AWARENESS CAMPAIGNS ON BREAST SELF EXAMINATION (BSE): A KAP ANALYSIS

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Abstract

The campaigns on breast self examination is aimed at preventing cases of cancer of the breast. Media campaigns like "know your melon" help to teach women how to detect early lump in the breast. This study was built on theory of planned behaviour. This study employed the survey design which made use of questionnaires to obtain primary data from respondents. The Australian sample size calculator was used to arrive at a sample size of 383 respondents to be studied. The area studied was female residents of Imo state. Findings from the study revealed that greater numbers of the respondents (96.6%) in Owerri municipal were aware of the Breast Self Examination campaigns. It was also revealed that the knowledge level of 92.2% of the respondents on breast self examination was moderate. Further findings indicated that 91.8% of the respondents think it is appropriate to engage in breast self examination. Findings also revealed that 71% of the respondents practiced breast self examination as a result of the awareness campaigns. The study recommended that the campaigns should be maintained so as to achieve a holistic result. It was also recommended that women should engage in constant breast self examination, so as not to be taken unaware by a cancerous lump.

Keywords: Gender, Awareness Campaign, Breast Self Examination, Breast

Introduction

Cancer is a major source of worry to majority of the people in the world. In third world countries like Nigeria, the lack of access to quality healthcare is also another problem to the treatment of cancer. This is why the campaigns for early detection is very important. For instance, 8.2 million people died of cancer in 2012 alone. (Segni, Tadesse, Amdemichael, & Demissie, 2016)

In 2019, US recorded an estimate of 268,6000 new cases of invasive breast cancer along with 62,930 new cases of non-invasive breast cancer. Globally cancer burden is estimated to have risen to 18.1 million new cases and 96 million deaths in 2018. One in 5men and one in 6 women develop cancer during their lifetime, while one in 8 men and one in 11 women die from the disease. Worldwide, the total number of people who are alive within 5years of a cancer diagnosis, called the 5years prevalence, is estimated to be 43.8 million (WHO, 2018).

In Nigeria, a recent report has revealed that breast cancer is one of the commonest form of cancer and the leading cause of cancer deaths in women in their prime while colorectal cancer is the third most common cancer. Cancer leads to over 72,000 death per annum, the number is set to increase given that there are over 102,000 new cases of cancer every year (Leadership, 2018)

Discoveries from Breast care Foundation showed that more African women die of cancerous growth than western women. Women from African genealogy who were diagnosed with cancer are often aggressive and do not respond to the normal pre-requisite of therapeutic drugs issued to other cancer patients all over the world. The increase in breast cancer occurrence is threatening and has probably necessitated the growing emphasis on public advocacy and enlightenment via media campaigns on issues of breast cancer among women in Nigerian society. This prompts the campaign on breast self examination going on in Nigeria as a part of Africa. This campaign gives a clearer explanation on why the female gender should individually examine their breast by themselves, so as to be sure whether there is a growth in their breast region which might be cancerous (Breast Care Foundation, 2015; Thompson, 2006).

Breastcancer (2018) writes that breast self-exam, or regularly examining ones breast privately is an important way to find a breast cancer early, when it's more likely to be treated successfully. It is believed that performing breast self-exam in combination with other screening

methods can increase the odds of early detection. Breast self-examination is a useful and important screening tool, especially when used in combination with regular physical exams by a doctor, mammography, and in some cases ultrasound and/or MRI. Each of these screening tools works in a different way and has strengths and weaknesses. Breast self-exam is a convenient, no-cost tool that one can use on a regular basis and at any age (Breastcancer, 2018).

The incidence of breast cancer is increasing and the presentation is often late in our environment with poor prognosis, this leaves Breast cancer as the leading cause of cancer related deaths among women worldwide. Diagnosis of breast cancer at an earlier stage allows women more treatment choices and greater chance of long term survival. Breast self-examination (BSE) once a month contributes to a woman's heightened awareness of what is normal for her (Segni, et al, 2016).

Most of the efforts made to reduce breast cancer and improve the health behaviour of women come in form of campaigns which serve as a mechanism through which messages are communicated from experts in a particular field to the people who can be helped by the messages. It is also a process of intervening in a systematic or strategic manner with either media (print, radio, telephony, video and the internet) or education (training, literacy, and school) for the main purpose of positive social change which could be economic, personal, social, cultural or political (McPhail, 2015). Breast cancer campaigns address what breast cancer is, the symptoms, risk factors, treatment, screening methods, etc. The sole purpose is to reduce the increasing mortality rate caused by breast cancer via early detection. These campaign so far helps foster easier treatment of the cancer at its early stages should it be noticed through breast self examination (Mayo clinic, 2018).

Breast cancer campaigns presently have become ever important as a result of the increasingly mortality rate caused by the menacing breast cancer. McPhail (2015) emphasized the urgent need of using effective campaign to bring positive messages and information that could improve less developed countries of which Nigeria is part of.

Breast cancer screening in Western countries is usually done with the use of mammograms while in Nigeria and Africa as a whole, the use of mammograms is limited and most women do not have access to it (Mayo clinic, 2018). Peterson (2008) is of the opinion that some audiences can be reached with certain kinds of media peculiar to them, like the use of radio

in rural communities. Thus, when the appropriate medium is used, and effective campaign done, the target audience are allowed to be involved, motivated and their health behaviour improved.

Breast awareness campaigns are done at public health and professional medical education facilities on the symptoms of breast cancer and the importance of seeking medical evaluation for breast symptoms such as lumps or thickening that a woman appreciates in her breast. Awareness education can have a significant impact on reducing breast cancer morbidity and mortality. Breast self examination contributes to a woman's sense of empowerment and awareness about her breast health (United for International Cancer Control, 2018).

This study therefore sought to examine the knowledge, attitude and practice of female residents in Imo State on breast self examination.

Statement of the Problem:

Breast cancer seems to be prominent among the female gender in Africa. In Nigeria, many women have died as a result of cancer related cases, some of which are breast cancer victims. To address cases the menace of breast cancer several campaigns like, "know your lemon", "early detection" and "Breast health" have been floated by both government and non-governmental agencies, and private individuals in medical establishments. The problem is that most people in cities who are aware of the campaigns seem not to take it seriously while those in rural areas seem not to have enough access to the campaign. The effort put in place to subsidize occurrence of cancer in Nigeria is not sufficient as most females in Nigeria are yet to know how to properly examine their breast by themselves. It seem the breast self examination is limited and imminent in specified states in Nigeria.

Objectives of the Study

Specifically, this study aimed to:
1. Determine the extent to which female residents in Imo State are aware of breast self examination campaigns
2. Examine the knowledge level of female residents in Imo State on breast self examination.
3. Ascertain the attitude of female residents in Imo State towards breast self examination.

4. Examine the practice of female residents in Imo State on breast self examination as engineered by the campaign.

Research Questions

This study is guided by the following questions:

1. To what extent are female residents in Imo State aware of breast self examination campaigns?

2. What is the knowledge level of female residents in Owerri municipal on breast self examination?

3. What is the attitude of female resident in Owerri municipal towards the breast self examination?

4. What is the practice of female residents in Imo State towards breast self examination as engineered by the campaign?

Conceptual Review

How to Perform Breast Self Examination

Mayo clinic (2018) noted that breast self examination is not during menstruation. The best time to perform breast self examination is usually the week after ones period. Some of the procedure specified by Mayo Clinic (2018) and Kruper (2016).

1. Begin with a visual examination of your breasts

2. Sit or stand shirtless and braless in front of a mirror with your arms at your sides. To inspect your breasts visually, do the following:

Face forward and look for puckering, dimpling, or changes in size, shape or symmetry. Check to see if your nipples are turned in (inverted).

3. Inspect your breasts with your hands pressed down on your hips.

4. Inspect your breasts with your arms raised overhead and the palms of your hands pressed together.

5. Lift your breasts to see if ridges along the bottom are symmetrical. If one is vision impaired, it is difficult for them to visually inspect your breasts, so it is convenient to seek the help of a trusted friend or a family member.

6. Next, use your hands to examine your breasts

While the examination is going on, Traci (2018) pointed out the following as what to look out for:

1. An area that is different from any other area on either breast

2. A lump or thickening in or near the breast or in the underarm that lasts through your menstrual cycle

3. A change in the size, shape, or contour of the breast

4. A mass or lump

5. A marble-like area under the skin

6. A change in the feel or appearance of the skin on the breast or nipple (dimpled, puckered, scaly, or inflamed)

7. Bloody or clear fluid discharge from the nipples

8. Redness of the skin on the breast or nipple

Empirical review:

A study by Tracey A., Gardner, A , & Courtney, M. (2015) entitled, "A survey of the breast care nurse role in the provision of information and supportive care to Australian women diagnosed with breast cancer" found out that fifty breast care nurses completed the survey, 40% from major cities, 42% from inner regional Australia and 18% from outer regional, remote and very remote Australia. Patterns of service indicated higher caseloads in urban areas, with fewer kilometers served. Breast care nurses in outer regional, remote and very remote areas were less

likely to work in multi-disciplinary teams and more likely to spend longer consulting with patients. Breast care nurses reported they undertook roles matching the competency standards related to the provision of education, information and support; however, there were barriers to fulfilling competencies including knowledge based limitations, time constraints and servicing large geographical areas.

Another study by Adetifa Felicia A.;Ojikutu, Rasheed K. (2009) did a study entitled, "The study examined the trends in the prevalence of breast cancer in Lagos" which found out that the prevalence of breast cancer differs across age groups with the age range 26 to 45 having the highest prevalence. It was also observed that there is significant difference in prevalence across the years with 2007 recording the highest prevalence. Moreover, the study shows that women's occupation or profession is important to whether they are diagnosed with breast cancer or not. The study shows steady growth in prevalence of breast cancer over years.

Similar study was done by Verno, S.W.; Vogel, V.G.; Halabi, S.; Bondy, M.L. (1993) entitled, "Breast Cancer Research and Treatment: Factors associated with perceived risk of breast cancer among women attending a screening program". Data collected from over 36,000 women participating in a breast cancer screening program in Texas were used to examine the associations between perceived risk of ever getting breast cancer and a number of demographic factors, health-related behaviors, and risk factors for breast cancer. There was a strong positive association between family history of breast cancer and risk perception (OR=11.3, CI=10.34−12.35). Women who reported other risk factors for breast cancer also reported higher perceived risk, but those associations were of lesser magnitude. Age was inversely associated with perceived risk, and black, but not Hispanic, women were more likely to perceive their risk as high compared with white women. Of the health-related behaviors for the early detection of breast cancer, only having had a prior mammogram was associated with perceived risk. Educational interventions to heighten women's awareness of breast cancer risk factors may increase perceived risk in high risk women and influence their decision to undergo screening mammography.

Another study by Umeh, K &, Joanne Rogan-Gibson, J. (2010) entitled, "Perceptions of threat, benefits, and barriers in breast self-examination amongst young asymptomatic women", found out that using hierarchical logistic regression controlling for demographic factors, only

severity and barriers emerged as important predictors; lower perceived seriousness of breast cancer and fewer perceived obstacles to practicing BSE predicted performance of BSE. For every unit increment on the severity and barrier scales, the odds of a respondent performing BSE decreased by approximately 8 and 20%, respectively. In conclusion the results provide qualified support for the HBM. Perceived barriers were the most powerful predictor, although respondents assessed breast-cancer severity based on early detection through BSE. Implications for clinical interventions are considered.

Segni,T.M.; Tadesse, D.M.; Amdemichael, R. and Demissie, H.F. (2016) did a study on, "Breast Self-examination: Knowledge, Attitude, and Practice among Female Health Science Students at Adama Science and Technology University, Ethiopia". According to them, a total of 368 respondents participated in the study, and its findings revealed that only 8.7% of them had good knowledge and 59.2% had positive attitude towards BSE. About two fifth (39.4%) of the respondents had done breast self examinations, from these only 9.7% of them practiced monthly. Statistically significant association was obtained only with, level of education of the participant, father's educational level and program of enrolment.

Another study was done by Ojong, I.N.; Olaide, B. E.; Esienumoh, E. and Victoria Uka, V. (2015) on Breast cancer awareness and practice of breast self examination among women in Adiabo community in Odukpani local government area of Cross River State, Nigeria. According to them the sstudy adopted questionnaire as its instrument for data collection and the chi-square test analysis was used to test the relationship between variables. Results from the study revealed that: One hundred and sixty (46.4%) respondents were aware of breast cancer and 155(45%) respondents were aware of breast self examination. One hundred and fifty (43.5%) respondents practiced breast self examination. Findings also revealed a positive significant association between breast cancer awareness and practice of breast self examination.

Faronbi, J and Abolade, J. (2012) undertook a study on, "Breast self examination practices among female secondary school teachers in a rural community in Oyo State, Nigeria". According to the study, descriptive design and data was collected with the aid of validated semi structured questionnaire from 100 female teachers in all the five secondary schools in Oko, Oyo State, and analysis was done using Statistical Package for Social Sciences. The result showed that 82% of the respondents were aware of breast self examination practices and their source of

this information was from mass media (55%) and friends (25%). Fifty-four respondents had poor knowledge of BSE and 48% had negative attitude towards practice of BSE and majority (62%) had a low practice. The study however, revealed that majority of the respondents who practice BSE do not know what to look for. The results further showed that, there is no significant relationship between age of the respondents and their awareness (X 2 = 8.322; p = 0.0800; df = 4) and knowledge (X 2 = 14.501; p = 0.264 and df = 8) of breast self examination. This study concluded that there is poor know-ledge and attitude towards BSE practice among the secondary school teachers in Oko community and with unsatisfactory practice. It therefore, suggests that breast awareness campaign and self efficacy development is important for teachers in secondary schools to aid early detection and better prognosis of breast cancer in this community, and this will have a multiplier effect on female secondary school girls.

Yakubu, A.A. ; Gadanya, M.A.; Sheshe, A.A. (2014) also did a thesis entitled, "Knowledge, attitude, and practice of breast self-examination among female nurses in Aminu Kano teaching hospital, Kano, Nigeria". Their study revealed that all the nurses studied were aware about BSE, with 91.2% practicing it. There is appallingly poor knowledge of its timing, frequency and method. Only 45 (41.2%) of the respondents practice BSE monthly, and none of the respondents can accurately describe the exact method of BSE. Conclusion: There is universal awareness of the BSE among nurses, with dismal awareness of its purpose, method, timing, and frequency among the female nursing staff studied. However, there is a lot of enthusiasm to encourage others to do it. Therefore, nurses need to be also further trained and educated about the procedure.

Similar study was done by Nde, F.P.; Nguedia, J.C.; Kwenti, T.E.; Njunda, A.L. and Tainenbe, T.R.G. (2015) entitled, "Knowledge, attitude and practice of breast self-examination among female undergraduate students in the University of Buea". Finding from this study revealed that nearly three quarter (73.5%) of the respondents had previously heard of BSE. Only 9.0% knew how to perform BSE. Similarly, only 13.9% knew what to look for while performing BSE. Television (19.9%) was the main source of information on BSE. Although perceived by 88% of the respondents as important, only 3% had performed BSE regularly. Furthermore, only 19.9% of the respondents have been to any health facility to have breast examination. Overall, although a majority (63.3%) of the respondents had a moderate attitude towards BSE as an

important method for early detection of breast cancer, just a modest 9.6% were substantially aware of it. Lack of knowledge on BSE was cited as the main reason for not performing BSE. A significant association was observed between knowledge and the practice of BSE ($P = 0.029$), and between attitude and the practice of BSE ($P = 0.015$).

Theoretical Framework

The Theory of Planned Behaviour (TPB)

The theory of Planned Behaviour (TPB) started initially as the theory of reasoned action in the 1980s. The theory sought to explain the possibility of people having self control over health related issues (Behaviour Change Model, 2019). The theory of reasoned action originally proposed that any intervention attempting to change behaviour should focus on beliefs, as these influence attitudes and expectations and in turn influence intentions and behaviours. It was then proposed that behaviours are not under 'volitional control' and the model was re-visited and expanded to include 'perceived behaviour control' (Tones & Green, 2004). The theory of planned behaviour states that the closest determinant of behaviour is the intention to perform (or not perform) that behaviour. Its main determinant of behaviour is based on the person's intention to perform that behaviour, and intention is determined by three factors:

1. Attitude to the behaviour: the balancing of the pros/cons of performing the behaviour or the risks/rewards they associate with that choice.

2. Subjective norm: social pressure from significant others, for example peers, media or family.

3. Perceived behavioural control: the perception that person has about their ability to perform the behaviour.

The simplistic version of the model proposes that the more positive the attitude, supportive the subjective norm and higher the perceived behavioural control, the stronger the intention, the more likely it is that a person will perform that behaviour (Corcoran, 2007).

The Theory of Planned Behaviour in Practice

Application of the TPB is particularly useful when there is access to a group first, allowing the mapping of major beliefs that may help or hinder performance of behaviours. One of the other advantages of this model is the inclusion of the 'subjective norm' allowing focus on peer or family influences. Recent campaigns have focused on behavioural beliefs, normative beliefs and perceived behavioural control. Its intervention aimed to target behavioural beliefs, normative beliefs and perceived behavioural control. Behavioural control messages in this study focused on the consequences of women not practicing self breast examination. Normative beliefs focused on how others perceived ongoing self examination campaigns and perceived behavioural control was used to remind respondents that they can prevent late discovery of cancer cases by practicing the breast self examination and contacting a doctor in cases of noticed growth (Rutter and Quine, 2002; Corcoran, 2007).

Methodology

This study adopted the survey research method. The choice of this method is to enable the sampling of the opinion of female resident in Imo State.

The area covered in this research is the three senatorial zones of the state namely: Orlu zone, (Orlu and Nkwerre LGA) was picked and studied; Okigwe zone, (Okigwe and Ihitte-Uboma LGA) was picked and studied, while in Owerri zone, (Owerri municipal and Owerri North LGA) was picked and studied. The questionnaire was distributed to these six (6) local government areas to ascertain the needed information. The study focused on female residents that are up to 18years in these six (6) local government areas.

In getting the right population for this study. the population of the selected six local government areas were used. Based on the projected population from 2006 census figure, the population of the selected LGA is 1,716,000. In selecting an appropriate sample size for the study, the Australian sample size calculator was used. This gave a sample size of 383.

The researcher used the multi-stage sampling technique to arrive at the respondents for the study. The instrument of data collection was questionnaire. Analysis of data was done using simple frequency tables and percentages.

Quantitative Analysis

Table 1: Respondents view of awareness to Breast self examination campaign

Option:	Frequency	Percentage
Yes	370	96.6%
No	13	3.4%
Total	383	100%

From the above table finding implied that majority of the respondents are aware of Breast examination campaigns.

Table 2: Respondents knowledge of Breast self examination

Option:	Frequency	Percentage
Examination of the breast can be done lying down and moving ones hand gently over the breast.	350	92.1%
Examination of the breast can be done looking at the mirrow	33	7.8%
Total	383	100%

The findings from the above table simply implies that majority (92.1%) of the respondents know of breast self examination.

Table 3: Respondents Knowledge Level on Breast self examination

Option:	Frequency	Percentage
High	70	18.42%
Very High	20	5.26%
Moderate	280	73.6%
Low	10	2.63%
Total	380	100%

Findings from the above table implies that majority (73.6%) of the respondents moderately know

of the campaign.

Table 4: Respondents attitude towards Breast self examination

Items	Attitude	Yes	No	Can't say	Total
Item 1:	There is need for the campaign	250 65.7%	8 2.10%	122 32.1%	380 100%
Item 2:	The campaign helps one know her status	350 92.1%	- -	30 7.89%	380 100%
Item 3:	Helps in early detection and treatment when noticed	349 91.8%	11 2.89	20 5.26%	380 100%
Item 4:	The campaign should be upheld	367 96.5%	- -	23 6.05%	380 100%

The respondents think that there is need for the breast cancer campaign (65.7%) and that it should be upheld (92.1%); they went further to agree that the campaign helps one know her status (97.3%) and to start treatment early (91.8%), should there be growth.

Table 5: respondents response on Practicing the breast self examination

Options	Frequency	Percentage
I regularly examine my breast to see if there are changes	270	71%
I do not examine my breast for any change.	110	28.9%
Total	380	100%

It was found that 71% of the respondents practiced the breast self examination as instructed by the campaign. This means that over 70% of women in the state practice self examination

Discussion of Findings

Aware of Breast cancer campaign

According to the findings, greater numbers of the respondents (96.6%) in Imo state were aware of the Breast Self Examination campaign. This is in-line with Faronbi and Abolade (2012) and Ojong; Olaide; Esienumoh and Uka (2015) studies which found that One hundred and sixty (46.4%) respondents were aware of breast cancer and 155(45%) respondents were aware of breast self examination. Although it is not in-line with Verno; Vogel; Halabi; Bondy (1993) study which found that: educational interventions to heighten women's awareness of breast cancer risk factors may increase perceived risk in high risk women and influence their decision to undergo screening mammography.

The knowledge level of breast self-examination

The quantitatve data analysed indicated that majority (92.2%) of the respondents moderately (73.6%) know about breast self-examination. This was in contrast with study by Segni; Tadesse; Amdemichael and Demissie (2016) and Nde; Nguedia; Kwenti; Njunda and Tainenbe (2015) study which revealed: (73.5%) of the respondents had previously heard of BSE; and that only 8.7% of them had good knowledge and 59.2% had positive attitude towards BSE. About two fifth (39.4%) of the respondents had done breast self examinations, from these only 9.7% of them practiced monthly.

Attitude of respondents on breast self-examination

The attitude of the respondents was that there is need for the breast cancer campaign (65.7%) and that it should be upheld (92.1%); they went further to agree that the campaign helps one know her status (91.8%) and to start treatment early (96.5%), should there be growth. This is in-line with Nde; Nguedia, J.C.; Kwenti; Njunda and Tainenbe, (2015) study which found that majority (63.3%) of the respondents had a moderate attitude towards BSE as an important method for early detection of breast cancer, just a modest 9.6% were substantially aware of it. This is not similar with Faronbi and Abolade (2012) study, which found that 48% had negative attitude towards practice of BSE and majority (62%) had a low practice.

The practice of the gender on breast self-examination

The result found under practice revealed that majority of the respondents practiced the breast self examination (71%): from their observation some who were not aware that there were growths going on in their body discovered that (3.70%) and went for proper treatment, while the rest discovered no growth (74.05%) or no significant difference. This is in-line with Yakubu, A.A. ; Gadanya, M.A.; Sheshe, A.A. (2014) study. Although it is not in-line with Faronbi and Abolade, (2012); Umeh, and Rogan-Gibson, (2010) and Nde; Nguedia; Kwenti; Njunda and Tainenbe (2015) studies which found that only 9.0% knew how to perform BSE. Similarly, only 13.9% knew what to look for while performing BSE; their study went further to reveal that majority of

the respondents who practice BSE do not know what to look for: and that performing BSE decreased by approximately 8 and 20%, respectively

Conclusion

The study revealed that 96.6% of the respondents aware of breast self examination campaign and 92.2% are knowledgeable about breast self examination. It is safe to conclude that the awareness campaigns have really penetrated the various regions of the state. This means that women take issues concerning their health very serious.

However, given that only 71% of the respondents practiced the breast self examination, means that almost 30% of women do not. This implies that women can be aware and knowledgeable about breast self examination and still do nothing to examine themselves.

Recommendations

The researchers recommended that:

- The campaigns on breast self examination should be maintained so as to achieve a holistic result. Other medium possible should be used, especially using media programmes, jingles (presented in common language that can be easily understood by people) and social communication should be used to provide necessary information on breast self examination for both the male and female gender.
- Those who already have accurate knowledge of the self examination process should pass the message to their neighborhood.
- Women should consistently and carefully examine their breast to observe any changes or the presence of lumps and seek quick medical treatment, so as to prevent breast cancer.

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