International Journal Dental and Medical Sciences Research
www.ijdmsrjournal.com
Volume 1, Issue 1, December 2019, PP 64-69

Assessment of Awareness Level and Practice of Breast Self Examination among Women Attending Antenatal Clinics in Gusau, Zamfara State, Nigeria

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ABSTRACT: As per the latest records, Breast cancer is the leading cause of death among women worldwide. The most effective means of prevention is by early detection via Breast self examination (BSE). This study explored the level of awareness and practice of BSE among women attending ANC in some selected hospital in Zamfara state, Nigeria. A quantitative cross sectional design was employed using structured questionnaire. A sample of 292 participants was selected for the study using quota sampling technique. Statistical Package for Social Sciences (SPSS version 22.0, IBM Corp, New York) was used for data analysis. Chi square was used to establish significant relationships. Findings showed that, women in zamfara had low awareness of breast self-examination with the mean of 2.6 and majority 170(58.22%) of the respondents do not practice breast self-examination. Conclusion/recommendation**:** Findings of this study suggest that though women may have low awareness about BSE, the practice of BSE is below average. Therefore, there is a need for health care practitioners to provide women with BSE education and emphasize on the need for regular practice.

KEYWORDS: Breast, Awareness, Practice, Cancer, Death

I. BACKGROUND THE STUDY

In Nigeria, breast cancer is the most common form of cancer affecting women with an overall incidence of about 15.3/100,000 women (Okobia, Bunker, Okonofua, & Osime, Knowledge, 2006; American Cancer Society, 2011). American Cancer Society, (2013) identified some risk factors for the development of breast cancer which include age, menarche, parity, menopausal status, age at first live birth, family history, use of exogenous hormones, alcohol consumption, breastfeeding, genetic mutations, and benign breast disease. Lack of definitive preventive methods for breast cancer has made early diagnosis the most important protective factor. Early diagnosis decreases mortality and increases quality of life. (Mason, & White, 2008). Breast self-examination (BSE) is one of the important tools for early diagnosis because it creates breast cancer awareness and promotes self-responsibility for health care among women. (Crossing, & Manaszewicz, 2003; Petro-Nustas, & Mikhail 2002). The American Cancer Society and the European Commission recommend annual mammograms and clinical breast examinations for healthy women over 40 years of age, and BSE once a month for all women over 20 years of age. (Carney, Miglioretti, Yankaskas, Kerlikowske, Rosenberg, R, Rutter, & Ballard-Barbash, 2008), Individual and combined effects of age, breast density, and hormone replacement therapy use on the accuracy of screening mammography. Annals of internal medicine.

Thornton, (2008), stated that Northern Nigeria, especially Zamfara State, is among the less educationally developed states. This might also include knowledge regarding BSE. Studies conducted in the Southern part of the country where literacy level is higher than the Northern part indicate that there is a significant relationship between educational level and knowledge and practice of BSE among women. However, there are no studies that determine the influence of educational level on the knowledge and practice of BSE among women in Northern Nigeria. Therefore, this study examined the level of awareness of women and practice of BSE among women in zamfara state, Nigeria.

II. METHODOLOGY

Research Design

A quantitative cross-sectional design was employed which was conducted to gather information from client on self breast examination.

Population of the Study

The population of the study is 1086 (FMC(423) Specialist Hospital(412) and General Hospital (251)) people and this figure was arrived by using the weekly record of women attending antenatal clinic.

Inclusion criteria: pregnant women; those registered for ANC, Those women living in Gusau
Exclusion criteria: women who come to hospital for other reason rather than ANC; non pregnant women; those women that came for the first visit.

Sampling Size Determination

In order to obtain sample size, a formula $n = \frac{N}{1+N(e)^2}$ was used (slovins, 2006).

n= Sample size
N= Target population (N=3OO)
e= Margin of error (e=0.05)

$$n = \frac{1086}{1 + 1086(0.05)^2}$$
$$= \frac{1086}{1 + 1086(0.0025)}$$
$$= \frac{1086}{1 + 2.72}$$
$$= \frac{1086}{2.72}$$
$$= 291.92$$
$$\simeq 292$$

Hospital	Number of booked women	Sample selected
FMC	423	114
Specialist hospital	412	111
General hospital	251	67
Total	1086	292

Sampling Techniques

The researcher adopted quota to administer questionnaire to women attending ANC at selected hospitals i.e FMC Gusau, Specialist Hospital and General Hospital Gusau

Instrument For Data Collection

Questionnaire was the instrument used for collection of data. The questionnaire consists of four sections ABC and D. Section A (consists of respondent bio or demography data), section B (Question related to the level of awareness of breast self-examination), section C (questions on factors affecting the practice of breast self-examination and section D (consists of questions to rule out the relationship between the level of awareness and practice of breast self examination)**.**

Procedure for data collection

The researcher distributed the questionnaires to the client after approval from the ethical committee of the various hospitals and from various nursing officers (CNOs) and finally oral consent from the respondents sought. Those who consented were given the questionnaire to fill. Those that cannot read, it was read and explained to them with the assistance of a research assistant.

Data Management and Analysis

The data collected was analyzed using SPSS version and presented using a simple frequency distribution table, mean and standard deviation. Chi-square was used for inferential statistics to establish relationships.

Measurement scale: on level of awareness
01-2.4 no awareness
2.5-2.9 low awareness
3.0-3.4 moderate awareness
3.5-4.0 high awareness

Ethical Consideration

Ethical approval was sought from various hospitals. Permission from the various CNOs and an consent form was given to the respondents and consent was obtained.

III. RESULT

Table 1 Socio-Economic and Demographic Characteristic

Item	Response	Frequency	Percentage %
Age	18 - 22 years	32	10.96
	23 - 27years	123	42.12
	28 - 32 years	90	30.82

	33 years and above	47	16.10
	Total	**292**	**100.0**
Religion	Islam	255	87.33
	Christianity	37	12.67
	Others	0	5.2
	Total	**292**	**100.0**
Occupation	Full Housewife	205	70.21
	Civil servant	66	22.60
	Student	21	7.19
	Total	**292**	**100.0**
Level of Education	Primary	99	33.90
	Secondary	108	36.99
	Tertiary	85	29.11
	Total	**292**	**100.0**

Responses from the above table showed that majority of the respondents 123 (42.12%) aged between 23-27, followed by those age between 28-32 -90 (30.82%). The religious distribution of the respondents showed that 255 (87.33%) of the respondents practice Islam and 37(12.67%) of the respondents practice Christianity. The above table also indicate that 205 (70.21%) of the respondents were full housewives while 66(22.60%) of the respondents are civil servants and only 21 (7.19%) of the respondents were students. The table also showed that 99 (33.90%) of the respondents had primary level of education, majority 108 (36.99%) of the respondent had secondary education; 85 (29.11%) of respondents had tertiary level of education

Table 2 Level of awareness of breast self examination nursing care.

SA= strongly agree **A**= Agree **D**= Disagree **SD**= strongly disagree

SN	STATEMENT	SA	A	D	SD	MEAN	REMARK
1	5. Breast self-examination is a diagnostic and preventive procedure for breast cancer	80	42	130	40	2.2	Disagreed
2	7. it involves series of steps and requires changing of position from standing to lying down	125	24	93	50	2.6	Agreed
3	I heard about breast self examination from health workers at hospital	185	32	55	20	3.2	Agreed
4	Breast cancer can be detected through breast self examination	95	143	50	4	2.5	Agreed
5	Mastitis can be detected through breast self examination	63	105	75	49	2.5	Agreed
6	Breast engorgement can be detected through breast self-examination	192	83	15	2	3.5	Agreed
7	13.All women of child bearing age (15-49 years) need to be performing breast self-examination	136	67	53	36	3.0	Agreed
8	14. post-menopausal women need to be performing breast self-examination	101	73	75	43	2.7	Agreed
9	15. breast self examination should be done by the women them selves	188	69	31	4	3.4	Agreed
10	8.Undress until the waist before starting Breast self examination	99	75	56	62	2.7	Agreed
11	Raising of the hands should be above the head	87	96	66	43	2.7	Agreed
12	9. Check for anything unusual, such as nipple retraction, redness, puckering, dimpling, or scaling of the skin. Look for nipple discharge	94	71	68	59	2.6	Agreed
13	18. Opposite hand should be used during palpation	76	71	83	62	2.5	Agreed

14	19. palm should be used while palpating the breast	89	107	55	41	2.8	Agreed
15	20. post menopausal women should choose easily remembered time for regular breast self examination	55	43	97	97	2.2	Disagreed
16	Any suspected lump should be reported as early as possible	201	80	3	8	2.8	Agreed
	AGGREGATE MEAN					2.6	Agreed

The Likert scale was used to analyze the data. Using a scale of 4, the grand mean is

GM: $x = \frac{EX}{N}$

Grand mean = $\frac{\text{sum of the mean of all items}}{\text{Total number of item/sets}}$

$GM = \frac{4+3+2+1}{4}$ therefore, GM= 2.5

Therefore, any grand mean of 2.5 and above is considered agreed while any other less than 2.5 is considered disagreed.

The above table2 shows an aggregate mean of 2.6 which is above the decision mean of 2.5 and going by the scale of measurement on level of awareness it shows that the respondents has low level of awareness of breast self examination.

IV. DISCUSSION OF FINDINGS

The result of this Findings shows that majority of the respondents 123 (42.12%) aged between 23-27, followed by those age between 28-32 -90 (30.82%). The religious distribution of the respondents showed that 255 (87.33%) of the respondents practice Islam and 37(12.67%) of the respondents practice Christianity. Similarly, the findings also indicate that 205 (70.21%) of the respondents were full housewives while 66(22.60%) of the respondents are civil servants and only 21 (7.19%) of the respondents were students. The findings also showed that 99 (33.90%) of the respondents had primary level of education, majority 108 (36.99%) of the respondent had secondary education; 85 (29.11%) of respondents had tertiary level of education. These findings are somewhat similar to that of Sani, and Naab in sokoto

The study shows that most of the respondents have low level of awareness of breast self-examination with an aggregate mean of 2.6. This may be due to poor access to the means of information. This is not inline to the study of Umbreen, Muhammad and Shahid. However similar to a study by Bassey, which indicate that the respondents have low level of awareness of breast self-examination and got their data from TV/ radio. The existing differences may occur as a result of variation in the access of information regarding breast self-examination.

V. RECOMMENDATIONS

- Health workers should encourage the ante- natal attendance on practicing self breast examination.
- Government should organize seminar in the various local government on self breast examination.
- The traditional rulers should encourage the women of the community on attending ante-natal clinic.
- Government should organize program through mass media to educate women of the community on the benefit of self breast examination.
- The women of the community should be informed on the advantages of self breast examination.

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