African Journal for the Psychological Studies of Social Issues

MR ALUKO J.O.

Volume 11 Numbers 1 & 2, April and September,2008 Edition

Founding Editor- in - Chief: Professor Denis C.E. Ugwuegbu,
(Retired Professor of Department of Psychology,
University of Ibadan.)

Editor - in- Chief: Professor Shyngle K. Balogun,
Department of Psychology, University of Ibadan.

Associate Editor: Dr. Benjamin O. Ehigie
Department of Psychology, University of Ibadan.

EDITORIAL ADVISORY BOARD

Professor S.N. Madu	University of South Africa
Professor S.E. Idemudia	University of South Africa
Professor Tope Akinnawo	Adekunle Ajasin University, Nigeria
Professor C.O. Ajila	Obafemi Awolowo University, Nigeria
Professor O.O. Olowu	Obafemi Awolowo University, Nigeria
Dr. P.N. Ibeagha	University of Ibadan, Nigeria
Dr. A.M. Sunmola	University of Ibadan, Nigeria
Dr. O.J. Osiki	University of Ibadan, Nigeria
Dr. K.O. Taiwo	University of Ibadan, Nigeria
Dr. D.O. Adebayo	University of Ibadan, Nigeria

Journal of the African Society for THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES % Dept of Psychology, University of Ibadan, Nigeria

AFRICAN JOURNAL FOR THE PSYCHOLOGICAL STUDY OF SOCIAL ISSUES VOl. 11 (1) 2008

CONTENTS

PAGE

1. TRADITIONAL GENDER ROLES AS PRECURSORS OF RISKY SEXUAL BEHAVIOUR AND DECISIONS AMONG INTIMATE PARTNERS IN IBADAN, NIGERIA ---------- 3
Oladeji D.

2. CAREER EXPERIENCE AND YOUTH META MORPHOSIS INTO AREA BOYS IN LAGOS METROPOLIS, NIGERIA. ---------- 13
Akinwale, A.A.

3. PROBLEMS AND COUNSELLING NEEDS OF UNEMPLOYED YOUTHS IN NIGERIA ---------- 35
Esere, M.O. and Arewah, M.C.O.

4. AN ASSESSMENT OF IMPORTANCE OF CHILDREN IN OLD AGE SECURITY PROVISIONS AMONG THE IJEBUS OF SOUTH-WEST, NIGERIA ---------- 46
Wahab, E. O. & Isiugo=Abanihe, U.C.

5. DEMOGRAPHIC VARIABLES AS DETERMINANTS OF PROVISION OF REPRODUCTIVE HEALTH INFORMATION TO ADOLESCENTS BY SOCIAL WELFARE PRACTIONERS IN OYO STATE, NIGERIA ---------- 64
Ayangunna, J.A.

6. EXPLORING THE INTERSECTION BETWEEN CULTURE, RISKY SEXUAL BEHAVIOUR AND HIV/AIDS AMONG YOUNG WOMEN IN SOUTHEASTERN NIGERIA ---------- 74
Okereke, C.I

7. ADOPTION OF CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW) AND WOMEN RIGHTS IN NIGERIA – A WILD GOOSE CHASE? ---------- 92
Olomola, O.

8. JOB STATUS FIFFERENCES IN EMPLOYEES' JUDGEMENT OF ORGANISATIONAL RESTRUCTURING POLICY EFFECTIVENESS ---------- 105
Ekore, J.O..

9. SOCIAL WORK INTERVENTIONS IN THE PSYCHO-SOCIAL MANAGEMENT OF STRESS AMONG INDUSTRIAL WORKERS ---------- 113
Ajala, E.M and Mojoyinola, J.K.

10. WORKPLACE SPIRITUALITY, COMPUTER SELF-EFFICACY AND EMOTIONAL LABOUR AS PREDICTORS OF JOB SATISFACTION AMONG UNIVERSITY LECTURERS IN SOUTHWEST NIGERIA ---------- 128
Oluwole, D.A.

11. THE NIGERIAN POLICE AND CRIME CONTROL IN LAGOS METROPOLIS ---------- 145
Ajayi, J.O. and Aderinto, A.A.

12. AWARENESS OF BREAST CANCER SCREENING AMONG FEMALE UNDERGRADUATE STUDENTS OF UNIVERSITY OF IBADAN, NIGERIA ---------- 161
Adejumo, P.O., Aluko, J.O. and Oluwatosin, O.A.

13. INFLUENCES ON GAMBLING AMONG ADOLESCENTS IN IBADAN NIGERIA ---------- 174
Amuzat A . O

AWARENESS OF BREAST CANCER SCREENING AMONG FEMALE UNDERGRADUATE STUDENTS OF UNIVERSITY OF IBADAN, NIGERIA

P. O. ADEJUMO
Department of Nursing, University of Ibadan.
J. O. ALUKO
University College Hospital, Ibadan.
&
O. A. OLUWATOSIN
Department of Nursing, University of Ibadan.

ABSTRACT

The mortality and morbidity rate of carcinoma of the breast among Nigerian women is alarming and is a serious health issue to health professionals especially nurses. The high rate of mortality and morbidity associated with breast cancer can be reduced through early detection measures which include mammography, clinical breast examination (CBE) and breast self examination (BSE). The aim of this study therefore is to determine the level of awareness of breast cancer screening methods among the female undergraduate students of University of Ibadan who are future mothers.

This is a non-experimental descriptive study that utilised a self-structured questionnaire for collection of data. Three hundred willing female undergraduate students drawn proportionately from the three halls of residence participated in the study. Only 286 out of the 300 questionnaires distributed, were correctly filled, and fit for analysis. The Statistical Package of Social Sciences (SPSS) was utilised for analysis of data.

The age of the respondents ranged from 16 to 40 years. Majority (92.6%) were single. Those who have heard about BSE, CBE and mammography were 82.7%, 59.8% and 46% respectively. The mass media top the list of sources of information. However, only 33.8% demonstrated good knowledge of appropriate time BSE should be carried out. Larger proportion; 81.2% had never accessed CBE at any particular time in life. There is a significant association between the respondents' level of awareness of mammography and the respondent mothers' level of education, (P ? 0.05).

The findings of the study revealed high level of awareness of BSE but low level of knowledge. Similarly, the number of respondents who had benefited from CBE

was very low. Therefore, nurses, midwives and doctors are encouraged to teach their clients BSE and incorporate CBE into the routine physical examination of their clients.

Key words: *Awareness, Breast cancer, Screening, Undergraduate students.*

INTRODUCTION

Breast cancer is the most common cause of cancer death among Nigerian women. Although, breast cancer appears not to take different biological behaviour in Nigeria, it carries a truly bleak prognosis (Okoronkwo, Anarado & Ehiemere, 2003). The reason for this statement is not far fetched, as late presentation of breast cancer cases has been observed over a period of three decades in Nigeria (Oluwatosin & Oladepo 2006). Meanwhile, early detection of the disease has been made possible by proven screening modalities (Jebbin & Adotey, 2004). Screening has been defined as the search for the disease in asymptomatic people (Ottery, 1999). Globally, acknowledged breast cancer screening methods are mammography, Clinical Breast Examination (CBE) and Breast Self Examination (BSE) (Olsen, 1999, Adebamowo, 1998, Hassan, Onukak & Mabogunje, 2003). Mammography is expensive and not easily available (Olsen, 1999, & Okoye, 2004). The advantages inherent in cancer screening include: improved prognosis for clients whose disease would haveproven fatal without screening, lessened radical treatment forcancer and cost effectiveness (Soyinka & Omigbodun, 1998).

In Nigeria, the incidence of breast cancer in 1976 was 15.3 per 100,000 but this has risen to 33.6 per 100,000 by 1992 (Adebamowo, 1998). Data from the University of Nigeria Teaching Hospital Cancer Registry recorded a total number of 338 new cases of breast cancer, which were attended to between 1995 and 2000 (Hassan et al, 2003). In spite of the increasing rate of morbidity and mortality of breast cancer recorded daily in various health care institutions, not much emphasis is laid on early detection of the disease.

Although, the benefits of screening for breast cancer are well documented, large percentage of Nigerian women, particularly the poor and medically underserved do not participate in screening programmes (Okoronkwo, 2003, Jebbin et al, 2004 & Ottery, 1999). They are probably kept away by barriers such as lack of awareness of the need for screening, lack of accessibility to facilities like CBE and mammography, high cost of health care and fear of possible breast cancer detection (Olsen, 1999, Jean, 1998 & Adams, 2000). Regular mammography is not possible due to lack of equipment and enough trained personnel. The level of awareness of BSE among Nigerian women is poor. Oluwatosin & Oladepo (2006) reported that only 13.3% of participants in their study were aware of BSE, fewer acknowledged CBE and none were aware of mammogram. It is also observed that the clinicians: particularly,

nurses, midwives and doctors do not utilise clients visit to hospital to conduct CBE. This could provide an advantage for early detection of breast cancer. Same opportunity could be used to health-educate the visiting clients on how to carry out BSE at home independently. Necessary health information should not be limited to adults, as incidence of breast cancer in the younger age group has been recorded in Nigeria (Banjo 2004). Hence, youths and children need to be well equipped with adequate health information ahead of time. Therefore it is expected that female undergraduates acquire relevant knowledge in health issues like BSE, CBE and mammography.

The researchers also viewed the undergraduate female students as potential dynamic change agents, who would use their wealth of knowledge in health related issues to bring about positive health response to the society they might come in contact with in the nearest future, and as "mothers of nations" Hence, the need to determine the level of awareness of this group of people.

Statement of problem

Breast cancer is one of the leading causes of death among the sub-Sahara African women (Jean, 1998). The associated emotional, social and economic burdens are highly devastating. Breast cancers tend to be more advanced among this group when they are reported late. As a result, black women are more likely than their white counterparts from developed countries to experience a poor prognosis at every stage of the disease.

Early detection is an effective method of reducing breast cancer mortality and morbidity. Secondary breast cancer detection methods include BSE, CBE and mammography. In spite of the proven benefits of the screening methods, most African countries including Nigeria are yet to integrate them into their health care system (Okoronkwo, 2003 & Soyinka et al, 1998). Also, literature abounds on the level of knowledge of cancer screening among women but there is dearth of local literature on this among undergraduate females. Since this category of the nation's population is a potential dynamic change agent in their immediate and larger society, and since they will metamorphous into women sooner or later, the importance of this study now cannot be over-emphasized.

Objectives of the study

1. To determine the level of awareness and practice of the three major secondary breast cancer screening methods among the female undergraduate students.
2. To provide information to health care providers to plan modalities for breast cancer screening awareness programmes for these group who are considered dynamic change agents, if adequately equipped with relevant information and knowledge.

Health Belief Model (HBM) by Godfrey Hochbaum, Stephen Kegel and Irwin Rosenstock.

Provide the theoretical basis for this study. It is a psychological model that attempts to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals. The HBM states that the perception of a personal health behaviour threat is in itself influenced by at least three factors namely, general health values, which include interest and concern about health, specific health beliefs about vulnerability and beliefs about the consequences of the perceived health problem.

Methods

This is a descriptive study carried out among female undergraduate students of the University of Ibadan. The three female undergraduate halls of residence of the University of Ibadan were purposively selected. The sample size of 328 was calculated plus 20% attrition. Thus the sample size target was 410. This number was proportionately distributed across the halls. Obafemi Awolowo hall : 161, Queen Idia hall : 143, and Queen Elizabeth hall : 106. However, only 300 questionnaires were retrieved for analysis.

A 38-item self-structured questionnaire was used for data collection. The face and content validity of the instrument was ensured by matching its items with the research questions and the set hypotheses. The instrument was assessed and modified by senior professional colleagues, who are experts in cancer research. The questionnaire explored demography, level of awareness and practice of BSE, CBE and mammography. The instrument was administered to willing residents of the halls. Data analysis was performed using Statistical Package of Social Sciences (SPSS). Descriptive and inferential statistics were employed to answer research questions and hypotheses testing.

Ethical considerations

The instrument for data collection contained an introductory portion, which explained the nature and purpose of the study to all the respondents. Thus, participation in the study was made voluntary and withdrawal from participating at any time was allowed. This was explained by the researchers to the participants and written consent was obtained. No one was coerced to participate in the study and confidentiality was guaranteed.

Results

Socio-demographic data

The age of the students ranged from 16 to 40 years with the mean age of 22.5 years (SD ? 3.48). Two hundred and sixty five (92.6%) of the students were single, [Figure1] The highest proportion (39.2%) of the students were in 200 level of study,

followed by 300 level (22.7%), while those in 100 level of study were 18.5% and the remaining proportion belong to 400, 500 and 600 levels of study [Figure 2]

Figure 1:

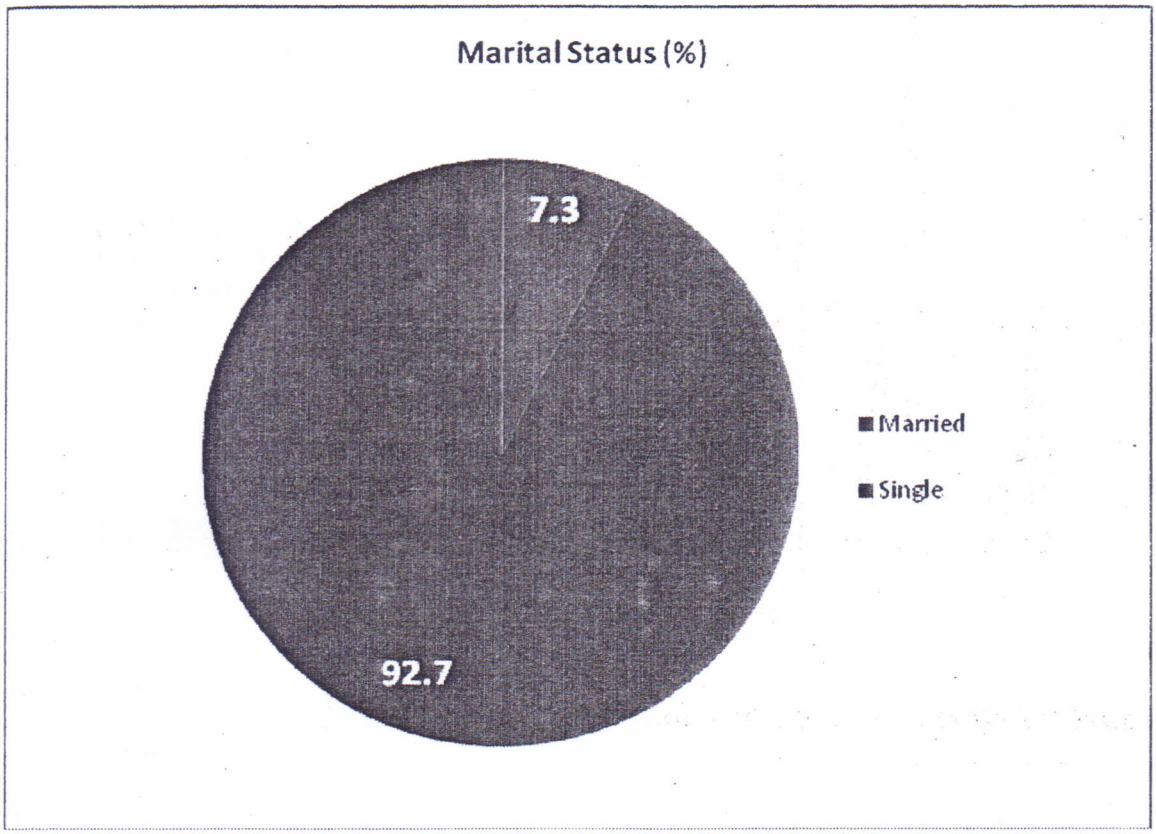


Figure 2: Level of Study (%)

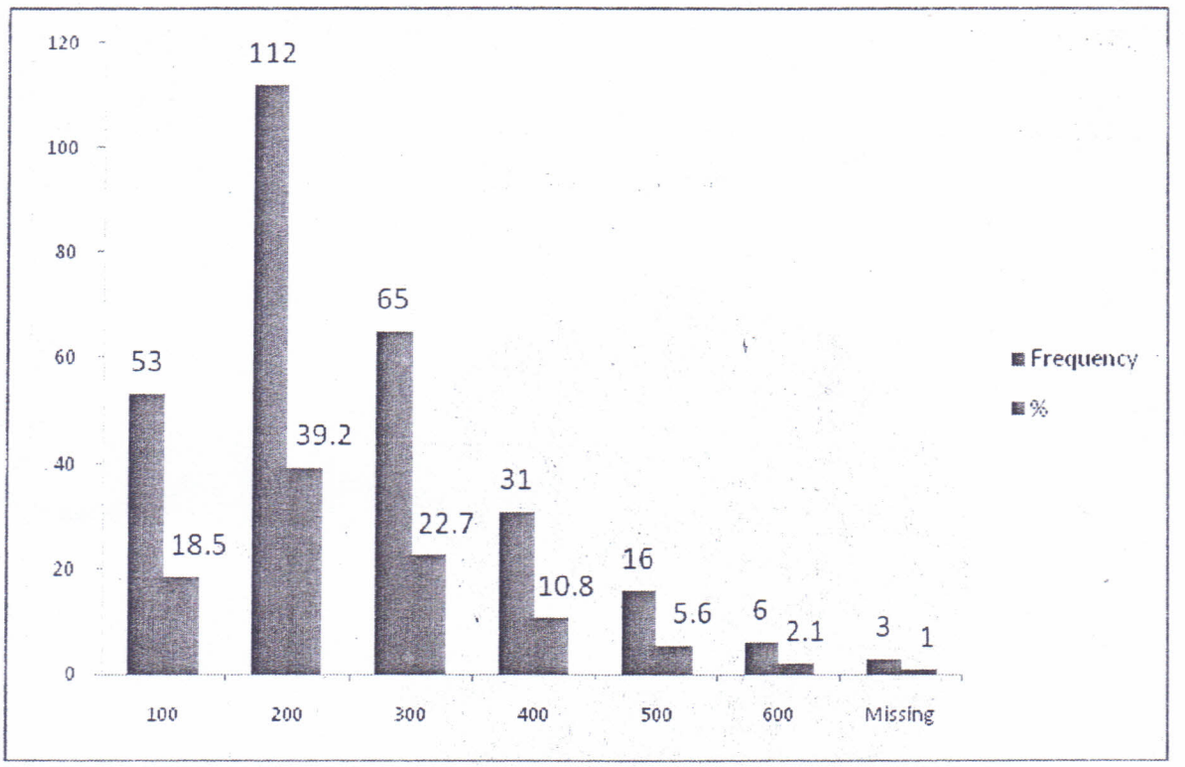


Figure3: Fathers' level of education (%)

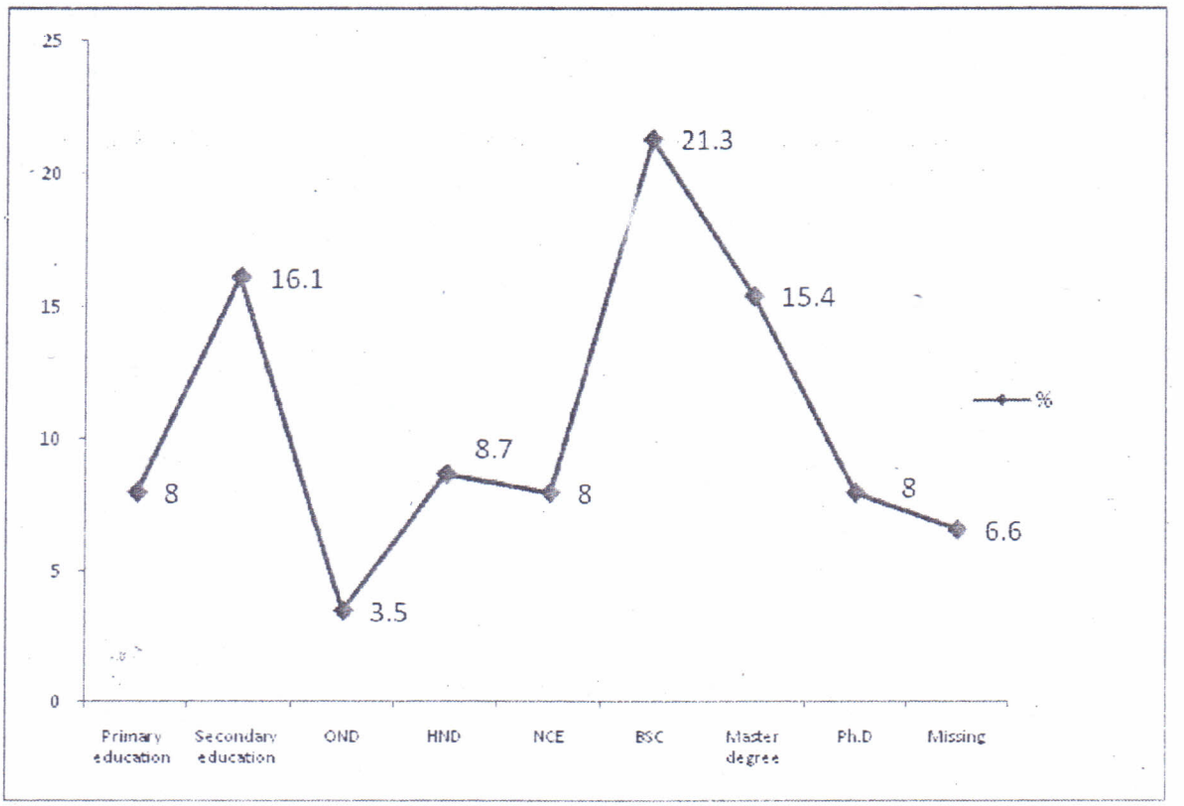
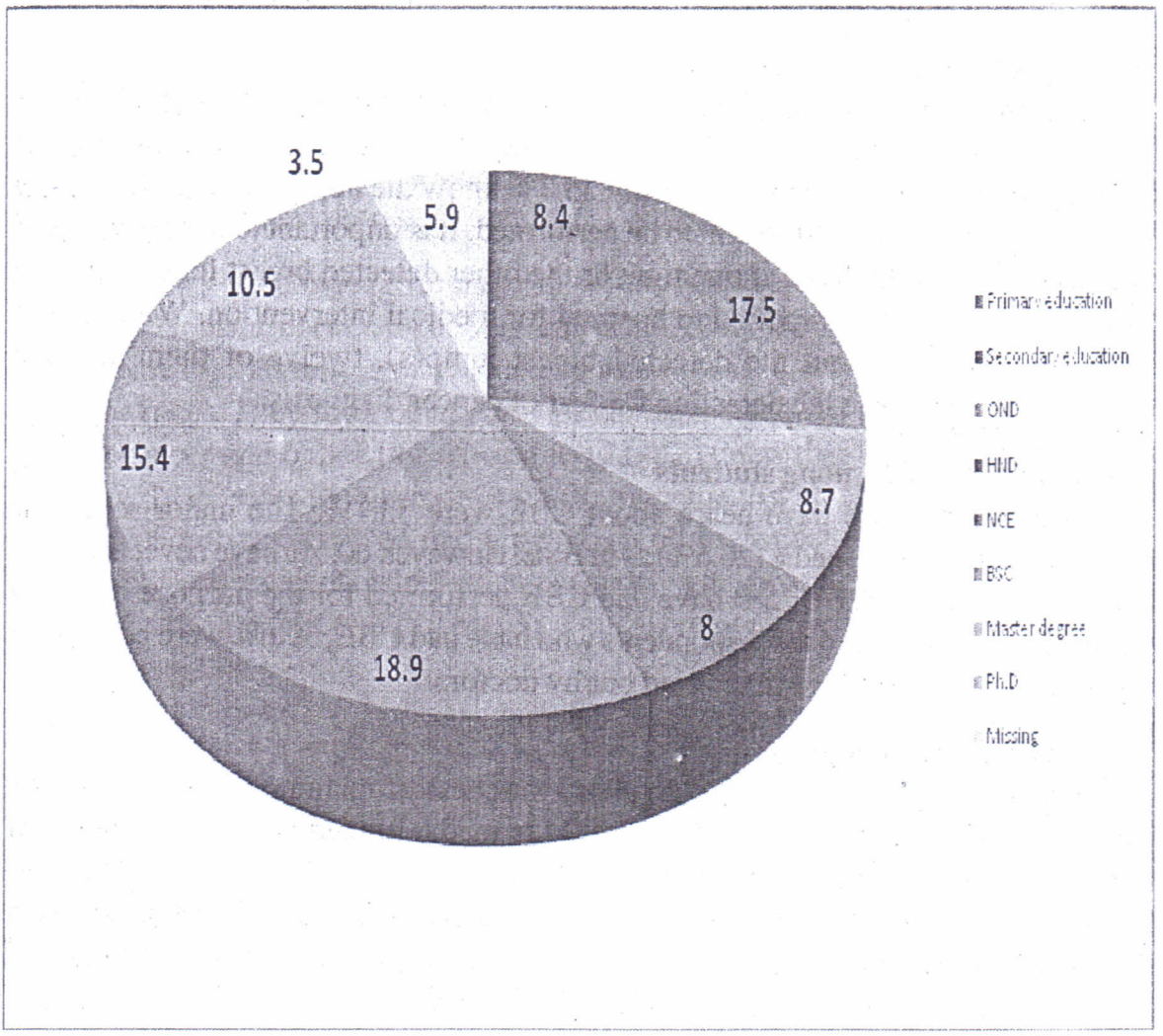


Figure: 4: mothers' level of education (%)



Most (91%) of the students' parents were educated. One hundred and twenty eight (44.8%) of fathers had at least first degree (BSc.), while mothers' proportion was about 29.3%; the proportions of respondents' fathers and mothers who had NCE, OND, or HND degree were 20.2% and 35.7% respectively.[Figure 3 & 4]. However, 28.7% and 47.2% of the fathers and mothers worked in health care institutions respectively. Significant proportion of the parents, who worked in health institutions were nurses, midwives or medical doctors.

Awareness of BSE among students

Out of the 286 respondents, 78.7% have heard about BSE as an early detection measure of breast cancer while 21.3% have never heard about it. The major source of information for those who heard was mass media (46.9%). This was followed by

Hospital/Clinic which was the source of information for 14.3% of the respondents and friends (13.6%) followed the hierarchy. Posters/Handbills were the least on the list with 7.7% of the respondents mentioning it as their source of information.

Knowledge of BSE among students

Respondents showed significant high level of general knowledge about BSE, 55.2% claimed to know how to carry out BSE but only 21.0% were taught techniques of BSE by health workers. However, only 33.7% know the appropriate period of the menstrual cycle when BSE ought to be performed. It is important to note that, out of the respondents who have at one time or the other detected breast lumps through BSE, only ten of them reported to hospital for medical intervention. While ten of them did nothing about the detected breast lump(s), twelve of them stopped performing BSE since the detection for fear of cancer diagnosis.

Awareness of CBE among students

The respondents who have heard about CBE were 53.1%. The major source of information was mass media (26.6%) as in BSE. However, 60.5% have never accessed CBE at any time; only 11.5% have had CBE performed for the purpose of breast cancer detection. Out of the respondents who have had CBE, 59.6% were performed by nurses, while 36.5% were carried out by doctors.

Awareness of Mammography

In contrast to BSE and CBE, the level of awareness of mammography among the respondents was quite low (38.5%) but mass media topped the list of sources of information to the respondents (21.7%). However, only 4.9% of the respondents have had mammography performed. There is a statistical significant association between the respondents' mothers' level of education and the respondents' level of awareness of mammography. ($X^2 = 16.4$, $df = 8$, $p < 0.05$).

Discussion

Majority (91%) of the respondents' parents were educated. This agrees with the general assumption that majority of children born to literate parents have greater opportunity for higher education than the children of the illiterates. Moreover, it is important to note that mass media topped the list of sources of information on the three cancer screening methods to the respondents. This finding contrast with a similar study carried out among women in Enugu Urban (Okoronkwo (2003), Oluwatosin (2006), where the major source of information was the health workers. However, the findings agreed with a similar study carried out in south-western Nigeria (Cancer registry, UNTH, Enugu), where the major source of information was the electronic media. This study suggests that health workers have not been engaging in school and campus health outreaches, a forum where students could be empowered adequately with relevant health information. In addition, it suggests

that the University Health Clinic, which offers the campus community health services has not been organizing health education programmes for the benefit of students and other campus residents. Minority, (33.8%) of the respondents knew the appropriate time of the month suitable for BSE performance. This synchronizes with the study in Enugu (Okoronkwo, 2003), where 48% of the respondents were unable to describe the technique of BSE. Also, the proportion of the respondents who had accessed CBE was very low (15.5%). This is either due to the fact that clinicians and midwives did not integrate CBE into routine physical examinations.

The low level of knowledge found in this study is in keeping with reports from other studies. Okobia, Buncker, Okonofua, and Usifo, (2006) in their cross-sectional study of knowledge, attitude and practice of one thousand Nigerian women towards breast cancer. They found that study participants had poor general knowledge of breast cancer and only 214 participants (21.4%) knew that breast cancer presents commonly as a painless breast lump. In agreement with the present study, their findings similarly revealed that the practice of breast self-examination was low; only 43.2% participants admitted to performing the procedure in the last one year. Only 91 study participants (9.1%) had clinical breast examination in the past year as well.

There was a significant low level of awareness of mammography among the respondents. This is probably due to the fact that mammography is available only in few centres. This confirms the statement that mammography is not available in many hospitals in the country (Okoronkwo, 2003).

Breast self-exam (BSE) is a useful component of programs for early detection of breast cancer and should not be discontinued, says an American Cancer Society expert responding to a Canadian Medical Association Journal (CMAJ) article that suggested that the practice does more harm than good. "There is considerable evidence suggesting a benefit to the use of BSE," says Robert Smith, director of cancer screening for the American Cancer Society (ACS). The co-author of an accompanying editorial in CMAJ says there is insufficient evidence to support abandoning BSE. "Our view is that the recommendation [that BSE should not be used or taught] is premature," says Larissa Nekhlyudov, MD, of Harvard Medical School's department of ambulatory care and prevention. "The data they are basing their recommendations on are still incomplete. Women should be taught how to perform BSE, and should discuss it with their health care providers.

Current ACS recommendations are that BSE be performed monthly beginning at age 20, as one part of a three-part program that also includes mammography and clinical breast examination. Because mammography and clinical breast examination have the greatest impact on reducing breast cancer mortality, they receive the most

emphasis in ACS public awareness messages and allocation of program resources. Women are warned against relying on BSE alone.

"Breast self-exam can help with early detection of the small number of breast cancers found in those who are less than 40years old," Smith says. "Although these women should have a clinical breast exam every three years, BSE can reasonably be expected to help detect some cancers that reach a palpable size during this interval. After 40, we should not expect much added benefit from BSE if compliance with mammography is high. "As mammography utilization has increased during the past two decades, the percentage of breast cancers women find themselves has decreased," Smith notes. "But we do expect that BSE can provide a safety net for some women whose breast cancers were not picked up by their last mammogram or clinical breast exam?" The authors of the Canadian report raised the issue of harms associated with BSE, which include anxiety when doing the exam and diagnostic work-ups, including biopsies in some instances, for masses that are not cancerous. Smith admits that although false positives are a reality in any early detection program, the data are not that clear that BSE contributes to an excess of false positives. "More to the point, research has shown that women understand that false positives are an inevitable part of a larger program to detect breast cancer early in order to save lives," Smith explains. "We should do whatever we can to reduce avoidable biopsies, but we should not presume on women's behalf that these harms are intolerable in the context of the benefits of early detection."

The bottom line is that early detection of breast cancer is better than later detection, and BSE most likely contributes to early detection. Nevertheless, "BSE is a prudent thing to do; it is worth the time and effort to teach and to use," Smith summarizes.

Conclusion

This study was carried out to determine the level of awareness of breast cancer screening by female undergraduates of the University of Ibadan. From the findings, it is obvious that majority of the female undergraduate students had high level of awareness of the breast cancer screening except mammography. In spite of the high level of awareness among the students, only very few practiced BSE and very few had one time or the other accessed CBE. These are expected to be seen as serious problems by both health workers and government who render and fund health services respectively.

The three screening methods recommended for breast cancer includes breast self examination (BSE), clinical breast examination (CBE) and mammography. "There may be a better and more efficient way for providers to teach BSE and breast awareness, and perhaps, that should be revisited. This is particularly important and rewarding if commenced early such as this study suggests among young females.

Breast self-examination and clinical breast examination have been promoted for many years as general screening methods to diagnose breast cancer at an earlier stage in order to decrease morbidity and or mortality. The critical importance of reducing the stage at diagnosis in the limited-resource setting and provides a strong rationale for promoting public education and awareness of the importance of early detection of this disease. Focused attention on education among women and health care providers can lead to early breast cancer detection.

Recommendations

The following recommendations are therefore made:

- Health professionals especially nurses should endeavour to incorporate CBE into the routine physical examinations of their clients.
- Health professionals need to become a major source of health information to the public through contact and effective health education programmes.
- Government should facilitate school and campus health outreaches through proper funding and staffing of health care system.
- Parents should not be left out in health education. Rather they should be equipped with adequate health information as primary agents of socialization to their children.
- Mass media should improve on their performance by collaborating with health personnel and institutions for the purpose of dissemination of health information such as practical demonstration of BSE techniques to the public.
- In addition, individuals especially women should be aware of themselves and not be careless. Awareness will lead to the right channel and right activities including preventive practices such as BSE and increase utilization of CBE and mammography.
- Institutional framework and policy guidelines are therefore recommended to ensure that higher education students especially females do not miss essential education that pertains to their health and significant others in the future.

REFERENCES

Adams M. L.. (2000) Nursing study brings better health care for Texas by improving Breast cancer screening rates among African women, *Discovery*, 1-9.

Adebamowo C.A., (1998) Breast Cancer in Nigeria, *Dokita 25, (1)*, 67-71.

Banjo A. A. F. (2004) Overview of Breast and cervical cancers in Nigeria: are there regional variations? *Paper presented at the international workshop on new trends in management of breast and cervical cancers*, Lagos, Nigeria.

Breast Self-Exam is Too Valuable to Discard: *CA Cancer J Clin* 2001;51;268-270

Cancer Registry, University of Nigeria Teaching Hospital, Enugu.

Hassan I, Onukak E.E, Mabogunje O.A, (2003) Breast cancer in Zaria, Nigeria, *African Journal of Medicine, 49 (11-12) 122*
http://caonline.amcancersoc.org/cgi/content/full/51/5/268

Jean Lawson Erma, (1988) A narrative analysis: A black woman's perceptions of breast cancer risks and early breast cancer detection. *Cancer Nursing. Vol 21 (6)*, 421-429.

Jebbin N. J & Adotey J. M. (2004) Attitude, Knowledge and Practice of Breast Self Examination (BSE) in Port, Harcourt, Nigerian Journal of Medicine 13 (2); 166-70.

Okobia, M. N, Buncker, C.H., Okonofua, F.E and Usifo, O. (2006). Knowledge, Attitude, and Practice of Nigerian women towards breast cancer: A cross-sectional study. *World Journal of Surgical Oncology. 4*, 11

20. Parkin DM, Bray F , Ferley J, Pisani, P. Global cancer statistics, 2002. *CA Cancer J Clin.*2005.

Koster J P, Gotzcshe P C (2003) Regular self-examination or clinical examination for early detection of breast cancer. *The Cochrane Database of systematic Reviews. 2008 issue.*

Rosenstock (1974), in Stanhope & Landscaster (1996). Community health Nursing: Promoting health of aggregate fa and individuals, 4th edition, St Louis Mosby.

Okoronkwo I.L Anarado A.N & Ehiemere I.O. (2003) Knowledge and Practice of breasts self examination (BSE) among women in Enugu Urban West Africa *Journal of Nursing , 14, (2)* 86-90.

Okoye I.J. The role of imaging Technique in detection and characterization of Breast and cervical cancer. *International workshop on New Trend in the management of Breast and cervical cancer 18th –21st May* 2004 pp 34 – 37.

Olsen Sharon J, Cancer prevention screening for under-served population, *Adult Health, Vol. 1, No 6*: 34-45.

Oluwatosin O.A & Oladepo O. 2006. Knowledge of breast cancer and it's early detection measures among rrural women in Akinyele Local Government Area, Ibadan, Nigeria. *BMC Cancer*, Nov 26; 6:271

Ottery F.D 1991 Cancer Screening: Clinical recommendations for early detection of asymptomatic malignancy, *Adult Health, Vol. 1. No. 6.* 18-33.

Radiology Information, Sept 21, 2000

Ron D. Hays (2004) Health Belief Model by Godfrey Hoehbaun, Irwin Rosenstock & Stephen Kegels, Value- Expectancy theories of Behaviours.

Sarah Barnett, Mammography, 2005

Soyinka S.O. & Omigbodun A.O. Screening for cancer, *Dokita, 25,(1)*, June 1998, 23-29.