

Self-Breast Examination among Female Medical Students of Abia State University, Uturu, Nigeria

Eleweke, Ndukauba, Otuka Olufumi Adebimpe Ijeoma,
Ekpemo Samuel Chidi, Otuka Uzochukwu

Abstract— Self-breast examination, (SBE) is a technique which allows an individual to examine his/her breast for any visual or palpable changes which could be an indicator of a breast disease. We embarked on this project to find the level of awareness and practice of SBE among female medical undergraduate students of Abia State University Uturu, (ABSU), Abia State, South East Nigeria.

This was a questionnaire based study on female medical students of ABSU. After ethical clearance, questionnaires were administered to consenting female medical students. Data was collected and analyzed using SPSS software programme version 21.

Out of the 419 questionnaires distributed, there were 384(92%) respondents. Of these, 378(98.4%) have heard about SBE, while 6(1.60%) have not. The major sources of information on SBE were medical and health education in 131(34.1%), the media in 126(32.8%) and friends in 112(29.2%) respondents. Three hundred and sixteen (82.3%) of the respondents knew how to perform SBE, while 68(17.7%) did not know. Fifty three (13.8%) performed SBE monthly. Health education and media are the major sources of information on SBE.

Index Terms— female, medical students self-breast examination.

I. INTRODUCTION

Globally the incidence of breast cancer is on the increase with the condition being the commonest malignancy in females [1,2]. In Nigeria, it has overtaking cervical cancer as the leading cancer in females[3]. The incidence, morbidity and mortality of breast cancer vary worldwide because of differences in predisposing factors, screening activities, availability and affordability of adequate therapeutic options[4]. If diagnosed early, breast cancer is curable but unfortunately, in developing countries, the morbidity and mortality are high due to late diagnosis[5,6]. Recommended methods for screening for breast cancer are: breast self-examination (BSE), clinical breast examination, mammography and breast ultrasonography[6].

Self-breast examination is presently only a screening method. It is not a diagnostic tool, although researchers have

reported sensitivity, specificity and predictive value

of SBE to detect breast cancer of 58.3%, 87.4% and 29.2% respectively [5]. It is a relatively simple, convenient, non-invasive, minimal risk and inexpensive method of early detection of breast diseases especially in resource poor countries like Nigeria[7,8]. It requires no material or tool. United States Cancer Institute recommends that BSE in women should begin in their early 20's so as to know and learn the feel of their breasts in order to have a high sensitivity to changes which could indicate breast diseases[9].

We embarked on this study to find out the level of knowledge, attitude, practice and deterrents to self breast-examination in female medical students of Abia State University Uturu (ABSU), South East Nigeria.

Table 1: Socio-demographic characteristic of Respondents

Variables	Frequency (n=384)	Percent (%)
AGE		
16-20	145	37.8
21-25	131	34.1
26-30	85	22.1
31-35	9	2.3
>35	14	3.6
MARITAL STATUS		
Single	366	95.3
Married	18	4.7

II. METHODOLOGY

A descriptive, cross sectional questionnaire based study was carried out among female undergraduates in the Faculty of Medical and Health Sciences, Abia state University Uturu, Nigeria, between February and May 2017. The questionnaires were given to consenting female medical students after ethical clearance and proper counseling. Information collected included sex, age, religion, tribe, knowledge of SBE, how knowledge was acquired, attitude towards SBE, frequency of practice of SBE and deterrents to practice of SBE Data was collected and analyzed using SPSS software programme version 21 and presented in tables and frequencies.

Eleweke, Ndukauba, Department of Surgery, Abia State University, Uturu, Nigeria

Otuka Olufumi Adebimpe Ijeoma, Department of Surgery, Abia State University, Uturu, Nigeria

Ekpemo Samuel Chidi, Department of Surgery, Abia State University, Uturu, Nigeria

Otuka Uzochukwu, Department of Surgery, Abia State University, Uturu, Nigeria

Table 2. Knowledge and Practice of SBE Among

Variable	Number	Percent
Heard of SBE		
Yes	378	98.4
No	6	1.6
Sources of information		
Medical & Health Education	131	34.1
Media	126	32.8
Friends	112	29.2
Health professional	15	3.9
Know how to do SBE		
Yes	316	82.3
No	68	17.7
Have Performed SBE		
Yes	368	95.8
No	16	4.2

Female Medical Students in ABSU.

III. RESULT:

Out of the 419 questionnaires distributed, 384 were returned and analyzed giving a response rate of 92%. The age range was 16 - 40 years with a mean age of 21.3 years. Table 1 shows the socio-demographic characteristics of the respondents. One hundred and forty five (37.8%) of the respondents were aged 16-20 years, while 131(34.1%) were aged 21-25 years, 85 (22.1%) were aged 26-30 years. Three hundred and sixty six (95.3%) were single, and 18(4.7%) were married. Three hundred and eighty one (99.2%)

Table 3. Deterrents to the Regular practice of SBE Among Female Medical Students in ABSU

VARIABLE	PERCENTAGE OF RESPONSES				
That will be violating my body	2(0.5)	3(0.8)	373(97.1)	2(0.5)	4(1.0)
No time	5(1.3)	376(97.9)	1(0.3)	2(0.5)	2(0.5)
Procrastination	333(86.7)	3(0.8)	3(0.8)	3(0.8)	42(10.9)
Lack of self confidence	10(2.6)	2(0.5)	2(0.5)	370(96.4)	0
Fear of what to find	10(2.6)	1(0.3)	6(1.6)	366(95.3)	1(0.3)
It's not necessary	2(0.5)	12(3.1)	3(0.8)	364(94.8)	3(0.8)
It's against my religion	3(0.8)	6(1.6)	4(1.0)	368(95.8)	3(0.8)
Irregular periods	2(0.5)	4(1.0)	2(0.5)	349(90.0)	27(7.0)
No family history of breast cancer	11(2.9)	2(0.5)	12(3.1)	357(93.0)	2(0.5)
It's embarrassing	3(0.8)	4(3.6)	14(3.6)	342(89.1)	21(5.5)
Preference for Clinical Breast Examination	1(0.3)	9(2.3)	3(0.8)	343(89.3)	28(7.3)

IV. DISCUSSION

In this study, 378(98.40%) of the respondents have heard

respondents were Christians.

Three hundred and seventy eight (98.4%) of the respondents have heard about SBE, while 6(1.6%) have not. The major sources of information on SBE were medical and health education 131(34.1%), followed by the media 126(32.8%) and friends 112(29.2%). Three hundred and sixteen (82.3%) of the respondents knew how to perform SBE, only 68(17.7%) did not know.

Figure 1 shows the frequency of performing SBE among the respondents. Only 53 (13.8%) respondents performed it monthly.

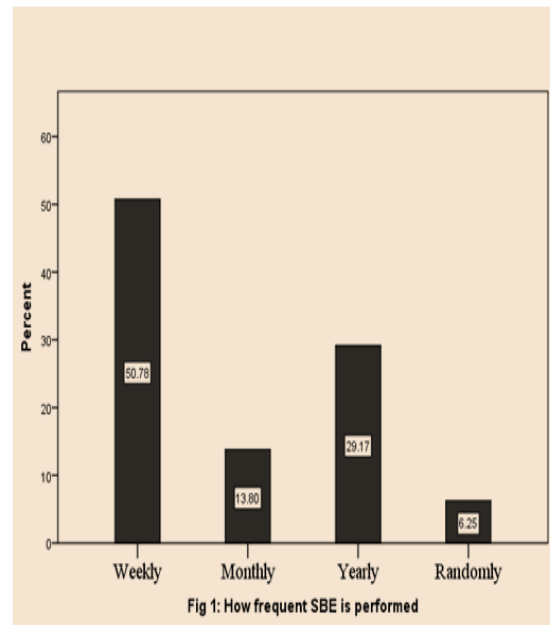


Figure 1: Frequency of Performing SBE among Female Medical Students of ABSU.

Table 3 shows the respondents' reasons for not performing SBE regularly. Anxiety over what may be found, procrastination and no family history of cancer were the major deterrents to regularly carrying out SBE in this study.

about SBE, and what to look for. Bassey et al in Lagos in a study on self-breast examination amongst nursing students of Lagos University Teaching Hospital, found that the respondents' knowledge of self-breast examination and

breast cancer was 85.6% and 97.3% respectively[11]. This could be possibly due to their level of exposure to health matters from their study in the university. Our finding on the level of knowledge on SBE is in congruent with the findings of Petro-Nustus et al among Jordanian women on SBE, where 67% of the participants have heard or read about self-breast examination[12]. Studies conducted on non medical people, have generally shown the level of knowledge of SBE to be low [9], [13]. Gudadjie et al have suggested that knowledge of SBE depended on level of education among other things[5].

Our respondents had a significantly positive attitude towards SBE as 366 (95.30%) of the respondents believed that SBE can help in early detection of breast diseases. This is similarly to the work by Ojewusi Ayoola et al[14] on breast cancer awareness, attitude and screening practices in Nigeria, where 91.4% of the nurses, 65.2% of the lab scientists and 90.9% of the doctors respectively, who participated in the study believed that self-breast examination was necessary. Reisi, S et al, in a study carried out in Isfahan, Iran, also recorded a high positive attitude to self-breast examination[15]. In Europe, on the other hand, respondents had a less positive attitude to SBE[11] probably due to the availability of screen protocols and facilities in European countries.

Although 374 respondents had knowledge of SBE, only 309(80.50%) practiced SBE. Of the number that practiced it only 53(13.8%) of our respondents performed SBE monthly. Mbanaso AU[16] et al in Aba, South - East Nigeria and Yakubu AA[17] in Kano, North- West Nigeria also noted a low rate of regular monthly practice of SBE. This shows that knowledge and practice of SBE do not necessarily mean proper performance of the exercise.

The major reason for non-practice of SBE was the absence of previous history of breast disease. Other reasons were busy schedule, procrastination, feeling it was not necessary. Our findings are similar to that of other researchers on this topic[14], [15], [19]. Public Education and enlightenment are important to make people see the need to sacrifice some time regularly to examine their breasts. This practice will help in early detection of breast abnormalities especially where screening programmes and facilities are not available.

V. CONCLUSION

There is high level of knowledge on BSE among the study population. This could be possibly due to their level of education and exposure to health matters.

The knowledge of the risk factors of breast disease and knowledge of the benefits of performing SBE were the major promoters of the practice of SBE.

The main deterrents to SBE include: believe that they cannot have breast cancer, not knowing how to perform it, no time to do it, and procrastination.

Although knowledge of SBE is high, only 53 respondents practiced it monthly.

Health education and media play a significant role in creating awareness about SBE.

REFERENCES

- [1] The Incidence of Breast : The global burden, public health considerations. *Semin Oncol* 24:51-20-S1-35
- [2] Anyanwu SN, Egwuonwu OA, Ihekwa EC. (2011). Acceptance and adherence to treatment among breast cancer patients in Eastern Nigeria. *Breast*. 20 Suppl 2;S51-3
- [3] Solanke TF, Adebemowo CA. Report of the State of the art in Oncology in Ibadan and Ife. National Headquarters of Cancer Registries. UCH Ibadan 1996.
- [4] Coughlin SS, Ekwueme DU (2009). Breast cancer as a global concern. *Cancer Epidemiol*. 33(5): 315-318.
- [5] Gudadjie-Gyamfi E, Consedine N, Megai C, Gilles-Pie M, Pierre-Louis J. Breast Self-Examination practices among women from Six Ethnic groups and the Influence of Cancer Worry. *Breast Cancer. Res Treat*. 2005;92(1):35-45
- [6] Saslow D, Boetes C, Burke W, Harnes S, Leach MD, Lehman CD et al. American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography. *CA Cancer J Clin* 2007; 57(2): 75-89.
- [7] El Saghir NS, Adebamowo CA, Anderson BO, Carlson RW, Bird PA, Corbex M, Badwe RA, et al (2011) Breast cancer management in low resource countries (LSCs): Consensus statement from the breast health Global initiative. *Breast* 20 Suppl 2:S3-11
- [8] Onwere S, Okoro O, Chigbu B, Aluka C, Kamanu C, Onwere A. Breast self-examination as a method of early detection of breast cancer: knowledge and practice among antenatal clinic attendees in South Eastern Nigeria. *Pak J Med Sci* 2009;25(1): 122-125
- [9] Sideeq K, Ayoub T, Khan SMS. Breast self –examination: assessing its knowledge attitude and practice among ethnic Kashmiri females. *Int. J of community med public health*;2017;4(9): 3288-92, doi: <http://dx.doi.org/10.18203/2394-6040.ijcmph20173830>
- [10] American Cancer Society. *Breast Cancer Facts and Figures*. hg 2012
- [11] Bassey RB, Iruhe NK, Olowoyeye MA, Onajole MA. Assessment of level of attitude and practise of self breast-examination among nursing students in Lagos University Teaching Hospital. *Academic Journal of Cancer Research*. 2010 ; 3(2) 11-15.
- [12] Petro-Nustus W, Mikhail BI. Factors associated with breast self-examination among Jordanian women. *Public Health Nurs*. 2002 Jul-Aug;19(4):263-71.
- [13] Ozgul K, Dilek O, Aynur CC. Awareness of breast cancer risk factors and practise of breast self examination amongst high school students in turkey. *Bmc Pub Health*; 2008; 8(1) 359.
- [14] Ayoola O, Taiwo O, Arulogun OS, Olugbayela T. Breast cancer awareness attitude and screening practices in Nigeria: A systematic review. *Academic J Clin Review Options*, 2016 July; 7 (2) 11-25