Breast Self-Examination Practice Among Female Secondary School Students In Osogbo, Western Nigeria

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Abstract—BACKGROUND: Breast cancer is the most common invasive cancer affecting women worldwide. It comprises 22.9% of invasive cancers in women and 16% of all female cancers. It affects about 12% of the women population worldwide. In Nigeria, about one breast cancer death is reported in every 25 cases identified and the practice of breast self-examination has been reported to range from 19% to 43.2%. This cross sectional study assessed the knowledge, attitude and practice of breast self-examination (BSE) among female secondary school students in Osogbo Metropolis.

METHODS: A total of 400 respondents were selected using multistage sampling technique. Data were collected using pre-tested self-administered semi structured questionnaire, analyzed using Statistical Package for Social Sciences and presented using appropriate tables and charts. Level of significance set at < 0.05.

RESULTS: The mean age ± SD is 14.77 ± 1.46 years. 390 (97.5%) respondents reported that they have heard of breast cancer while 235 (58.8%) respondents stated that they have heard of breast self-examination (BSE). 15 (3.8%) respondents said the procedures is time wasting while 82 (20.5%) respondents said the procedures were strenuous. 199 (49.8%) strongly disagree that performing breast self-examination may expose them to breast cancer. Individuals with poor knowledge are one time less likely to do breast self-examination (OR = 1.245, CI = 0.647 - 2.394) while in terms of attitude, those with unfavorable attitude are one time less likely to do breast self-examination (OR = 1.025 CI = 0.949 - 1.097), CONCLUSION: This study revealed a larger proportion of respondents have heard about breast cancer and breast self-examination but with inadequate knowledge of the correct procedures of breast self-examination (BSE) thereby resulting in poor attitude & practice of breast self-examination (BSE). This challenge therefore indicates an urgent need for continuous awareness and sensitization programs in the communities.

Keywords — Knowledge, Attitude, Practice, Breast.

I. INTRODUCTION

Breast cancer is an uncontrolled growth of abnormal cells in the milk producing glands of the breast or in the ducts that deliver milk to the nipples. Breast cancer is the most common invasive cancer affecting women worldwide. It comprises 22.9% of invasive cancers in women and 16% of all female cancers [1]. It affects about 12% of the women population worldwide [2]. Report on the incidence of breast cancer reveals that one out of every eight women in the world stands a chance of having the disease in her life time [3]. In the developing countries, the rate of breast cancer is reportedly higher than developed countries [4]. Approximately half of the breast cancer cases and 60% of the deaths are estimated to take place in developing countries [5]. The high incidence of breast cancer necessitates the need for early detection which enhances early initiation of treatment thereby reducing mortality. The various diagnostic measures for early detection of breast cancer include breast self-examination (BSE), clinical breast examination (CBE) and mammography [6].

Breast self-examination (BSE) is a screening method that people perform the procedures on their own in an attempt to detect early breast cancer. Breast self-examination is easy to perform and cheap but despite these the rate of practice of breast self-examination is low and varies in different countries. Studies have cited the reasons for the low practice of breast self-examination which is as a result of inadequate knowledge of breast self-examination, lack of time, lack of self-confidence in their ability to perform the technique correctly, fear of possible discovery of a lump, and embarrassment associated with handling of the breast [7]. Breast self-examination is often carried out once in a month, between the 7th and 10th day of the menstrual cycle, to detect breast cancer at the early stages of growth thereby ensuring a better prognosis when treated [8]. The method involves the woman herself looking at and feeling each breast for possible development of lumps, discharge other than breast milk, swelling of the breast, skin irritation or dimpling, nipple abnormalities (such as pain, redness, scaliness, or turning inward). In Nigeria, the practice of breast self-examination has been reported to range from 19% to 43.2% [9].

A study of BSE done among female students of the University of Ibadan, Ibadan reported that 82.5% of students have heard of BSE, 53.2% of them knew what BSE is used for while only 25% practice BSE regularly and 30% practice BSE infrequently [10]. A research on the knowledge, attitude and practice of respondents about breast self-examination among female secondary school teacher in a rural community in Oyo State showed that 54% of the respondent had poor knowledge, 48% had poor attitude and 62% demonstrated a poor practice [11].

In a study done by Yakubu and others on knowledge, attitude, and practice of breast self-examination among female nurses in Aminu Kano teaching hospital, Kano, Nigeria stated that 100% respondents unanimously agree that BSE is useful and 84.3% of the respondents responded that they can encourage BSE to others [12]. Sani et al stated in their research on influence of educational level on knowledge and practice of breast self-examination among...
women in Sokoto, Nigeria that 65% of the respondents practiced BSE while 35% did not practice BSE and among the 65% of the respondents that practiced BSE, only 52.7% practiced BSE monthly [13]. A research done on Knowledge, attitude and practice of breast self-examination among female undergraduate students in the University of Buea stated that 41% of the respondents in the study had ever performed BSE, 29.5% have performed BSE within the past 12 months. Only 3% had performed BSE regularly (10-12 times) within the past 12 months [14].

II. SPECIFIC OBJECTIVES

- To determine the knowledge of breast self-examination (BSE) among female secondary school students in Osogbo Metropolis.
- To evaluate the attitude of breast self-examination (BSE) among female secondary school students in Osogbo Metropolis.
- To assess the practice of breast self-examination (BSE) among female secondary school students in Osogbo Metropolis.

III. METHODS

This descriptive cross-sectional survey was carried out in Osogbo Metropolis, the capital of Osun state, South-West Nigeria. The study population consists of female secondary school students in selected secondary schools.

A semi-structured questionnaire was used to seek information about the socio-demographic characteristics of the female students, knowledge, attitude and practices of breast self-examination by female secondary school students on breast self-examination. Ethical approval to carry out the study was obtained from the ethical review committee of Ministry of Health, Abeere, Osun State. A multi-stage sampling technique was used to select the adolescent girls from the selected schools in Osogbo metropolis.

Sample Size Estimation

Sample size calculation was done using Leslie Fischer’s formula, for population >10,000 with a 5% or 0.05 degree of precision and 95% confidence interval. There seems to be no data available as regards the proportion of female secondary school students practicing breast self-examination in Osogbo Metropolis, but a study on Breast self-examination practice among female senior secondary school students in Abuja, reported 34.6% (15). The Leslie Fischer’s formula for sample size when population is > 10,000 is:

\[ n = \frac{Z^2PQ}{d^2} \]

Where:

- \( n \) = minimum sample size,
- \( Z \) = standard normal deviation at 95% confidence interval which is 1.96,
- \( d \) = degree of precision or error margin which is 5% (taken as 0.05),
- \( P \) = proportion of the target population from previous studies (estimated at 34.6% which is 34.6/100 = 0.35),
- \( Q \) = alternate proportion (1-P) which is 1-0.346=0.65

\[ n = \frac{(1.96)^2 (0.35)(0.65)}{(0.05)^2} = 349 \]

Adding a 5% attrition rate, the minimum sample size (n) = 5/100×349=17

Therefore, minimum sample size (n) is 349 + 17 = 366.

STATISTICAL ANALYSIS

Data was statistically analyzed using Statistical Package for Social Sciences (SPSS) version 23.0 software. All data were expressed as Mean ± Standard Deviation (SD). Statistical test of significance were performed by Chi- Square test. Level of significance was set with p-value less than 0.05.

IV. RESULTS

SOCIO-DEMOGRAPHIC DATA

400 respondents participated in the study and the mean age ± SD is 14.77 ± 1.46. Based on the level of education of respondents, 84 (21.0%) are in SSS1, 105 (26.3%) are in SSS2 while 211(52.8%) are in SSS3. In term of the type of school of the respondents 349 (87.3%) are from private schools while 51 (12.8%) are from public school. Age category of the respondents shows that 300 (75.1%) are between 13-15 years, 93 (23.4%) are between 16-18 years, and 7 (1.8%) are 19 above. As regards the position of the respondents in their family, 143 (35.8%) reported that they were first born, 106 (26.5%) were second born 83 (20.8%) were third born, 53 (13.3%) were last born of their family and 7 (1.8%) are 19 above. As regards the position of the respondents in their family, 143 (35.8%) reported that they were first born, 106 (26.5%) were second born 83 (20.8%) were third born, 53 (13.3%) were last born of their family while 15 (3.8%) respondents chose others.

| Variables                                      | Frequency | Percentage (%) |
|-----------------------------------------------|-----------|----------------|
| Ethnicity of respondents                      |           |                |
| Yoruba                                        | 390       | 97.5           |
| Igbo                                          | 9         | 2.3            |
| Hausa                                         | 1         | 0.3            |
| Total                                         | 400       | 100.0          |
| Religion of respondents                       |           |                |
| Christianity                                  | 228       | 57.0           |
| Islam                                         | 172       | 43.0           |
| Total                                         | 400       | 100.0          |
| Level of education of respondents             |           |                |
| SSS1                                          | 84        | 21.0           |
| SSS2                                          | 105       | 26.3           |
| SSS3                                          | 211       | 52.8           |
| Total                                         | 400       | 100.0          |
| Type of school                                |           |                |
| Private                                       | 349       | 87.3           |
| Public                                        | 51        | 12.8           |
| Total                                         | 400       | 100.0          |
| Age in categories                             |           |                |
| 13-15 years                                   | 300       | 75.1           |
| 16–18 years                                   | 93        | 23.4           |
| 19 and above                                  | 7         | 1.8            |
| Total                                         | 400       | 100.0          |
| Family setting                                |           |                |
| Monogamous                                    | 346       | 86.5           |
| Polygamous                                    | 54        | 13.5           |
| Total                                         | 400       | 100.0          |

| Variables                                    | Frequency | Percentage (%) |
|----------------------------------------------|-----------|----------------|
| Mother level of education                    |           |                |

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### KNOWLEDGE ABOUT BREAST CANCER DISEASE (N = 400)

| Variable | Frequency | Percentage (%) |
|----------|-----------|----------------|
| Have you ever heard of breast cancer disease? | | |
| Yes | 390 | 97.5 |
| No | 10 | 2.5 |
| Total | 400 | 100.0 |
| Can breast cancer develop from the breast tissue? | | |
| Yes | 336 | 84.0 |
| No | 64 | 16.0 |
| Total | 400 | 100.0 |
| Symptoms of breast cancer disease | | |
| Breast lump | 92 | 23.0 |
| Constant pain in part of the breast/Armpit | 67 | 16.8 |
| Nipple Changing position/shape or becoming inverted | 3 | 0.8 |
| One breast becoming larger or lower | 9 | 2.3 |
| Rash on/ around nipple | 7 | 1.8 |
| Thickening different from the other breast tissue | 6 | 1.5 |
| All of the above | 79 | 19.8 |
| No idea | 137 | 34.3 |
| Total | 400 | 100.0 |
| Risk factors for breast cancer disease | | |
| Age | 8 | 2.0 |
| Obesity | 20 | 5.0 |
| Biological sex | 12 | 3.0 |
| Diet | 5 | 1.3 |
| Lack of child bearing | 5 | 1.3 |
| Lack of breast feeding | 24 | 6.0 |
| Genetics | 22 | 5.5 |
| Higher levels of hormones | 17 | 4.3 |
| Alcohol Consumption | 11 | 2.8 |
| Radiation exposure | 6 | 1.5 |
| All of the above | 35 | 8.8 |
| No idea | 190 | 47.6 |
| Total | 400 | 100.0 |

### KNOWLEDGE ABOUT BREAST SELF-EXAMINATION PROCEDURE (N=400)

| Variable | Frequency | Percentage (%) |
|----------|-----------|----------------|
| Have you heard of breast self-examination? | | |
| Yes | 235 | 58.8 |
| No | 165 | 41.3 |
| Total | 400 | 100.0 |
| Gender that should routinely perform breast self-examination (BSE) | | |
| Female (Correct answer) | 284 | 71.0 |
| Male, Both male and female (Incorrect answer) | 116 | 29.0 |
| Total | 400 | 100.0 |
| Age that breast self-examination (BSE) should begin | | |
| 8 - 15 years (correct) | 382 | 78.5 |
| 16 years and above (Incorrect) | 18 | 21.5 |
| Total | 400 | 100.0 |

### KNOWLEDGE ABOUT BREAST SELF-EXAMINATION PROCEDURE (N=400)

| Variable | Frequency | Percentage (%) |
|----------|-----------|----------------|
| How often breast self-examination (BSE) should be done | | |
| Monthly (Correct answer) | 142 | 35.5 |
| Other responses (Incorrect answer) | 258 | 64.5 |
| Total | 400 | 100.0 |
| Palpating procedure for breast self-examination (BSE) | | |
| Palpate with palm and minimum of three fingers (Correct answer) | 94 | 23.5 |
| Other responses (Incorrect answer) | 306 | 76.5 |
| Total | 400 | 100.0 |

Figure 1: Summarized Knowledge On Breast Self-Examination

Out of 400 respondents, 128 (32.0%) have adequate knowledge on breast self-examination while 272 (68.0%) have inadequate knowledge on breast self-examination as represented in figure 1 below.
### ATTITUDE TOWARDS BREAST SELF-EXAMINATION

#### Practice of Breast Self-Examination (BSE)

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| EVER PERFORMED BSE                                                       |               |
| Yes                                                                      | 109 (27.3)    |
| No                                                                       | 291 (72.8)    |
| Total                                                                    | 400 (100.0)   |
| PERFORMED BSE IN THE PAST SIX MONTHS                                     |               |
| Yes                                                                      | 78 (19.5)     |
| No                                                                       | 322 (80.5)    |
| Total                                                                    | 400 (100.0)   |

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| IF YES WHAT ARE THE REASONS WHY BSE WAS PERFORMED IN THE PAST SIX MONTHS |               |
| To examine my breast regularly to prevent breast cancer                  | 47 (60.3)     |
| Because breast cancer is in my family history                            | 4 (5.1)       |
| I just feel like doing it                                                | 27 (34.6)     |
| Total                                                                    | 78 (100.0)    |
| IF NO WHAT ARE THE REASONS WHY BSE WAS NOT PERFORMED IN THE PAST SIX    |               |
| MONTHS                                                                    |               |
| I do not have time for it                                                | 26 (8.1)      |
| I don’t have any symptoms of breast cancer                              | 49 (15.2)     |
| I don’t know how to do it                                                | 167 (51.9)    |

#### Breast Self-Examination Frequency

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| BREAST SELF-EXAMINATION IS NECESSARY FOR EARLY DETECTION OF BREAST CANCER |               |
| Strongly agree                                                           | 259 (64.8)    |
| Agree                                                                    | 132 (33)      |
| Unsure                                                                   | 7 (1.8)       |
| Disagree                                                                 | 1 (0.3)       |
| Strongly disagree                                                        | 1 (0.3)       |
| Total                                                                    | 400 (100.0)   |

#### Breast Self-Examination Should be Made Mandatory for All Females

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| Strongly agree                                                           | 225 (56.3)    |
| Agree                                                                    | 140 (35.0)    |
| Unsure                                                                   | 17 (4.3)      |
| Disagree                                                                 | 14 (3.5)      |
| Strongly disagree                                                        | 4 (1.0)       |
| Total                                                                    | 400 (100.0)   |

#### Performing Breast Self-Examination May Expose Me to Breast Cancer

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| Strongly agree                                                           | 14 (3.5)      |
| Agree                                                                    | 20 (5.0)      |
| Unsure                                                                   | 36 (9.0)      |
| Disagree                                                                 | 131 (32.8)    |
| Strongly disagree                                                        | 198 (49.5)    |
| Total                                                                    | 400 (100.0)   |

#### Breast Self-Examination is Against My Religious/Cultural Belief

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| Strongly agree                                                           | 7 (1.8)       |
| Agree                                                                    | 12 (3.0)      |
| Unsure                                                                   | 23 (5.8)      |
| Disagree                                                                 | 132 (33.0)    |
| Strongly disagree                                                        | 226 (56.5)    |
| Total                                                                    | 400 (100.0)   |

#### Breast Self-Examination is a Waste of Time and Resources

| Variable                                                                 | Frequency (%) |
|--------------------------------------------------------------------------|---------------|
| Strongly agree                                                           | 61 (16.2)     |
| Agree                                                                    | 43 (11.4)     |

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### Figure 2: Summarized Attitude Towards Breast Self-Examination

The pie chart below shows the respondents attitude towards breast self-examination in this study. Out of the 400 respondents, 366 (91%) have a favourable attitude towards breast self-examination while 34 (9%) have an unfavourable attitude towards breast self-examination.

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### Figure 3: Pie Chart Showing Breast Self-Examination Knowledge Level

- Adequate knowledge: 272 (68%)
- Inadequate knowledge: 128 (32%)

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### Figure 4: Pie Chart Showing Attitude Towards Breast Self-Examination

- Favourable attitude: 366 (91%)
- Unfavourable attitude: 34 (9%)

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I don’t think it is necessary 20 (6.2)
I feel shy 6 (1.9)
I’m healthy 36 (11.2)
I’m scared of being diagnosed with breast cancer 8 (2.5)
It may be painful 10 (3.1)
Total 322 (100.0)

PRACTICE OF BREAST SELF EXAMINATION (BSE)

| Variable | Frequency (%) |
|----------|---------------|
| Age you started performing breast self-examination (N=109) |
| 8.0  | 1 (0.9) |
| 10.0 | 6 (5.5) |
| 11.0 | 2 (1.8) |
| 12.0 | 35 (32.1) |
| 13.0 | 24 (22.0) |
| 14.0 | 18 (16.5) |
| 15.0 | 11 (10.1) |
| 16.0 | 5 (4.6) |
| 17.0 | 4 (3.7) |
| 18.0 | 3 (2.8) |
| Total | 109 (100.0) |

| Variable | Frequency (%) |
|----------|---------------|
| Last time you performed breast self-examination (N=109) |
| Between 3 to 6 months ago | 21 (19.3) |
| Between 6 & a year ago | 17 (15.6) |
| Less than a month ago | 59 (54.1) |
| More than a year | 12 (11.0) |
| Total | 109 (100.0) |

| Variable | Frequency (%) |
|----------|---------------|
| Period of menstrual cycle breast was examined (N=109) |
| After Menstruation | 42 (38.5) |
| Before Menstruation | 20 (18.3) |
| During Menstruation | 10 (9.2) |
| No particular time | 37 (33.9) |
| Total | 109 (100.0) |

| Variable | Frequency (%) |
|----------|---------------|
| How often you perform breast self-examination in a year (N=109) |
| Anytime | 21 (19.3) |
| Daily | 33 (30.3) |
| Weekly | 19 (17.4) |
| Monthly | 29 (26.6) |
| Yearly | 7 (6.4) |
| Total | 109 (100.0) |

| Methods of breast self-examination often practiced (N=109) |
| During shower | 33 |
| On the bed lying down | 18 |
| Standing in front of the mirror | 54 |
| All of the above | 4 |
| Total | 109 (100.0) |

| Steps of breast self-examination followed in front of the mirror (N=58) |
| Place hand on hip, press down & make the chest muscle tense | 6 (10.3) |

| Steps of breast self-examination followed during shower (N=37) |
| Start by raising an arm behind your head | 10 (27.0) |
| Use the pad of the hand to examine the breast | 12 (32.4) |
| Use soapy hand to press firmly on the breast against the chest wall | 8 (21.6) |
| All of the above | 7 (18.9) |
| Total | 37 (100.0) |

| Steps of breast self-examination followed on bed while lying down (N=22) |
| Lie down on the back & be comfortable | 7 (31.8) |
| Place a pillow under the shoulder of the side to be examined | 3 (13.6) |
| Use the lip of the hand to examine the breast | 8 (36.4) |
| All of the above | 4 (18.2) |
| Total | 22 (100.0) |

According to the table below, individuals with poor knowledge are one time less likely to do breast self-examination (P < 0.05, OR = 1.245, CI= 0.647-2.394) while in terms of attitude, those with unfavourable attitude are one time less likely to do breast self-examination. (P < 0.05, OR = 1.025 CI= 0.949-1.107).

| Variable | Statistical significance | Odds ratio | Confidence interval |
|----------|--------------------------|------------|---------------------|
| Good knowledge with reference to | | | |
| Poor knowledge | 0.511 | 1.245 | 0.647 | 2.394 |
| Favourable attitude with reference to | 0.963 | 1.025 | 0.949 | 1.107 |

V. DISCUSSION
This research outcome has shown that 58.8% of the respondents have heard about breast self-examination (BSE)
and 27.3% of the respondents have ever performed BSE while only 19.5% of the respondents performed BSE in the past six months. This is similar to a previous study reported in Abuja that 56.4% of the respondents knew about BSE and 10.1% of the respondents have ever performed BSE [15] but it is in contrast to Assuit, South Egypt study that revealed that 87.9% of the respondents reported to have heard about Breast Self-Examination (BSE) [16]. Related to this is a study done at University of Ibadan, Nigeria which described that 82.5% have heard of BSE and only 11% female individuals practice the procedure regularly (10).

It was observed in this study that having heard about BSE does not necessarily imply to high performance rate of breast self-examination (BSE). The poor practice of BSE among the respondents in this study was because they do not know how to perform the procedure and perhaps they appear not to also know the specific period to perform breast self-examination. However, 84.3% of the respondents stated that they would like to know more about breast self-examination (BSE) and its procedure, which implies that young adolescent girls are eager to learn more about breast self-examination (BSE) which will enhance positive attitude and behaviour towards the practice of breast self-examination (BSE) at an early stage of life.

Findings of this study indicated that 27.3% of the respondents practiced BSE, but only 19.5% performed breast self-examination in the past six months. This illustrated that a very low percentage of the female secondary school students were really practicing BSE. In disparity to this study, there is high level of practice of BSE among women of about 65.3% in a research done at Sokoto Nigeria (13).

The peak proportion of the respondents obtained their first information from their school whereas the least source of information on BSE was obtained from the church. Contrast observations about the respondents’ first information were stated in a research held among female secondary school teachers in Ilorin, Nigeria where 29.9% of those studied indicated that the information were obtained from the television. This may be as a result of insufficient health education by health workers to females on BSE (8).

Furthermore, only 19.5% respondents were aware that the correct period of menstrual cycle for breast self-examination was after menstruation while 13.0% respondents examined their breasts at any time they felt like. This does not agree with a previous research outcome on breast self-examination among female undergraduates in Enugu which revealed that 62% respondents declared that they examined their breasts after menstruation while 54.6% examine their breasts at any time they felt like [17]. The poor knowledge on the methods and timing of breast self-examination might be because the respondents were not taught the procedures of BSE as this does not necessarily fall into the syllabus of any of the main courses the respondents or in other cases, little attention paid to such topics by school instructors because this area of study in general is not taken as seriously as one would expect.

The educational status has significant effect on knowledge on BSE in which the respondents’ level of education may determine their knowledge on BSE. .This was in agreement to a BSE study among women in Sokoto Nigeria in which there was significant relationship between the educational level and the knowledge of BSE among those respondents (13). Respondents in the higher level of education were older in age and possibly taught the procedure of BSE (who to routinely perform BSE, age to start BSE, how often BSE have to be done, procedures for BSE, signs and risk factors of BSE, among others) by their teachers. This is similar to a previous study done among female secondary school students in which the higher level of education determines the knowledge on BSE [15].

The age of the respondents is significantly associated with the practice of BSE which is likely due to the fact that respondents with adequate knowledge on BSE will definitely practice BSE as they will be aware of the importance of early detection of breast cancer in reducing mortality rate and worsening of the disease. This is similar to other study done among young adolescent girls in Abuja, Nigeria [15] and as well in concordance with the research on the influence of educational level on knowledge and practice of breast self-examination among women in Sokoto [13]. Knowledge on BSE is insignificantly associated with the attitude of BSE which is likely due to the fact that respondents with adequate knowledge on BSE does not implies that the respondents will have a good behaviour towards BSE practice. This is similar to the outcome reported by the Authors of a research carried out on knowledge, attitude and practice of breast self-examination among female undergraduate students in the University of Buea, who reported that 51.4% admitted that they were not afraid to detect breast cancer while 26.5% were afraid. 88% of the respondents approved that BSE was important and useful in the early detection of breast cancer [14].

VI. CONCLUSION

This study revealed a larger proportion of respondents have heard about breast cancer and breast self-examination but with inadequate knowledge of the correct procedures of breast self-examination (BSE) thereby resulting into poor attitude & practice of breast self-examination (BSE). This challenge therefore indicates an urgent need for continuous awareness and sensitization programs in the communities, as well as the review of high school subject curriculum to include breast self-examination (BSE) teaching and practice & general sexual and reproductive health programs.

There is need for the development of more efficient educational programs aiming at demonstrations of the correct procedures of breast self-examination (BSE) so as to enhance early detection of breast cancer and proffer prompt treatments to reduce the mortality rate of the breast cancer.

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VIII. FINANCIAL & NON-FINANCIAL COMPETING INTEREST

The authors declare no financial or non-financial competing interest.

IX. CONFLICT OF INTEREST

Authors declare they have no conflict of interest.
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