

**KNOWLEDGE, ATTITUDE AND PRACTICE OF BREAST SELF EXAMINATION
AMONG CHILD BEARING WOMEN ATTENDING ANTENATAL CLINIC AT IMO
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ABSTRACT

This is a research project carried out to determine the knowledge attitude and practice of breast self examination among women of child bearing age attending antenatal clinic at imo state university teaching orlu. Questionnaire was used for data collection 120 questionnaire were distributed but only 110 returned. The research design used was descriptive survey design this mean finding of the study are majority of the respondents, 81.7% having high level of knowledge about BSE of which the major source information was from the nurses and doctors other sources include 11.8%, 9% of place work. Greater % of respondent 93.5% suggests that BSE is necessary and a majority of respondent 64.2% practice BSE. 73.1% practice BSE to detect any lump or abnormality early. Finding showed that occupation does not significantly influence the practice of BSE and also that they is no significant different between level of education and practice of BSE. There is need for the utilization of the mass media in discriminating collect and appropriate information about BSE to women in served.

INTRODUCTION

The incidence of breast cancer is on the increase in many parts of Africa like Cameroon they was an estimated 2,625 cases per 100,000 in 2012. The awareness of breast cancer preventive method is therefore critical in reduction of breast cancer, morbidity and mortality. This study evaluated the knowledge, attitude and practice of breast self examination (BSE) among women of childbearing age attending antenatal at University teaching hospital orlu.

Breast cancer is a global health issue and the second leading course of death among women internationally, in India, it account for the second most common cancer in women around 80,00 cases are estimated to account annually. The age-standardize incidence rate of breast cancer among India women is 22.9 and the mortality rate is 11.9.

Even though breast self examination is a simple, quite and cost free produces, the practice of BSE is low and varies in different countries. In England only about 54% practice. In Nigeria the practice of BSE ranged from 19% to 43.2% and in India from 0 to 52%. Several reason like lack of time, lack of self confidence in the ability to perform the technology correctly, fear of possible discovery of a lump and embarrassment associated with manipulation of the breast has been cited as a reasons for not practicing breast self examination.

Dadashi and Al – Mohaimed (2010) observed that since breast cancer is a progressive disease, small tumors are to have a better prognosis and more successful treatment. The 3 screening test he stated usually considered for early detection are breast self examination (BSE), mammography and clinical breast examination (CBE).

According to Okobia (2006), screening mammography is widely practiced in developed world but is expensive and beyond the reach of most patients in Nigeria and other countries in Sub-Sahara Africa. In a low resource setting such as ours, BSE becomes particularly important and may be seen as easy and free evidence based modality of breast cancer.

According to Smeltzer *et al.* (2010) breast self examination (BSE) is a screening method used in an attempt to detect early breast abnormalities. They said that breast self examination is better done after menstrual cycle (5-7) day after.

Breast self examination is a tool that may help you become familiar with the way your breasts normally look and feel (Okolie, 2012). Most medical dictionary (2010) states that breast self examination (BSE) in an inspection by a woman of her breast to detect breast cancer.

American cancer society (2012) opined that breast self examination is an option for women starting from early

20's as it enables women to know how their breast normally feel and to report any breast changes promptly to their healthcare providers.

Abdel – Fattah *et al.* (2000) stated that studies carried out in Egypt showed that performers were 3 times more likely to have their breast tumour diagnoses at an earlier stage than women who did not. In cognition of the urgent need to address the scourge and prevalence of breast cancer in Nigeria there is a new call for measures that emphasizes on prevention. Early detection of the disease is a key to its eradication and where opportunity is given to people to access information on specific preventive measures such as breast screening to allow for early detection and intervention, room is created for longer survival periods, as obtainable in most advanced societies.

Aim

The main purpose of this study is to determine the knowledge, attitude and practice of breast self examination among women of child bearing age (15-45 years) attending antenatal clinic at central hospital, teaching hospital.

MATERIALS AND METHODS

$$\text{Formula } n = \frac{N^2}{1 \times N[d]}$$

n = the sample size

n = the population size and

d = assured to be 0.05 at 95% confidence

$$\text{solution } n = \frac{902500}{1 \times 950} \quad \frac{950}{3}$$

$$\text{solution } \frac{950}{316} \quad \frac{3166}{= 31.7}$$

Instrument for data collection

The data was collected by the use of questionnaire which consist of 3 section which were constructed in close ended question from section A consist of demographic data of the respondents, section B consist of question related to the knowledge and attitude of breast self-examination, section C consists of practice of breast self-examination. The details for these questionnaires are in appendix.

Validity of the instrument

To ascertain the content appropriates of the questionnaires was presented to the research supervisor for correction and proper arrangement.

Due correction were made.

Study area

This study was carried out in imo state university teaching hospital orlu.

Target population

The study population was the woman of child bearing age attending antenatal clinic in Imo state teaching hospital for three months period 950 from 01-01-2018-31/03/2018.

Months	No of women attending antenatal clinic
Jan. 30-	320
Feb. 300-	300
Mar. 300-	330
Total population 950	

Sample and Sampling Techniques

The sampling techniques used to select the sample size was accidental sampling techniques, which was on the basis of first come first serve. The researchers applied Taro Yamare formula to know the minimum sample size that will be valid for the study, and it was found to be 950. The researchers went further to Organize, correct, converting necessary errors, solving and grouping of data for analysis.

Reliability of the instrument

Reliability of the instrument is the consistency of the instrument. Pilot study was conducted to establish the reliability of the instrument. Were, 20 questionnaire were made and 10 were administered to child bearing mothers in owerre-ebeiri health center 20 to registered mothers at umuzike health center. Row score method of Pearson product moment coefficient correlation was used to analyze the sits of the pilot study that is Owerre-Ebeiri and Umuzike. The reliability was calculated to be 0.8/ see appendix

This shows that the instrument is reliable.

Method of data collection

The researcher obtained consent of the respondents. An introduction letter was inclined in the questionnaire. The questionnaire was administered to the respondents by the researcher and two project assistants who helped to distribute and collect the completed copies of the questionnaire 120 copies of the questionnaire were administered and all were returned.

Method of data analysis

The data collected were analyzed using frequency distribution and percentage and were presented in charts and tables.

Ethical Consideration

The respondents were allowed to participate willingly and their consent was obtained. The questionnaire was given to them which they responded freely. They were given absolute confidentiality of the information given.

RESULTS

Table 1: Socio-Demographic Characteristic of Participant.

Characteristic	Frequency	Percentage %
Age. 15-20	3	2.8
21-25	27	24.8
26-30	32	29.8
31-33	35	32.1
36-40	10	9.2
41-45	2	1.3
No response	1	0
Total	110	100
Occupation		
Civil servant	24	22.6
Trader	28	26.4
Self employed	23	20.6
House wife	15	14.2
Unemployed	14	13.2
No response	4	3.0
Total	110	100
Marital status		
Single	2	22.9
Married	92	60.1
Divorced	1	1.1
Separated	12	4.6
No response	3	10.8
Total	110	100
Educational level		
No education	53	50.3
Secondary	19	-
Tertiary	36	39
No response	-	-
Total	110	100

From the above, it should that 2.8% of the responses are 15-20years, 24.8% are 21-25year, 29-40% are 26-30year, 32.1% are 31-35year, 9-2% are 36-45year, and 1-8% are civil servant, 26.4% traders, 23.6% self employed, 14.2%, house wife's and 13.2% unemployed about

95.3% of respondents are married, 1.9% single, 0.9% divorce 1.9% separated, 53.3% included those with no education 5.0% secondary 14.0% tertiary 36.0% while no respondent is 0.

Table 2: Shows numbers of respondents having knowledge of BSE.

Response	Frequency (n)	Percentage (%)
Yes	89	81.7
No	20	18.3
No response	1	-
Total	110	100

Result table 2 above shows that 81.7% of the respondent have knowledge of breast self examination and 18.3 do not.

Table 3: Shows awareness of breast self examination as early method of detecting breast cancer.

Response	Frequency (n)	Percentage (%)
Yes	100	93.5
No	7	6.5
No response	3	-
Total	110	100

Result, from the above table, 93.5% is above of BSE as a method of detecting breast cancer, 6.5% were not aware.

Table 4: shows respondent's opinion of the necessity of BSE.

Response	Frequency	Percentage (%)
Yes	99	93.5
No	6	6.5
No response	5	-
Total	110	100

Result from the table above, 93.5% of respondents think BSE is necessary, while 6.5% do not think so.

Table 5: shows respondents who practice BSE.

Respondents	Frequency (n)	Percentage (%)
Yes	70	64.2
No	39	35.8
No response	1	-
Total	110	100

Result from the above, 64.2% of the respondents practice BSE while 35.8% do not practice BSE.

DISCUSSION

From the study, it was discovered that 81.7% of the respondent have knowledge of BSE and 18.7% of do not. This agrees with the study carried out by Saludeen *et al.* (2011) on the attitude of female undergraduates towards breast cancer and BSE in women which revealed that 81.9 of respondent have head. The female undergraduate seem to have a better knowledge of BSE than the women of child bearing age attending antenatal clinic and the rural women as a result of poor education.

This shows goes in line with the study done by Simi *et al.* (2011) in Shiries, Southern Iran revealed that those who performed BSE learned it from media personnel (in 4-4% their relation, TV, radio, books, journals, journal and pamphlet. The majority of women seem to have received information of BSE through medical personnel, showing a high rate of health promoting behavior, BSE.

A large number of respondent 91.5% were aware of a method of BSE while 6.5% were not aware this is in contract to the carried research out in Berszidal Saudi A large member of respondent 91.5% were aware of a method of breast cancer while 6.5% were not aware this is in contract to the research carried out in Berszidal, Saudi Arabia, which revealed that 43.4% of the participants had knowledge of BSE as a screening method an increased method for detection of breast cancer shift focus on health from curative to preventive, this promoting health.

In the attitude of respondent to BSE, 93.5% of respondent said BSE is necessary carried out by Saludeen *et al.* (2011) where only 5 % respondent care to seek for knowledge about BSE, less than half of respondent believed that breast cancer is a rare disease and they can never be affected by it, leave the people adoption of preventive research against breast cancer. 14.3% of respondent think the breast line for BSE in just before monthly menstruation. 70.5% just after monthly period, 2.9% every 3 months, 1% once a year 11.4% does not know. This is in contain to the study conducted

by Dandash and Al-mohamed in Saudi Arabia were 32.4% of participants reported the practice of BSE at one time among them 15.4% practice it during the last month. About $\frac{2}{3}$ 67.8% of the total participated has never tired BSE. A positive attitude to BSE and performance of BSE at the right time increase the chance of early detection of any abnormality of breast.

From the study 64.2% of respondents practice BSE while 35.8% do not. This however is in line with the finding of Okobia *et al.* (2006) which revealed that practice of BSE were 432 participant, (43.2%) admitted to carrying out the procedure in the past one year. The practice of BSE aids in early detection and treatment of breast cancer.

A greater proportion of the respondents 73.1% said they performed BSE to detect any lump or abnormality easily. 10.3 understand the structure of one's breast 12.8% to promote health, 3.8% do not know why they perform it. This agree with the finding of Saludeen *et al.* (2009) were 63.8% of the respondents know that one of the things to look for during breast self breast examination is the presence of lump in the breast. The presence of lump in the breast if dictated early can be treated before it becomes malignant or cancerous (Odusanya and Tayo, 2001).

The study revealed that 2.9% do not perform breast self examination because it is not necessary. 11.4% are too busy to remember to do it, while 85.7 don't know the procedure. This study goes in line with the study carried out by Simi *et al.* (2009). The remaining women did not care about it. Level of knowledge about BSE could affect its practice.

CONCLUSION

Majority of the respondents, 81.7 have high level of awareness about BSE of which the major source of information, 42.7% is from the doctors, Nurses other sources include 11.8% friend/family 18.2% mass media 91.9% books and 9% place of work. A greater percentage of the respondents, 93.5% suggest that BSE is necessary.

Majority percentage of respondent 64.2% practice BSE. 73.1% practice BSE and detect any lump or abnormality. Findings from the study showed that is a high level of awareness of BSE.

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