

# LEVEL OF KNOWLEDGE AND PRACTICE OF BREAST SELF EXAMINATION (BSE) AMONG FEMALE HEALTH EDUCATION TEACHERS IN UDI EDUCATION ZONE

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## **Abstract**

This study employed the survey research design to ascertain the level of knowledge and practice of Breast Self Examination (BSE) among Female Health Education Teachers in Udi Education Zone of Enugu State. A population of 36 female health education teachers was used for the study. No sample was drawn because the population was manageable. Two research question and one null, hypothesis were formulated to guide the study. The instrument used for data collection was a 20-item questionnaire which sought information on the knowledge and practice of BSE among female health education teachers in Udi Education Zone. Two health education experts and one expert in measurement and evaluation validated the instrument. Test-retest approach was used to determine the reliability coefficient for items in part 1. A reliability coefficient of .81 was obtained while the reliability of the items in part 2 was determined using Cronbach Alpha. The instrument correlation coefficient .78 was obtained indicating high reliability. Frequency and percentage were used to analyze the data on research question 1. Mean and Standard Deviation were used to analyse data on research question two. The result showed that the majority of the respondents (82.16%) are knowledgeable of BSE. The finding also indicated that both qualified and unqualified female health education teachers do not practice BSE with a mean score of 1.49 and a standard deviation of .17 for qualified female Health Education Teachers and a mean score of 1.31 and a standard deviation of .26 for unqualified female Health Education Teachers. The t-test statistics indicated that there is no significant difference between the mean scores of qualified and unqualified female health education teachers with regard to the extent of practice of Breast Self Examination. The researcher recommended that there should be improved education through seminars and workshop on the practice of BSE for women living in rural areas.

The body tissues are made up of cells that degrade overtime. These cells grow, multiply and function in different ways. When the cells grow abnormally without control for some reasons known or unknown, a mass of tissue is found known as lump (Nwonwu, 2010). The lump can be benign or malignant. A lump is benign when the lump does not spread. Malignant lump spreads, invades and destroys other healthy tissues or organs. Malignant lump is cancerous. Cancer is a large group of diseases characterized by uncontrolled growth and spread of

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abnormal cells (Donatelle, DAVIS and Hoover, 1991). Cancer can affect any part of the body. For example, skin, mouth, breast, stomach, nose, liver, genital structure, kidneys. This paper will concern itself with breast cancer. When the disease affects the breast it is called breast cancer. Breast cancer is usually a chronic illness resulting from malignant lump that develops in the tissues or organs of the breast. Breast cancer mainly affects women although incidence of breast cancer has been identified in men, where an estimated 1,990 new cases and 450 deaths occurred in 2008 (American cancer society, 2008). Hahn, Payne and Lucas (2011) reported that breast cancer is the third leading cause of cancer deaths overall. They further stated three methods of detecting breast lump: the Breast Self Examination (BSE), the Breast Clinical Examination (BCE) and Mammograph.

Breast Self Examination (BSE) is the crux of the study. Marshal (2009), defined Breast self examination as a process whereby women examine their breast regularly to detect any lump or swelling in order to seek prompt medical attention. Breast self examination is performed by a woman herself (Alters and Schiff, 2009). They further stated that it is usually not during structured breast self examination but during the normal course of dressing, bathing or other similar activities that women find changes or lumps in their breast. It is necessary that women should look and feel their breast from time to time. The American Cancer Society (2008) recommended that women should begin in their early 20s to examine themselves for breast lumps. They stated that BSE is a method that can help one become familiar with how her breast normally looks and feels. To present desirable behavioural changes, Marshal (2009) opined that how a woman learns about breast examination can determine the frequency with which she performs it. It is important for every woman to adopt the correct methods of performing BSE. These methods correctly performed will enable a woman to familiarize herself with the structure of her own breast so that she may readily recognize any deviation in the way her breast looks and feels. Perhaps, it is in view of this that Hahn, Payne and Lucas (2011) stated that the best time to do BSE is during menstrual period or during the days immediately following the end of the menstrual period, when estrogen levels are at their lowest and cystic activity in breast tissue is minimal. Mitra (2000) opined that BSE should be done monthly 4-7 days after menstruation.

Following a pattern to be sure BSE covers the whole breast Donatelle, Davis and Hoover (1991) asserted that BSE involves examining how to “look” for changes standing in front of a mirror with arms by the sides to check for size, shape, plucking or dimply of the skin and examining how to “FEEL” the breast by lying down and putting a pillow or fold bath towel underneath the left shoulder and right shoulder to check for limps. Nigeria Demographic and Health Survey (1990) had earlier observed that a large number of women living in the rural areas do not practice Breast examination. Marshal (2009), noted that most

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women that do not perform Breast examination live in the rural areas. He however, suggested that successful breast self examination depend solely on the ability to improve the creation of awareness about breast examination. Though, it is implied in the foregoing assertions that breast self examination is an indispensable practice for detection of breast lump yet it appears some women do not practice it.

Okoronkwo, Anardo and Ehienerere (2003) revealed a high level of knowledge of BSE and low practice level of BSE among women in Enugu Urban. Akpala and Nwagbo (2000) conducted a study to determine the awareness level of women in Enugu Urban on Breast cancer and breast self examination using questionnaire as the instrument for data collection with 500 women respondents. Their findings revealed that 88% of the women are knowledgeable about BSE but only 62% practice it. Out of those that practice BSE, only 34% do it monthly or more often. According to Mausksch (1981) knowledge is essential to determine both the extent and quality of information that a person have about a particular issue or behaviour before a change can be effectively initiated. Knowledge is means towards practice. Opara (2003) contended that knowledge must be present for a desirable behavioural change to take place. It is based on this premise that the researcher deemed it necessary to determine the level of knowledge and practice of Breast self examination among female Health education teachers in secondary schools in Udi education zone of Enugu State.

### **Research Question**

In order to accomplish this task, some questions were formulated

1. What is the level of knowledge of breast self examination among female health education teachers in Udi education zone in Enugu State.
2. What is the extent of practice of breast self examination among qualified and Unqualified female health education teachers.

### **Research Hypothesis**

One Null hypothesis was formulated and tested at  $p < .05$  levels of significant.

There is no significant difference between qualified and unqualified female health education on the extent of practice of breast self examination.

### **Method**

The study adopted the survey research design. The population for the study consisted of 36 female health education teachers teaching in secondary schools in Udi Education zone of Enugu State. The sample was made up of 28 qualified female health education teachers with National Certificate of Education (NCE), B.Sc. and M.Sc. in Health Education and 8 unqualified female health education teachers with Diploma certificate or certificate in other subject area.

All the 36 female health education teachers were used for the study. No sample was drawn because the population was manageable.

The instrument used for data collection was a 20-item questionnaire constructed by the researcher on the knowledge and Practice of Breast Self Examination (BSE) among Female Health Education Teachers in Secondary Schools in Udi Education zone of Enugu State. The question items for research question 1 consisted of “yes and no” responses on the level of knowledge of BSE while a four point modified Likert scale of very high extent (VHE) 4 points, High Extent (HE) – 3 points, low extent (LE) – 2 points, very low extent (VLE) – 1 point was adopted to answer research question 2.

The instrument was face validated by two experts in health education and one expert in measurement and evaluation. All criticisms were considered and used in arriving at the final draft of the instrument. The reliability of the instrument was determined using the test-retest approach and a reliability coefficient of .81 was obtained for items in part 1 and Cronbach Alpha was used to determine the reliability coefficient of items in part 2 of the instrument, a coefficient of .78 was obtained. Both indicated a high degree of internal consistency. The researcher administered the questionnaire to the respondents with the help of two assistants. There was a 100% return rate.

The frequencies and percentages of responses were used to answer research question 1 while mean and standard deviation were used to answer research question 2. The t-test statistics was used to test the hypothesis at .05 level of significance. Any score 50% and above was regarded as High level of knowledge (HLK) while score below 50% were represented as low level of knowledge (LLK). The mean scores of 2.50 were regarded as high extent of practice (HEP) while mean scores of below 2.50 were regarded as low extent of practice (LEP).

## **Result**

**Research Question 1:** What is the level of knowledge of Breast Self Examination among female health education teachers in Udi Education zone in Enugu State?

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**Table 1: Frequency and Percentage of Respondents Response on the level of knowledge of Breast self Examination.**

N = 36							
S/N	Items	F	%	Dec	F	%	Dec
1	Breast self examination is a process whereby women examine their breast regularly to detect any abnormal swelling or hump in order to seek prompt medical attention.	31	86.1	HLK	5	13.9	LLK
2	I have heard about breast self examination	25	69.4	HLK	11	30.6	LLK
3	BSE is not a method of curing breast cancer	28	77.7	HLK	8	22.3	LLK
4	BSE is not for pregnant mothers only	32	88.8	HLK	4	11.2	LLK
5	BSE is not for mothers only	28	77.7	HLK	8	22.3	LLK
6	BSE is for every female 20 years and above	28	77.7	HLK	8	22.3	LLK
7	BSE is not carried out by the health care providers	30	83.3	HLK	6	16.7	LLK
8	Looking at your breast is a BSE method	32	88.8	HLK	4	11.2	LLK
9	Feeling your breast as a BSE method	30	83.3	HLK	6	16.7	LLK
10	BSE will not stop breast lump	32	88.8	HLK	4	11.2	LLK
<b>Overall</b>		<b>296</b>	<b>82.16</b>	<b>HLK</b>	<b>64</b>	<b>17.84</b>	<b>LLK</b>

Table 1 shows that majority of the female health education teachers are highly knowledgeable of breast self examination with percentage scores above 50% in items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10. The table reveals that the respondents showed a high level (82.16) of knowledge of breast self examination. Also the table indicates that in items 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10, 13.9%, 30.9, 22.3, 11.2, 22.3, 22.3, 16.7, 11.2, 16.7, and 11.2 of the respondents showed low knowledge of Breast Self Examination with an overall percentage of 17.84% indicating low level of knowledge of breast self examination.

**Research Question 2:** What is the extent of practice of BSE among qualified and unqualified female Health Education Teachers?

**Table 2: Mean and Standard Deviation of the Extent of Practice of Breast Self Examination among Qualified and Unqualified female Health Education Teachers in Udi Education Zone.**

S/N	Items	N = 28		Dec	N = 8		Dec
		Qualified female Health Education Teachers			Unqualified female Health Education		
11	I examine my breast whenever I am taking bath	1.93	.21	LEP	1.38	.2	LEP
12	I examine my breast whenever I am dressing up	1.79	.31	LEP	1.38	.2	LEP
13	I examine my breast whenever I am laying down on my bed	1.14	.12	LEP	1.5	.5	LEP
14	I started examining my breast from 20 years	1.07	.07	LEP	1.13	.11	LEP
15	I started examining my breast from 30 years	1.12	.10	LEP	1.13	.11	LEP
16	I started examining my breast from 40 years and above	1.93	.21	LEP	1.38	.23	LEP
17	I perform breast examination every day	1.07	.08	LEP	1.5	.5	LEP
18	I perform breast examination by feeling my breast	1.14	.12	LEP	1.13	.11	LEP
19	I perform breast examination by looking at my breast	1.86	.27	LEP	1.5	.5	LEP

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20	I examine my breast during or after 4-7 day after my menstrual period	1.96	.25	LEP	1.25	.11	LEP
	Grand mean	1.49	.17	LEP	1.31	.26	LEP

Table 2 shows that both qualified and unqualified female health education teachers indicated a low extent of practice on all the items 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20. Also the table revealed that qualified female teachers obtained a grand mean of 1.50 with SD of .18 while the unqualified female teachers obtained a grand mean of 1.54 with SD of .29.

**HO1:** There is no significant difference between qualified and unqualified female Health Education teachers on the extent of practice of BSC.

Table 2 shows that both qualified and unqualified female health education teachers indicated a low extent of practice on all the items 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20. Also the table revealed that qualified female teachers obtained a grand mean of 1.50 with SD of .18 while the unqualified female teachers obtained a grand mean of 1.54 with SD of .29.

**HO1:** There is no significant difference between qualified and unqualified female Health Education teachers on the extent of practice of BSC.

**Table 3: T-test of Difference between the Mean Responses of the Qualified and Unqualified Female Health Education Teachers in Secondary Schools in Udi Education Zone on the Extent of Practice of BSE**

Teachers	Mean	SD	Df	t-cal	t-critical	Decision
Qualified	1.50	.18	35	1.85	±1.96	NS
Unqualified	1.54	.29				

Table 3 above indicated that the calculated t-value at .05 level of significance and a df of 35 was 1.85 while the table t-value at the same level of significance .05, 35 df was ±1.96. The null hypothesis postulated was therefore not rejected since 1.85 is less than ±1.96.

**Discussion**

Table 1 showed that the female health education teachers had high level of knowledge of BSE. The overall percentage of 82.16% showed that the female

health education teachers are knowledgeable about BSE. This result is in line with Akpala and Nwagbo (2000) and Okoronkwo, Anardo and Elienere (2003) who stated that women in Enugu Urban had a high level of knowledge of Breast Self Examination (BSE). The implication of this finding is that the female health education teachers who are knowledgeable on BSE should be able to detect any swelling or lump in their breast.

Table 2 revealed that majority of the female health education teachers in Udi Education zone do not practice breast self examination (BSE) as teachers response fell below the cut off point of 2.50. This finding tallied with that of Marshal (2009) who found that women in Enugu Urban had low level of practice of BSE. The implication of this finding is that the low level of practice among female health teachers may lead to late detection of any swelling or lump in their breast which may later result to breast cancer.

Table 3 showed the summary of the t-test analysis on the extent of practice of BSE among qualified and unqualified female health teachers. The t-test analysis showed that influence of qualification was not a significant factor that both qualified and unqualified health education teachers do not practice BSE. It implies that whether a female health teacher is qualified or not BSE should be practiced by every teacher for early detection of breast swelling or lump.

### **Conclusion**

Breast self examination has been identified as a method every female above 20 years should practice for early detection of swelling or lump in her breast. It is an examination of breast done by the girl or women by herself to detect any changes in her breast. This study has employed the female health education teachers methods of BSE in Udi Education Zone and the finding has serious implication for health promotion since majority of the respondents do not practice BSE.

### **Recommendations**

The following recommendations were made.

1. Government agencies and NGOs should find a way of reaching out to girls and women in the communities.
2. There should be improved education through seminars and workshops on the acknowledge and practice of BSE for women living in rural areas.
3. Health education curriculum should emphasize methods of breast examination for early detection of breast cancer when treating non-communicable diseases.
4. Television programmes, pamphlet and magazines should be used to give correct procedures for breast self examination.



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