the respondents were expected to tick appropriately in the boxes provided for section A which was on biodata. Regarding questions under section B that has four-point scale the respondents were expected to tick under Very Great Extent (VGE) =4, Great Extent (GE) =3, Low Extent (LE) =2, or Very Low Extent (VLE)= 1 section B was made up of nine items on the extent of the practice of breast self-examination.

The instrument was face validated by three experts from the faculty of education, Enugu State University of Science and Technology (ESUT) Enugu, two from the Department of health and physical Education and one expert in Test and Measurement from Science and Computer education. Thirty copies of the questionnaire were administered to 30 women of child-bearing age who visited five health facilities randomly sampled from Udi health district. Their responses to the various items of the questionnaire were analyzed using Cronbach's Alpha method Cronbach's Alpha was most suitable for estimating reliability in this study because the data were not scored dichotomously. The reliability coefficient was 0.84.

The researchers briefed four research assistants who are nurses on the modus operandi in administering the instrument. The instrument for data collection was discussed with the research assistants to become well acquainted with the modalities of administering the instrument in appropriate and effective ways. The use of these research assistants helps in ensuring that the actual respondents for whom the instrument is meant for are indeed those who completed them. They also help them to clarify items whenever the need arises. This helped to reduce likely errors that could have arisen in the filling of the responses for the different items and this gave a 100% return rate.

Data were analyzed using mean and SD for research questions and t-test for testing the hypotheses. In interpreting the results limit of the score were used any mean from 3.50 and above is regarded as Very Great Extent (VGE), 2,50-3.49 Great Extent (GE), 1.30-2.49 Low Extent (LE), and 1.00-1.49 Very Low Extent (VLE) also the hypothesis is significant if P = or greater than 0.05.

Results

Table 1: Mean Score Responses of the Respondents on the Extent of Practice of Breast Self Examination among Women in Agbani health district Enugu State (n=440)

S/N	ITEM To what extent	VGE 4	GE 3	LE 2	VLE 1	MEAN	SD	DECISION
1.	do you practice breast self-examination regularly	152	173	52	63	2.94	1.02	GE
2.	do you practice breast self-examination while standing in front of a mirror	90	101	126	123	2.36	1.09	LE
3.	do you practice breast self-examination while lying down	112	112	108	108	2.52	1.12	GE

4.	do you practice breast self-examination using your index and middle finger	153	99	84	104	2.68	1.18	GE
5.	do you practice breast self-examination using your five (5) fingers	71	52	157	160	2.08	1.06	LE
6.	do you practice breast self-examination 5-7 days after menstruation	99	159	119	63	2.67	0.98	GE
7.	do you practice breast self-examination while sitting down	59	63	154	164	2.04	1.03	LE
8.	do you practice breast self-examination following technique consistently and correctly	51	48	181	160	1.98	0.97	LE
9.	do you practice breast self-examination using your palm	30	55	178	177	1.86	0.88	LE
	GRAND MEAN					2.35	1.04	LE

Table 1 shows a mean rating of 2.94, 2.52, 2.68, and 2.67 were obtained from items 1,3,4 and 6 which shows great extent (GE). On the other hand, low mean ratings of 2.36, 2.08, 2.04, 1.98 and 1.86 were obtained from 2,5,7,8 and 9.

Generally, a grand mean of 2.35, with standard deviation of 1.04 was obtained from all the 9 items, thereby indicating that the respondent's extent of the practice of breast self-examination is low.

Table 2: t-test of difference between the Mean Scores of literate and illiterate Women in Agbani health district on the Extent of Practice of Breast Self Examination

GROUP	N	MEAN	SD	t	Df	Sig	Decision
Illiterate	140	2.19	.86	-3.0	438	.002	S
Literate	300	2.42	.65				

Table 2 shows that the t-calculated value on the mean response of literate and illiterate women on the extent of practice of breast self-examination is 3.0 which is significant at 0.002 level of significance, which is less than 0.05 level of significance set for the study and therefore the null hypothesis is rejected. This means that there is significant difference between the mean response of literate and illiterate women on the extent of the practice of breast self- examination.

Table 3: t-test of difference between the Mean Scores of Urban and Rural Women in Agbani health district on the Extent of Practice of Breast Self Examination

GROUP	N	MEAN	StdDev	t	df	Sig	Decision
Rural	110	2.64	.94	4.97	438	.000	S
Urban	330	2.24	.61				

Table 3 shows that the t-calculated value on the mean response of women in urban and rural location on the extent of practice of breast self-examination is 4.97, which is significant at 0.000 level of significance, which is less than 0.05 level of significance set for the study and therefore the null hypothesis is rejected. This means that there is significant difference between the mean response of women in urban and rural location on the extent of the practice of breast self-examination.

Discussion

The findings revealed that the extent of the practice of breast self-examination among CBMs in Agbani health district, Enugu State is low. The findings of this study are in support with that of Ibe and Eze, (2014) which revealed that practice of breast self-examination among urban and rural female secondary school teachers in Enugu State was low. The authors stated that this low practice may be hinged on the fact that many are reluctant to practice breast self-examination (BSE) because of fear. In a similar view, Brunner and Suddarth, (2002) estimated that only 25-30% of women perform breast self-examination proficiently or regularly each month. The findings are also in agreement with the findings of Atanga, Atashili, Fuh, and Eta (2012), which affirmed that the practice of breast self-examination which is important is not frequently performed by women Bureau, Cameroon. In addition, Ogbodo (2012), equally found a low level of knowledge of cancer prevention strategies, as well as the little extent

of performance of screening tests by women of childbearing age in Agbani health district, Enugu State. The findings also agree with the finding of Gwarzo, Sabitu, and Idris (2009), who found that 87.7 of female undergraduate students of Ahmadu Bellow University Zaria, Northern Nigeria have heard about breast self-examination and only 19.0% of them perform it monthly. The finding is in agreement with the findings of Ahmed, Zahid Laadiwala, and Memon (2019), which revealed that although 71.4% of the women knew what BSE was, only 33.1% had performed it. However, the finding is in disagreement with the findings of Nahid, Masound, Mohammad, and Mohammed (2012), which revealed that more than half of the respondents were able to do breast self-examination. In a similar view, this result disagrees with the observation made in Emenike (2011) where it was observed that majority practice breast self-examination.

The related hypotheses revealed that there is significant difference between the urban and rural women, literate and illiterate women on the extent of the practice of breast self-examination. The finding was in support of the findings of Ogbodo, (2014) who found a significant difference between the mean ratings of literate and non-literate women in Agbani health district on the extent to which they perform a screening test for cancer prevention. The result agrees with the findings of Nahid, Masound, Mohammad, and Mohammad (2012) which reveal that few of the participant knew of breast self-examination and this knowledge had a significant association with their educational status. The reason could that education help in the shaping of the behaviour of an individual for adequate adjustment in society. Location could also influence the practice of breast self-examination. The researchers are not surprised because the rural women in Agbani health district, Enugu State may depend on community myths and may be busy with their farm work or trading which could hinder the practice of breast self-examination

Conclusion

Based on the findings of the study, the following conclusions were made. Women in Agbani health district exhibited low extent of the practice of breast self-examination (BSE). There is significant difference in the responses of literate and illiterate women in Agbani health district on the extent of practice of breast self-examination. There is a significant difference between the responses of urban and rural women in Agbani health district on their extent of practice of breast self-examination (BSE).

Recommendations

Based on the findings of the study it was recommended that:
1. Women should be taught and shown the practical lesson of breast self-examination at health facilities.
2. The government should create maternal health policies capable of increasing awareness of the practice of breast self-examination.

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