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Knowledge of Breast Self Examination among Female Students in Ignatius Ajuru University of Education, Rivers State

Elechi, Comfort Emma
Department of Human Kinetics, Health and Safety Education
Ignatius Ajuru University of Education, Rumuolumeni, Port Harcourt
elechiimmanuel@yahoo.com

Abstract
The study investigated knowledge regarding breast self-examination (BSE) among female undergraduate students of Ignatius Ajuru University of Education, Port Harcourt, Rivers State, Nigeria during 2014 and 2015 academic session. A descriptive survey research design in the study was employed. The sample comprised 300 students selected from the six female hostels in the main campus of the university using a proportionate random sampling technique. Data were collected with structure questionnaire, with reliability co-efficient of 0.71. Data analysis was done using descriptive statistics. It was found out that most (72.7%) respondents were aware of BSE. The electronic media were the major sources of information while the health worker was reported low. The respondents had 79.6% knowledge of BSE. It was recommended among others that public awareness on the importance of BSE be intensified using the mass media and that health workers should promote BSE during contacts with female patients/clients.
Keywords: Breast Self Examination, Knowledge, Cancer, Students

Introduction

Breast self-examination (BSE) is an important, cheap and easy method for early diagnosis of breast cancer. Cancer of the breast is a malignant tumor that develops from cell in the breast (Imagines, 2010). It is the commonest cancer among women in Nigeria and globally (Osime, Okoji, Aigbekean & Aigbekean, 2008). Such tumors, arise when the process that controls normal cell multiplies at a rapid rate, and it can be detected at an early stage through breast self-examination (BSE). Naturally the breast is lumpy but the first manifestation or the most common symptom of breast cancer is an abnormal lump or swelling in the breast different from the rest of the breast tissue (Awake, 1994; Spratt, 2007) but lumps may also appear beside the breast or under the arm and if detected early can guarantee better medical outcome (Modern Language Association MLA, 2010). However, a lump in the breast is no sure sign of cancer. Every breast is lumpy to some degree and the lumpiness becomes more pronounced shortly before menstruation as breast naturally enlarges (Spratt, 2007). However, any area of the breast that becomes more prominent than the surrounding tissue or feels unusually firm requires the attention of the physician. Breast lumps are common problems in women and many range from a cysts, a fluid-filled structure that does not pose a cancer risk, to breast cancer (West, 2008). More than 80% of breast cancer cases is discovered when the woman feels a lump (Merck manual of Diagnosis and Therapy, 2003). Other symptoms may include unexplained breast pain, abnormal nipple discharge, change in breast texture, or changes in the skin.

As a major health problem in many parts of the World, breast cancer is especially prevalent in developed countries (Spratt, 2007). It causes 376,000 deaths per year worldwide, about 900,000 women are diagnosed every year with the disease (World Health Organisation, 1997).

Fortunately, the mortality rate from breast cancer has decrease in recent years with an increased emphasis on early detection and more effective treatment. Early discovery of breast cancer remains the most important step in altering the cause of breast cancer (Awake, 1994). In this regard, there are three key measures for early detection including regular breast self-examination (BSE), clinical breast examination (BSE) by a doctor and mammography. There are also preventive approaches and treatment options for the disease such as needle biopsy and chemotherapy. There is evidence that screening for breast cancer has a favourable effect on mortality from breast cancer (Harvery, Miller, Binks & Corey, 1997). Breast self-examination (BSE) is one of the important step for screening, that is identifying breast tumors at an early stage (Marinho, Costa, Gurgel, Cacatti & Osis, 2003). Through clinical examination and patient education, self-examination can have a crucial impact on early identification of breast cancer, and it's diagnosis ultimately enhanced survival (Park, 2002). In many countries, especially developing countries like Nigeria, BSE will most likely be the only feasible approach to wide population coverage as it is a cheap and easy method (Gwarzo, Sabitu&Idris, 2009). BSE raise the awareness of the health status of the breast, therefore, World Health Organisation (WHO) and American cancer Society (ACS) and some experts have directed or recommended that every woman aged 20 years and above should perfrom monthly breast self-examiantion to check for new lumps and other changes within the breast (Spratt, 2007). Since it is an established fact that BSE raises the awareness of health of the breast and early detection of Breast cancer, the

researcher wishes to determine the level of knowledge of the breast self-examination among female students of Ignatius Ajuru University of Education Port Harcourt, Rivers State.

Statement of the Problem

Globally breast cancer accounts for 18.4% of female cancer (Badoe, Baako, Archampong & Darocha, 2000). Breast cancer is the most common cancer among women in many parts of African and leading cause of mortality associated with cancer in African women (Adebamowo & Adekunu, 1999). Several publication indicate a tend towards an increasing incidence of the disease in many parts of African (Boulor, Godallah & Neguib, 2005). In Nigeria the prevalence of breast cancer has doubled from 15.3per 100,000 women in 1976 to 33.6 per 100,000 in 1992 with frequency of 25.7% in Nigeria (Egeonu & Nwiwu, 2009). Preliminary survey report from population based epidemiology study conducted by Adebamow, et al, (2006) the prevalence of breast cancer in Nigeria is 116 cases per 100,000 women per year (Gwarzoetal, 2009).

The relative frequency of breast cancer among other female cancers, from cancer registries in Nigeria were 35.3% in Ibadan, 28.2% in life, Ijesha, 44.5% in Enugu 17%, in Enuwa, 37.5% in Ife Lagos 20.5% in Zaria and 29.8% in Calabar (Banjo, 2004). In the center except Calabar and Ernwa, breast cancer rated first among other cancers. Further reports showed that majority of cases ranged between 43 – 50 years across the regions. The youngest age recorded was 16 years. Adebamowo and Ajayi (2000) also reported that peak age of incidence in Nigeria is 42.6 years and that 12% of cases occurred before 30 years while postmenopausal women accounted for 20% of cases (Adebamowo et al, 2003). The predominated feature of late presentation of breast cancer had been reported over three decades in Nigeria (Okobia, Clareann, Friday & Usifor, 2006). This is probably due to the fact that there is no established national screening program for the breast cancer (Abimbola & Oladimeja 2006).

Despite the increasing rate of occurrence of breast cancer in Nigeria, the level of knowledge of BSE among female students of Ignatius Ajuru University of Education is not known, hence the need for this study.

Purpose of the Study

The general purpose of the study was to determine the level of knowledge of Breast Self-examination (BSE) exercise for breast cancer detection among female students of Ignatius Ajuru University of Education, Port Harcourt during 2014/2015.

Research Question

Based on the specific purpose of the study, the following research question was raised:-

(1) What is the knowledge of female students of IAUE Port Harcourt regarding breast self-examination exercise for breast cancer detection?

Methodology

The research design used for this study is the descriptive survey research design.

The study population comprised of all seven hundred and fifty six (756) female students in the female hostel of the main campus Ignatius Ajuru University of Education, Rumuolumeni, Rivers State, Nigeria in the 2014/2015 academic session.

A sample of 300 students was selected for the study. A Multi-stage Sampling Technique was adopted for the study. Cluster sampling involved proportional allocation of sample in the hostel and finally using simple random sampling in selecting the participants for the study.

Table 1. Selection of Respondents

Hostel	Number of students	Number of respondents
Stella	276	111
G	120	48
H	120	48
A	80	31
B	80	31
C	80	31
Total	**756**	**300**

Reliability co-efficient of 0.71 was obtained for knowledge of students regarding breast self-examination using test-retest method. A structured self-administered questionnaire will be used to obtain information from the respondents. Questionnaire had four sections: Section 1 contained 7 questions structured to obtain information on Socio-Demographic Characteristics of the participants such as hall of residence/hostel, faculty-department, level

of study, age, marital status, ethnic group and religion. Section 2 – contained 5 times to evaluate Knowledge. Data were analysed by use of descriptive statistics of frequency and percentage.

Socio-demographic characteristics of respondents

Table 1: Socio-demographic characteristics of respondents

Socio-demographic characteristics	Frequency	Percentage
Faculty		
Education	40	13.3
Humanities	92	30.7
Natural and Applied Sciences	76	25.3
Social Sciences	87	29.0
Vocational and Technical Education	5	1.7
Total	**300**	**100.00**
Age (years)		
15 – 19	39	13.0
20 – 24	200	66.7
≥25	61	20.3
Total	**300**	**100.0**
Mean age = 22.16£ 2.70 years		
Level of Study		
100	97	32.3
200	82	27.3
300	83	27.7
400	38	12.7
Total	**300**	**100.0**
Marital Status		
Single	272	90.7
Cohabiting	20	6.7
Married (Monogamous)	5	1.6
Polygamous marriage	3	1.0
Total	**300**	**100.0**
Ethnic Group		
Ikwerre	104	34.7
Ogoni	30	10.0
Kalabari	26	8.7
Igbo	42	14.0
Others +	98	32.6
Total	**300**	**100.0**
Religion		
Christianity	297	99.0
Islamic	1	0.3
African traditional Religion (ATR)	2	0.7
Total	**300**	**100.0**

The socio-demographic variables of the 300 women included in the analyses show that 30.3% are in the Humanities faculty, 29.0% Social Sciences, 25.3% Natural and applied sciences and 1.7%vocational and technical education. Majority (66.7%) aged 20 – 24 years, 20.3% 25 years and above while 13.0% were aged 15 – 19 with a mean age of 22.16£2.70 years. More than a quarter (32.3%) was in 100 level of their study. 90.7% were singles, 6.7% were cohabiting, 1.6% were monogamous relationship and 1.0% in a polygamous relationship (Table 4.1). (Yoruba 1.7%, Etche 5.7%, Ijaw 1.7% ONELGA 7.0%, Ekpeye 1.7% Andoni 3.3%, Okirika 2.0%, Delta 2.0% Hausa 0.3%, Abua 1.3%, Oyigbo 0.3%, Urhobo 0.7%, Idoma 0.3%, Ndoki 0.3%, Engenni 1.0%, Cross River 0.3%, Edo 1.0%, Igala 0.3%, Eleme 0.3%, Akwa-Ibom 1.3%.

Knowledge of Breast Self-Examination

Table 3: Knowledge of Breast Self-Examination

Item	Frequency	Percentage
Heard about BSE		
Yes	218	72.7
No	82	27.3
Total	**300**	**100**
Source of information about BSE		
Lectures	27	11.6
Books	63	24.8
Television	82	32.3
Radio	9	3.6
Health worker	37	16.6
Newspaper	10	3.9
Friends	9	3.6
Relations	9	3.6
Total	**246**	**100**
Full meaning of BSE		
Body status examination	12	5.1
Benign self examination	0	0
Breast self examination	223	94.5
Bachelor of science education	1	0.4
Total	**236**	**100**
Benefit of BSE		
Detection of lump	101	50.5
Detection of pregnancy	0	0
Early detection of breast cancer	99	49.5
Total	**200**	**100**
What can put a women at risk of developing breast cancer		
Late onset of menstruation	27	17.4
Age	1	0.6
Having more than five children	9	5.8
History of breast cancer in a family member or relation	118	76.2
Total	**115**	**100**

*Non responses were excluded, **multiple responses.

From Table 3 above, knowledge of BSE is 79.6%. Majority (72.7%) Had heard about breast self examination knew through several source such as Television (32.3%), Books (24.8%), Health workers (16.6%). Ninety four point five knew the full meaning of BSE. 50.5% of the respondents knew that BSE is use for detection of lump, 49.5% knew that BSE is beneficial for early detection of breast cancer. More than half (76.1%) knew that history of breast cancer in a family member or relation can put a woman at risk of developing breast cancer.

Discussions of findings

Breast Self -Examination (BSE) provides an inexpensive method for early detection of breast tumors, thus knowledge and consistent practice could protect women from severe morbidity and mortality due to breast cancer (Francis, 2006). BSE was known by most of the respondents in this study as 72.7% had heard about it before. This agreed with findings reported from Enugu in Nigeria where 92% of the respondents were aware of the procedure (Nwagbio, &Akpala, 1996). While 87.7% had heard about BSE in Zaria (Gwarto et al, 2009).

The highest proportion of the respondent obtained their first information from the television, which is higher than health workers, similar observation about the respondents' first source of information were reported in Ilorin, Kwara State, Nigeria where 29.7% of those studied indicated also that the electronic media was their first source of information, the least proportion of the respondents heard about it for the first time health personnel (Kayode et al, 2005). This may probably result from inadequate health education by health workers towards importance of BSE.

Conclusion

Breast self-examination is one of the vital screening techniques for early detection of breast lumps, most especially cancer of the breast. The procedure, though simple, non-invasive, requiring little time, can only be practiced with the right attitude to sustain it and achieve the desired goal.

Recommendations

Based on the findings of the study, the following recommendations were made:

- Government should create, centres where BSE could be done to enable the people have free examination.
- Health educators should introduce public health programme that teach women to regularly examine their breast and to seek early treatment for any detected lesions through lecturers, mass media, seminars, conferences, workshops and even at the grassroots level.
- Primary health care providers should raise awareness about breast care among women and encourage them to report unusual changes in their breast to their physicians.
- Efforts should be made to increase knowledge of breast self-examination through health education programmes.

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