Knowledge, Attitude and Practice of Breast Self Examination among Women in Rivers State, Nigeria

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ABSTRACT:

Background: Screening for early detection of diseases is an important public health principle. Breast self-examination is one of the vital screening techniques for early detection of breast disease and breast cancer, which is the commonest cancer in women.

Method: A cross-sectional study was conducted in 2008 in three Local Government Areas of Rivers State, Nigeria, using a structured questionnaire.

Results: The age range of respondents was 21-85 years. Two hundred and eleven (16.06%) have heard of breast self-examination, of which 200(28.94%) practice It. Knowledge and awareness of BSE is affected by education as 3 (0.43%) of respondents with primary education, 146(21.13%) secondary education and 125(18.09%) with tertiary education have heard of breast self-examination. None of the respondents without formal education have heard or practice breast self-examination.

Conclusion: In developing countries owing to resource crunch and diagnostic facilities being too costly, breast self-examination is an effective and economic preventive mode. Hence, early detection and screening by self-examination should be promoted.

Key Words: Breast, Cancer, Examination, Developing Countries

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INTRODUCTION

Cancers in all forms are responsible for about 12 % of deaths throughout the world [1]. This observation demands that cancer control should be of increasing priority in the health care programmes of developing countries [2,3].

Breast cancer is now the most common female malignancy world wide [4,5]. It is thus an important public health issue and one of the leading causes of death due to cancer in women [4,6]. Carcinoma of the breast has received very wide publicity especially in the western society where much study into its origin, diagnostic method and treatment has been done, thus explaining the low incidence of advance cases of carcinoma in such areas [7,8]. Some of the reasons given for the late presentation in Africa are fear of mastectomy, preference for spiritual healing houses, native medication, herbal therapy, and economic reasons [9]. Regular breast self-examination (BSE) reduces the morbidity and mortality from this disease [5] as it promotes the early detection of breast Carcinoma at early stages [5].

Mammography is the method of choice for the early detection of breast cancer. However the its limited use [9] in developing countries due to the high cost and limited availability [10] make BSE a convenient, and cost effective method, though less reliable [10].

Screening for early detection and diagnosis of diseases and health conditions is an important public health principle. BSE is a process whereby women examine their breasts regularly to detect any abnormal swelling or lumps in order to seek prompt medical attention. The procedure though simple, non-invasive and requiring little time, can only be practiced with the right attitude to sustain it and achieve the desired goal [11], of early diagnosis and treatment before metastasis, which is a prerequisite for better outcome [12].

It is on this background that this study on the knowledge, attitude, and practice of self-examination among women in Rivers State, Nigeria is justified. The objective of this study is to inquire about the practice of breast self-examination among women in Rivers State, Nigeria since mammography is expensive and not readily available.

MATERIALS AND METHOD
Study Design
This is a cross-sectional study conducted in 2008 in three Local Government Areas in Rivers State, Nigeria namely Ahoada-East, Bonny, and Port Harcourt. At Ahoada-East and Port Harcourt local government areas, it was conducted during the Medical Women Association of Nigeria, Rivers State branch week.

Participants
The study population was made up of females who have attained puberty with breast development

Sampling Design
All participants of the Medical Women Association of Nigeria, Rivers State Branch programme in Ahoada-East and Port Harcourt Local Government Areas made up the study population. Simple random sampling was done at Bonny Local Government area to choose study participants. Only subjects who gave consent to participate in the survey were enrolled.

Instruments and Technique
A nine item closed ended structured questionnaire was self

administered and retrieved immediately. Verbal consent as well as written preview of study intent was obtained and given to each participant.

RESULTS

Seven hundred questionnaires were administered and only 691 were retrieved and fully completed. The age of respondents ranged from 21-85 years with a mean of 42.14 ± 0.21 years. Regarding the marital status of respondents, 8.10 % (56) were single, 86.25 % (596) married, and 5.64% (39) were widows.

One hundred and eleven (16.06%) respondents had no formal education, 51 (7.38) had primary education, 384 (55.57%) had secondary education while 145 (20.98%) had tertiary education.

The occupation of respondents are as stated: 35(5.07%) work in the private sector, 214(30.97%) civil servants, 213(30.82%) traders, 57(8.25%) business women, 14(2.03%) medical doctors, 16(2.32%) students, 32(4.93%) nurses, 8(1.16%) legal practitioners, 25(3.62%) unemployed, 3(0.43%) accountants, 3(0.43%) lecturers, 3(0.43%) undergraduates, 14(2,03%) engineers, 2(0.29%) surveyors, 1(0.14%) geologist) and 1(0.14%) law enforcement agent.

Two hundred and seventy four (39.65%) respondents have heard of breast self-examination while 417 (60.35%) have not heard of it. Respondents that practiced BSE were 200 (28.94%), while 74 (10.71%) have heard of BSE but do not practice it. The distribution of respondents with knowledge of BSE by age group is as listed: 21-30 years 60(21.9%), 31-40 years 123(44.9%), 41-50 years 55(20.1%), 51-60 years 24(8.7%), 61-70 years 9(3.3%), 71-80years 3(1.1%).

The distribution of respondents who practiced BSE by age group is as listed: 21-30years 50 (25.0%), 31-40 years 85(42.5%), 41-50 years 37(18.5%), 51-60 years 21(10.5%), 61-70 years 7(3.5%). All the respondents who have heard of BSE said they encourage other women to practice BSE. Those that practiced BSE all had some form of formal education 3 (0.43%) primary, 146(21.13%) secondary and 125(18.09%) tertiary education.

Concerning the time spent in performing BSE 75(10.85%) of respondents spend five minutes, 76(11.00%) 10 minutes, 24(3.47%) 15 minutes, 23(3.33%) 30 minutes and 1 (0.14%) more than one hour. BSE was done weekly by 26(3.76%), monthly 68(9.84%), every three months 39(5.64%), yearly 24(3.47%) and 23(3.33%) do it whenever they remember.

DISCUSSION

In this study, (274) 39.65% of respondents have heard of BSE out of these only 200 (28.94%) practice it. It has been previously documented that women who are better educated are more knowledgeable of and more likely to practice BSE [13]. This was seen in this study as all those that have heard of BSE have some form of formal education as only as only three respondents with primary education have heard of BSE though they do not practice it. All those with no form of formal education have not heard of and did not practice BSE. Formal education plays a role in the knowledge and practice. In this study, it was practiced among women with tertiary and secondary education. 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 [14].

More respondents of age group 31-35 years have heard of BSE. Concerning the knowledge of BSE, this study reported that 274 (39.65%) of respondents have heard of BSE which slightly higher than the study by Balogun and Owoaje who reported that 31.7% [5] had heard about BSE. However, the finding of our study is lower than what Kayode et al reported in other Nigerian studies in Ilorin 95.6% [11], and Jebbin and Adotey in Port Harcourt 85.5% [15].

The awareness and practice of BSE was more frequent in the age group of 21-20 years, 31-40years and 41-50years. This is similar to the findings of Balogun and Owoaje[5] in Ibadan who found a higher level of awareness in women below the age of 60 years. This is probably linked to the level of education of the subjects in this age group which is likely to promote the appreciation of the adverse impact on lifespan from breast cancer when compared to the older respondents[5].

CONCLUSION

The knowledge and practice of BSE of (39.65%) and (28.94%) respectively reported in this study is low. However the knowledge and practice of BSE was better among the educated especially those with secondary and tertiary education and those in the age group 31-36 years and 36-40 years. We thus recommend that while mammography services should be made available at subsidized cost for the screening programme for women 35 years and above in developing countries. The reality of the limited availability and prohibitive cost of this procedure make the promotion of awareness and education of BSE and CBE a very important strategy in the prevention and early detection of breast cancer. The education on BSE should therefore be introduced early and can be included in the secondary schools curriculum as part of health education especially for females. In addition, the current attempts to promote female and girl child education through gender equality and other program goals such as the millennium development goals should be intensified.

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