

Perception and Awareness of Preventive Practices Against Breast Cancer Among Women in Ibadan, Oyo State, Nigeria

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Abstract

The prevalence of breast cancer which is the second deadly disease in the world, has affected the peace of women as the vulnerable group in the society, thus has attracting more global and scholarly attention. While researches have focused largely on the symptoms and consequences of breast cancer among women, few have focused on women's perception and awareness about the preventive practices of this disease especially in Oyo state. This forms the focus of this paper. Marxist feminist theory formed the framework of the study. A descriptive survey was conducted among 400 women selected from two local governments in Ibadan through multi stage sampling. Ten in-depth interviews were also conducted among women. Quantitative data was analyzed using inferential statistics such as percentages and chi-square, while the qualitative data were content analyzed. The study revealed that women's perception of breast cancer was based on poor knowledge and the 'belief' that breast cancer is not only caused by supernatural forces but can be cured by it (God/gods) even without medical intervention. Eighty-three (83) percent were aware of breast self-examination, 66% were aware of clinical breast examination and 28% of mammography. However, awareness about other preventive practices like exercise, avoidance of alcohol intake, weight loss and diet was low and awareness was significantly related to women's level of education with $X^2=44.0$, $P = 0.00$. There is need for awareness programs and health education on breast cancer to reduce the myth about breast cancer and encourage early detection and treatment of this deadly disease.

Keywords: Awareness, Breast examination, Perception, Preventive Practices

1. Introduction

Breast cancer has been one of the most challenging disease affecting women in the contemporary societies and with increasing industrialization and westernization of dietary and other socio-behavioral attitudes in most developing countries, it has been estimated that the burden of cancer will increase to epidemic proportions in twenty-first century (Okobia, 2003). In Nigeria, cervix and breast cancer are the most common cancers of which the latter is the leading, thereby posing great threats to women's health ranging from emotional, psychological, physiological to sexual issues (Alexia 2006) as it is in the case of women who survived breast cancer because according to the American cancer society prediction, The chance that breast cancer will be responsible for a woman's death is about 1 in 36 (about 3%). Breast cancer also causes problems associated with physical and recreational activities, body image, sexual interest, sexual function, and problems with dating for those who were single. (Patricia, Ganz, Anne Coscarelli, Carol Fred, Barbara Kahn, Margaret L. Polinsky, Laura Petersen 1996) many women have had to face the fear of death, alteration of femininity, sexuality and attractiveness (Baucom, Porter, Kirby, Gremore, Keefe 2006) even years after diagnosis and treatment of breast cancer (Spiegel 1997)

The awareness of breast cancer has also caused depression which in turn affects interpersonal relationships, occupational performance, stress and perceptions of health and physical symptoms. And other discomforts like anger, low self-esteem and low emotional support. Therefore, it impacts patients' overall quality of life (Yen, Ko, Yen, Yang, Wu, Juan and Hou 2006)

Investigations have shown "breast cancer screening" programs for early diagnosis and early treatment have increased the survival rate and substantially prevent the recurrence and mortality (Nelson, Tyne, Naik, Bougatsos and Chan 2009). Breast clinical examination (BCE), breast self-examination (BSE), and mammography for breast cancer screening (BCS) have important roles in early diagnosis. American cancer society recommended BCE for women aged 20 or older, and mammography for women aged 40 or older. However, the practices of women with respect to BCE and BSE or mammography have depended on their awareness, attitudes, socio-demographic characteristics and cultural issues. The level of education of older women in the society affects their perceptions and attitudes towards breast cancer and its treatment, women have quite different attitudes and perception towards breast cancer, some people may believe that modern medicine has no cure for cancer, so prefer to go to traditional healers, faith-based healers or practitioners of alternative medicine. (Boulos, Gadallah, Neguib, Essam, Youssef, Costa, Mitra, Miller 2012).

These and many other problems make the study on the perception and preventive practices against breast cancer important to the society while it seems like the area of breast cancer has been over flooded, the progressive nature of knowledge will not afford us the negligence of the importance of the perception of women about breast cancer and their attitudes towards breast cancer prevention.

Cancer of the breast occurs when there is an abnormal growth of cells in the milk producing glands of the

breast called the lobules or the ducts or the lymph nodes. The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancerous, but breast cancers can be tender, soft, or rounded. They can even be painful. Other possible symptoms of breast cancer are Swelling of all or part of a breast (even if no distinct lump is felt) Skin irritation or dimpling Breast or nipple pain, Nipple retraction (turning inward) Redness, scaliness, or thickening of the nipple or breast skin and Nipple discharge other than breast milk.(breastcancer.org)Breast cancer when detected early can be treated, both local therapy and systemic therapy are used to treat breast cancer. Local therapy is intended to treat the tumor in the breast only without affecting the rest of the body Surgery and radiation therapy are examples of local therapies. Systemic therapy (using drugs) is given by mouth or directly into the bloodstream to reach cancer cells that may have spread beyond the breast. Examples of systemic therapy include chemotherapy or hormonal therapy.

While there are breast cancer risk factors, like a person's age or race, that can't be changed others are linked to cancer-causing factors in the environment, personal behaviors, such as smoking, drinking, and diet. A woman's risk for breast cancer can change over time, due to factors such as aging or lifestyle.(American cancer society 2016) and so early detection of breast cancer gives high potential for its cure.

Early detection involves patient's awareness of signs, symptoms and screening. However women's awareness of signs and symptoms are hinged both cultural and social factors such as education, beliefs, poverty, unequal access to prompt high quality treatment, lack of screening facilities or lack of knowledge of the disease as mentioned by Parkin, Bray, Ferlay, Pisani, 2002. and the report of any abnormal growth for medical attention is hinged on the same as well as such as lack of formal education in general, lack of education on the subject matter of health, religion, and underestimation of personal health risks (Welkenhuysen, Evers-Kiebooms and decryenaere, 2001) which gives room for the possibility that those who notice early symptoms of the disease refuse to seek for prompt medical intercession because of psychological defense mechanisms which Remennick 2006 referred to as denial of one's own susceptibility and the belief that 'this cannot happen to me'; the unrealistic optimism that positive events are more likely to happen to them than others (Welkenhuysen, Evers-Kiebooms and decryenaere, 2001)

The three screening methods recommended for breast cancer includes breast self-examination (BSE), clinical breast examination (CBE), and mammography. Unlike CBE and mammography, which require hospital visit and specialized equipment and expertise, BSE is inexpensive and is carried out by women themselves.(Okobia et al 2006) the aim of screening is to advance the time of diagnosis so that prognosis can be improved by earlier intervention. Earlier diagnosis leads to an increase in the apparent incidence of breast cancer and extends the time between diagnosis and death, even if the screening does not confer any benefit, the appropriate measure of benefit, therefore is the reduction in mortality from breast cancer in women offered screening compared with those who are not (Marmot, 2012)

However, women's attitudes towards breast cancer have been observed to hinge on religious beliefs and cultures, ignorance and low level of awareness about preventive practices and treatments as reiterated above. In a study to determine the extent of knowledge and warning signs of breast cancer among school teachers in Lagos Odusanya 2001 observed that although 85% of the respondents regarded breast cancer as a serious disease but only 53.2% knew that a lump in the breast could be a symptom of the disease while other symptoms were less known and only one quarter of them possess satisfactory knowledge of breast cancer

From Nwaneri et al study on Knowledge and awareness of breast cancer among rural women in UmuowaOrlu Local Government Area Imo State, South East, Nigeria he discovered that One hundred and four (29.8%) respondents showed that breast cancer is an illness caused by ancestral forces. Their knowledge of the risks factors for breast cancer was also low and in some communities like Cairo, some women believed that giving them reports about abnormal findings in the screening make them reject further investigation, their expectations are not to have cancers and Older women attribute early breast cancer symptoms to comorbid conditions or normal ageing (Facione, 1993) studies have also revealed that these behavioral changes were not unrelated to religious beliefs and cultural beliefs

Despite the perception, literature revealed that women are aware about breast cancer from the hospitals and media. In Okobia, et al 2016 study on the knowledge ,attitudes and practices of Nigerian women towards breast cancer using One thousand community-dwelling women from a semi-urban neighborhood in Nigeria. He observed that out of 349 participants (34.9%) that practice BSE; the source of information about BSE was from the doctors' offices (21.1%), leaflets (27.1%), televisions (31.0%), churches/religious organizations in (8.1%), feminist organizations in (6.7%) and Nigerian Cancer Society programs in (6.0%).

Literature has revealed the awareness of women about breast cancer is low as recorded and very few are knowledgeable about the causes and the risk factors of breast cancer. In Obi's study on Breast Cancer Screening Practices among 235 Women of Reproductive Age in Benin City, Edo State reported that the mean age and parity of respondents studied were 28.8 ± 7.4 years and 2.19 ± 1.85 children respectively. He discovered that two hundred and seventeen (92.3%) of the women studied, were aware of breast cancer with majority 201(92.6%) having poor knowledge of breast cancer. The study identified a high awareness with poor level of knowledge on breast cancer

among women of reproductive age. In a study on Women's knowledge, attitudes and practice about breast cancer screening in the region of Monastir Tunisia. According to the constructed scores, 92% of participants had poor knowledge of the specific risk factors for breast cancer and 63.2% had poor knowledge of the screening methods. Multiple logistic regression analysis showed that good knowledge of risk factors and screening methods, higher level of education and positive family history of breast cancer were independently correlated with breast cancer screening practice. This study revealed poor knowledge of breast cancer and the screening methods as well as low levels of practice of breast cancer screening among women in the region of Monastir as the awareness of breast cancer screening methods will always precedes and determine its practice. In another study by Balogun and Owoaje 2005, it was discovered that the level of awareness of breast cancer among female traders in Ibadan was highest among those aged 50 years to 59 years and that awareness was found to be related to educational attainment. Thus, perception and attitudes of women can be considered a function of the educational status of the woman so that low awareness of breast cancer can be closely related to the educational status of the woman or vice versa.

2. Marxist Feminism Theory.

Marxist feminism is a branch of feminism and a theoretical disposition that ally itself with the philosophical and economic theories of Karl Marx, who discovered the economic laws underlying capitalism and wrote about them in his masterpiece, Marxist feminism theory's foundation was laid by Marx and Engels (Ritzer 2008). Marx showed how the working class is exploited for profit by capitalists, who gain wealth by paying workers a bare minimum of the value they produce. Marxist feminists view the capitalist drive for profits as responsible for women's second-class status and other forms of oppression such as racism and homophobia. The theory attribute women's exploitation to capitalism and sees women's unpaid work as housewives and mothers as one of the main ways in which women are exploited

Margaret Benston 1972 argues that capitalism benefits from a large reserve labour force of women, in their roles as secondary bread winners, married women provide a source of cheap and easily exploitable labour, because women have been socialized to comply and submit, they form a docile labour force which can be readily manipulated and easily fired when not required (Margaret Benston 1972) the theory posits that women benefit capitalist and the capitalist system in their capacities as mothers and housewives by reproducing labour power at no cost to employers, and related to this study, this selfless labour is what is affecting the health of women and the prevalence of disease amongst mothers by mothers having to work both day and night, unhealthy diet and inability to engage in exercises. Doyal 1995 said the basic cause of women's ill-health is the fact that they are expected to work outside the home and then to also take major responsibility for domestic work according to Doyal, 'it is the cumulative effects of working in production and reproduction that are the major determinant of women's state of health'.

Marxist-feminist perspective emphasizes that women's susceptibility to ill health is largely the result of the interaction between patriarchy - the dominance of men - and the needs of capitalism. So also the perception and orientation of women about their health is determined by the needs of capitalism, the awareness of women is determined by how much economic advantage can be gained from their awareness or ignorance as well as patriarchy; what the patriarchal society identifies as a life threatening disease for women. And also how much economic dependence females can relinquish from men and education that is made available to females.

3. Methods

The study was descriptive and cross sectional in nature. It involved the use of qualitative and quantitative methods of data collection. The study was conducted in two local governments in Ibadan. It was conducted among women between the ages of 25-65 years. Because of the association of age, child bearing and sexual intercourse with breast cancer. A structured questionnaire was administered to 400 women selected through a multi stage sampling method, and sample size was chosen using Yamane's sample size determination formula.

Women within the age group of 25-65 were selected using the purposive sampling method at the first stage; the local government which women would be reached was selected using cluster sampling method. Local government were clustered into urban and rural local government at the second stage, towns in each local governments were simple randomly selected at the third stage as well as women within the towns at the last stage. Furthermore ten 10 in-depth interviews were conducted among women in the local governments. The statistical package for social science was used to input and analyze the quantitative data after they had been cleaned and content analysis was used for the qualitative data.

4. Results

The socio demographic characteristics of the respondents which includes age, marital status, family type religion, income and education shows that over 50 per cent of the respondents are within the ages 35-54, the least frequencies for age categories are among women aged 55-65 while the youngest age group 25-34 are about 35 per cent. In other words, about 90 per cent of the respondents are reproductively active this reveals that majority of

the respondents are well within the age of child bearing. Over 75 per cent of respondents are married, just 3 of the respondents are divorcees with 7 respondents having lost their spouse and 20 per cent of the respondents single as at the time of the research. 72.8 per cent of the respondents were Christians, 79.1 per cent had monogamous family, 90 per cent of them were Yorubas due to the location of the study; south western Nigeria. Respondents with primary education were about 3.7% while respondents with secondary school certificate only were 14.1%, about 73% of the respondents have had a higher degree. However, only 3.4 per cent of the respondents have acquired Msc/Phd degree. The socio demographic profile also revealed that 3.7% of respondents earn below 5,000, while about 15 per cent earn about 5,000-10,000, a larger proportion of the respondents earn between 11,000-50,000, 32.4 per cent earn 11,000-20,000 and 25.6% earn 21,000-50,000 respectively however, 4.2% of the respondents earn as much as 100,000-150,000. This reveals that although respondents have shown in the preceding table that they are educated, but the income level of mothers is quite low, because in terms of income, not much respondents earn above N50,000 in a month only 10 per cent of respondent earn between N50,000-70,000 a month and some women even earn as low as below N5,000 a month this shows that women are not yet financially empowered.

Studies have shown that the attitude of women towards breast cancer was based on their perception about breast cancer Table 1 below reveals the perception of women about breast cancer and the reasons behind respondents' perception of breast cancer have been categorized into knowledge based perception, belief based perception, perceived risk perception, nearness to health centers.

Table 1: Knowledge of women about breast cancer (N=382)

| Variables | Answers | Percentages |
|---|---------------------|-------------|
| On Knowledge | | |
| Breast cancer screening causes cancer to grow fast | True | 13.6 |
| | false | 78.5 |
| | I don't know | 7.9 |
| Only Families with breast cancer history have it | True | 12.8 |
| | false | 80.9 |
| | I don't know | 26.3 |
| Any lump is a sign of breast cancer | True | 42.7 |
| | false | 47.1 |
| | I don't know | 8.4 |
| Putting money in bra is the reason behind breast cancer | True | 62.6 |
| | false | 31.9 |
| | I don't know | 5.5 |
| Women without children have breast cancer more | True | 22.0 |
| | false | 70.7 |
| | I don't know | 7.3 |

From the table above it can be deduced that women are familiar with the disease; breast cancer and the screening because 78.5 and 80% of the women know that breast cancer screening do not cause cancer to grow faster and not only families with breast cancer history have it but the knowledge they have is not sufficient and incomplete because women who have not given birth and women who had their first child at the age of 30 have higher risk than women who have given birth and while it is not hygienic to put money in the bra, breast cancer results as a matter of what is in the body like genetic make-up and what goes into the body in terms of diet, alcohol, smoking and not directly what comes close to the breast although generally women are advised to have good hygiene which is favorable to their health. One of the IDI Respondents demonstrated this familiarity yet ignorant perception about breast cancer by saying

*'Breast self-examination, well I have heard about it but I wasn't interested in it you know there are sometimes if people are saying something, if you are willing to listen more you will move closer to them and ask and hear more. But when I heard about it I didn't have interest in it, I heard about it from women who were discussing about it'.
 (IDI respondent/Ojo/Akinyele local government)*

Also the respondents identified her source of knowledge to be from women discussion and apparently it would have been a mouth to mouth information which may be coming from the third informant, this information even if she had waited to hear it would not be complete in itself and probably would have been modified hence the information too wouldn't have been sufficient, another respondent reveals the same thing a familiarity with the concept but not sufficient knowledge behind it, she said

'Mainly, what I know about it is that It's not something that easily manifest or immediately give you symptoms it's something that grows as a lump in the breast and then times without numbers we've been told to go for breast

examination, so as to be able to examine the breast we've also been taught breast self-examination where you put your hands beneath your armpit and massage it to know if you have any lumps'.

(Idi respondent/Ring road/Ibadan south west local government)

This reveals that the perception of women on what they know about breast cancer is not from sufficient knowledge or understanding of the subject matter and hence the familiarity with the concept breast cancer is used to represent the knowledge of the subject matter which in turn affects their attitudes towards breast cancer.

One of the reasons identified from the review of literatures, that influences the perception of women about breast cancer is their beliefs Table 2 shows the respondents beliefs about breast cancer when asked about breast cancer being attached to a spiritual being the devil half of the respondent responded positive while 40.6 per cent reported that it was false with 8.6% said they didn't know,

Table 2: Perception of women's Religious Beliefs regarding breast cancer (N=382)

| Variables | Answers | Percentage |
|--|--------------|------------|
| On Religious beliefs | | |
| If a woman prays, God heals without medicals | True | 68.8 |
| | false | 24.1 |
| | I don't know | 7.1 |
| Devil can cause breast cancer | True | 50.7 |
| | false | 40.6 |
| | I don't know | 8.6 |

This results revealed that women regarded the spiritual or the supernatural as a factor to consider in the cause of breast cancer, one of the respondents mentioned that breast cancer is of a supernatural origin and the fact that there is not one cause of breast cancer as compared to headache makes it more spiritual than natural, in her words she said:

'I don't believe in these breast cancer, you know sometimes, if you stress yourself or you nursed a baby throughout the night and you didn't have much rest you can have headache, but these breast cancer, my belief is its spiritual because I don't believe something like that can just happen to me'

(IDI respondent/challenge/Ibadan south west local government)

From this statement, by making reference to headache and what could be the cause of headache, it is obvious that women see illnesses that are untraceable to a symptom as strange and of supernatural causes also from the statement of the respondent, this is in line with the findings of Nwaneri and also the underestimation of personal health risks and the unrealistic optimism where women believe that positive events are more likely to happen to them than others and also the denial of one's own susceptibility and the belief that 'this cannot happen to me' as mentioned by the respondent are some of the reasons why breast cancer mortality could be high in Nigeria because such disposition of denial and self-confidence makes women firstly neglect the screening exercise which is supposed to detect early symptoms of breast cancer and also make them not to seek medical intervention on time (welkenhuysen, evers-kiebooms and decryearnaere, 2001, remennick 2006) also another Respondent corroborated this finding saying that breast cancer is the manifest result of an activity of the supernatural forces of evil, being an attack and also that God, a supernatural being, referred to as the creator is able to heal anyone, in her own words she said:

'People say cancer is a demon, I believe cancer is not good, although a lot of things that we are exposed to nowadays I believe might be the cause, you take your vegetable, chemical is there but again don't let us be carried away, it can be as a result of attack because I've seen people that have had cancer and at the end of the day they survived it and you know they say cancer is incurable, so if it's not from the devil how is it that it can be cured, so there's nothing God cannot do, and there is no sickness that is not diabolic in this part of the country that we are there's nothing wicked people cannot do to you'

(IDI respondent/Molete/Ibadan south west local government)

Also from the field survey, respondents were asked about God healing a woman who prays about breast cancer without medical intervention, a large percentage of the respondent gave a positive response to 68.8% of the respondents, while about 24 per cent of the respondents gave a negative response, this results revealed that women regarded the spiritual as an important factor not only in the cause of breast cancer, but also in the cure of breast cancer just as discussed above another respondent from the in-depth interview reiterated this fact even sharing her experiences about a pastor who could pray for a breast cancer patient and the person got healed, with a self-laid responsibility to tell anyone who she meets, diagnosed to have breast cancer to come to God In her own words the in-depth interview respondent said:

'I know one man, he is a pastor, someone had breast cancer and prayer removed it, it removed the lump and everything was over, my belief is that I believe in God, God can do it even if I see anybody that has it, I will introduce that person to God because the evil people in this world use it as evil arrow, my own belief is that it can be an arrow from the enemy and if that person believe in God, he has set me free by his own blood and his blood has washed away anything in our body'
 (IDI respondent/Ringroad/Ibadan south west local government)

Her statement also corroborates the findings of the study that women believed breast cancer is the activity of the supernatural. she also mentioned specifically just like other in-depth interview respondents mentioned that breast cancer is an arrow from the evil people and not only do women believe that breast cancer is caused by the forces of evil but that the cure too is also in the supernatural God, the creator. This implies that from the findings of this study women believe that breast cancer is spiritually inclined not forgetting that majority of the respondents have had a form of education or the other this shows the place of beliefs and religion in the lives of women the extent to which this belief holds true to other diseases was not ascertained in this study but a scientific conclusion is that women perceived that breast cancer has a supernatural dealing in it and can also be cured going through supernatural means. This belief of course can affect the attitude and the practice of women towards breast cancer screening

Table 3: Perception of Women on Perceived Risk an availability of Health Centre(N=382)

| Variable | Answers | percentages |
|---|--------------|-------------|
| On Perceived risk | | |
| If I start checking for breast cancer, I can have it | True | 9.4 |
| | false | 83.8 |
| | I don't know | 6.8 |
| People who take care of themselves don't have cancer | True | 46.9 |
| | false | 44.8 |
| | I don't know | 8.4 |
| Lump not painful, no need to go for screening | True | 16.0 |
| | false | 76.7 |
| | I don't know | 5.5 |
| Don't go for screening, because I'm afraid | True | 16.2 |
| | false | 75.6 |
| | I don't know | 8.2 |
| I can't go for screening because my husband won't allow | True | 7.0 |
| | False | 84.4 |
| | I don't know | 9.1 |
| On nearness to Health Centre | | |
| Don't go for breast screening because no clinic around | True | 15.8 |
| | false | 75.4 |
| | I don't know | 8.6 |

From table 3 about 83 per cent of respondent do not believe that if they start checking for breast lumps they can have it while only 9% of them believe so, 44.8% do not believe that people who take good care of themselves don't have cancer while 46 per cent of the respondents do believe people who take good care of themselves don't have cancer also when asked 76.7 per cent of the respondents did not believed if a lump is not painful there's no need to go for screening while only 16 percent of the respondent believed when a lump is not painful there's no need to go to the hospital for a test this results shows that women understand the importance of screening when there are any changes in the breast. about 75 per cent of the respondent reflected that the reason they don't go for screening is not because they are afraid while only 15 percent said it was because they are afraid with 8.1% of the respondent not sure of what their response should be , this results shows that women are not afraid of having a screening also women showed that they neither had restrictions from their spouse as regards going for screenings because about 84 per cent of the respondents reported so while only 7% said their husband won't allow them , this result implies that women are not affected by any unforeseen danger about breast screening not from the appearance of a lump nor because of the fear of the unknown neither do they perceive any danger from their spouse, this means women are not afraid of the disease nor so they fear the dangers thereof this can be because of their poor knowledge about breast cancer and the harm it is capable from doing to their lives, it can also be as a result of reoccurrence of reproductive diseases which they have had because they also experience greater morbidity than men (White, 2013)

Table 4 reveals the respondents responses on their awareness of the causes/ risk factors of breast cancer,

Aside from the these ways of preventing breast cancer questions on other practices that are more socio behavioral and maybe cultural as well as preventive of breast cancer were also asked which includes their awareness about alcohol intake, diet, exercise and the likes

TABLE 4: Awareness about the causes of Breast Cancer (N=382).

| Characteristics | Frequency | Percentage |
|--|-----------|------------|
| Aware of excess weight gain | | |
| Yes | 124 | 32.5 |
| No | 95 | 24.9 |
| I'm not sure | 156 | 40.8 |
| Non-response | 7 | 1.8 |
| Awareness on exercise | | |
| Yes | 100 | 26.2 |
| No | 131 | 34.3 |
| I'm not sure | 147 | 38.5 |
| Non-response | 0.4 | 1.0 |
| Excessive alcohol can cause breast cancer | | |
| Yes | 155 | 40.6 |
| No | 57 | 14.9 |
| I'm not sure | 164 | 42.9 |
| Non-response | 6 | 1.6 |
| Awareness on diet | | |
| Yes | 124 | 32.5 |
| No | 88 | 23.0 |
| Not really | 163 | 42.7 |
| Non-response | 7 | 1.8 |
| Aware of stress | | |
| Yes | 281 | 73.6 |
| No | 29 | 7.6 |
| Not really | 68 | 17.8 |
| Non-response | 4 | 1.0 |

On exercise, only 26.2 per cent of the respondents were aware that lack of exercise can increase ones risk of having breast cancer while 34.3 per cent of the respondents were not aware about it. Again, about 38 per cent were not even sure there was any connection between lack of exercise and the possibility of having breast cancer or not. One of the respondents corroborated this view, opining this;

'Exercise? I don't think that it is exercise, this one is not about exercise at all, what kind of exercise? Exercise is just to make the body to be fit, for someone who wants to diet, so that the body will not be big.'
 (IDI respondent/Ringroad/Ibadan south west local government)

The above response reveals the ignorance of respondent in Ibadan about the causes of breast cancer , this implies that women are not aware of practices that can prevent breast cancer as seen in one of the response of the in-depth interview respondent that breast cancer is 'incurable' and 'only God can heal breast cancer'. Also, 41.2% of the respondents are aware that excessive alcohol can increase the risk of having breast cancer while about 15 per cent are not aware about that with about 42.9 per cent of the respondents not sure whether it increases their risk or it does not, also on diet 32.5 per cent of the respondents are aware that taking much fatty food can increase their risk of having a breast cancer while 23.0 per cent of the respondents were not aware about their diet and what effect it can have on them pertaining to breast cancer also with about 44.5% of the respondents not really sure if their diet can influence breast cancer or not, but as against earlier statistics, 74.65 of women are aware of the effect of stress on their health while only 7.6% were not aware of the effect on their health with 17.8% not really sure of the effect of stress on their health. This information reveals that they are not as much aware about socio behavioral risk factors of breast cancer but they have a satisfactory knowledge on the effect of stress on their health as observed by Obi 2005.

As examined in the review of literature the most widely known methods of breast cancer screening are the breast self-examination, clinical breast examination and mammography and the awareness of women of the right processes of conducting at least the easiest of the screening which is the self-breast examination combined with regular clinical breast examination, is very important to early detection of breast cancer,, because as discovered by McCready, Littlewood, and Jenkinson 2005) women who perform breast self-examination become familiar with both the appearance and the feel of their breasts which often helps them detect any change in their breast earlier

Table 5 below shows the awareness of women about these breast screening methods because awareness

will always precedes the practice of breast screening, women tend to practice what they have heard or known.

TABLE 5: Awareness about Breast Cancer Screening(N=382)

| Characteristics | Frequency | Percentage |
|--|------------|------------|
| Heard about breast self-examination | | |
| Yes | 320 | 83.8 |
| No | 61 | 16.0 |
| Non-response | 1 | 0.3 |
| Heard about breast clinical examination | | |
| Yes | 255 | 66.8 |
| No | 92 | 24.1 |
| I'm not sure | 32 | 8.4 |
| Non-response | 3 | 0.8 |
| Heard about mammography | | |
| Yes | 110 | 28.8 |
| No | 193 | 50.5 |
| I'm not sure | 71 | 18.6 |
| Non-response | 0.8 | 2.1 |
| Source of information | | |
| Hospital | 77 | 20.2 |
| Television | 96 | 25.1 |
| Radio | 58 | 15.2 |
| Church/mosque | 17 | 4.5 |
| Women organization | 49 | 12.8 |
| Publications | 19 | 5.0 |
| Others | 10 | 2.6 |
| Non-response | 56 | 14.7 |
| Total | 382 | 100 |

Majority of the respondents reported to have heard about breast clinical examination with 66.8% while 24.1% of the respondents have not heard about breast clinical examination, 52.6% of the respondents have not heard about mammography while 28.8% of the respondents have heard about mammography while only 18.6 per cent were not sure if they have heard about it or not, from this report respondents are obviously more aware of breast self-examination much more than clinical breast examination and mammography this is because Unlike CBE and mammography, which require hospital visit and specialized equipment and expertise, BSE is inexpensive and is carried out by women themselves.(Okobia et al 2006)

Questions were asked on their source of knowledge about breast self-examination and from the responses The highest source of knowledge was from the television this reveals the importance and the positive influence that the media wields in informing the public. Media includes every broadcasting medium such as newspaper, magazines, television, radio billboards mails and the internet, Okobia in his findings also discovered that from the percentages of the women that were informed a highest percentage got their information from the television, Also one of the respondents affirmed that she heard about breast cancer from the media; internet in forms of social media, mentioning Facebook specifically in her words she said:

Yes, I've heard about it on social media, Facebook and twitter, yeah Facebook, I think someone wrote a post on it there's one lady I think she is in Kwara, she does these things she creates awareness about it in schools, churches, religious places so that's where I heard about it (IDI respondent/Ringroad/Ibadan south local government)

This shows that moving with the strides of girl child education, a large number of women are accessible using social media the importance of using medium as social media to pass health information to women Also one of the respondents affirmed that she heard about breast cancer from the media she said she got informed from the radio and the newspaper she said

Yes, I've heard about it on radio, in the newspaper, from people what I hear is that it is good for women to do their breast self-examination, I listen to a doctor on radio and the man said that it is good at least once in a month to do it, it is very important' (IDI respondent /challenge/ibadan south west local government)

Also the respondent mentioned that she heard from the doctor likewise from the survey, the second highest source of information for the respondents were from the hospitals ; health practitioners this shows that the health institutions is also a medium through which women get information about breast cancer and health institutions should be encouraged to do this more often. Having examined the information of respondents as regards their

awareness, it is interesting to know that although the respondents have had formal education at least to different levels yet awareness about some screening method seem to be lacking and so the study examines the relationship between education and the awareness about breast cancer.

TABLE 6: Level of education and Awareness about Breast Cancer Screening (N=382)

| Level of Education | Yes | No |
|--------------------|----------------|----------------|
| Primary | 35.7 | 64.3 |
| Secondary school | 68.5 | 31.5 |
| NCE/Polytechnic | 85.7 | 14.3 |
| University | 92.6 | 7.4 |
| MSc/Phd | 100 | 0.0 |
| Total | (84.2%) | (15.8%) |

Chi square value: 44.085 p= 0.000

From the results of the table, there is a significant relationship between education and awareness, respondents with increased level of education are more aware than respondents who do not have much education. From the results only 35% of respondent with primary education are aware of breast self-examination while 68.5% of respondents with secondary education are aware about breast self-examination, 85% of respondent with Nce/polytechnic degrees are aware of the screening, while about 92% of respondent with university degrees are educated about the screening while at masters level all of the respondent with M.Sc. are aware about the screenings, this table does not only reveal that education positively affects the level of awareness of women but that the more educated women are, the more the level of awareness of women about breast cancer and its screening this then corroborates with the findings of Okobia et al(2006), who found out from their study that Nigerian women who have acquired education above high school as well as those who are gainfully employed in skilled jobs like nursing and teaching had greater knowledge of breast cancer than those who do not have high school education and do not have professional jobs, And also in line with the findings of Balogun and Owoaje 2005 that the level of awareness among female traders in Ibadan was highest among those aged 50-59 years and that awareness was related to educational attainment. And so the place of education cannot be ruled out in both the awareness and consequently, the practice of breast cancer screening,

When women are more educated breast cancer can be easily detected because of the awareness and practice amongst them just as park et al (2011) and Flores et al (2013) submitted that higher education was significantly associated with higher rate of breast cancer screening among women and living in areas of higher numbers of high school experience was correlated with higher percentage of early stage breast cancer diagnosis and lower range of advanced-stage breast cancer.

5. Conclusion

From the result of the findings above, the study makes conclusion that there is insufficient knowledge about breast cancer which affects their perception about breast cancer and also the belief that breast cancer has supernatural causes affects their attitudes towards breast cancer and breast cancer screening, and so, breast cancers are not detected early enough for appropriate treatment to commence early so the number of death increases more than the rate of breast cancer survivors, because early detection of breast cancer leads to early treatment.

Also, from the study education plays an important role in the wellbeing of women and in their health especially in the case of breast cancer because the more women are educated the more the awareness about breast cancer this was also discovered from various studies in different countries, also the study concludes that many women do not practice self-breast examination and the reason affiliated to this is their insufficient knowledge about it, also women have little or no knowledge about other forms of breast examination like clinical breast examination and mammography.

6. Recommendation

In light of the findings of other works and the findings from this study, the following recommendations are suggested

- An intervention that enlightens women within the ages 25-64 about breast cancer and its screenings in a detailed form. The intervention can be done at community levels for convenience sake.
- More awareness about breast cancer should be made and the media should be engaged much more than before mediums like Television, radios, social media like Facebook, twitter, whatsapp messages. The use of ash tags and forming of social groups can also be of help to women.
- Hospitals and health practitioners should be encouraged to continue educating women about their health and breast cancer and also to tell women the importance of coming for breast cancer screening not because God cannot heal, but as a way of taking care of their bodies.
- Also as discovered from the study education is very important, it's like the general cure for all diseases,

education of the girl child should be encouraged and supported culturally, economically socially until every girl is educated.

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