

COMMUNITY KNOWLEDGE, PERCEPTION AND ATTITUDE TOWARD BREAST CANCER IN SEKYERE EAST DISTRICT-GHANA

Dr. Francess Dufie Azumah¹

Lecturer: Department of Sociology and Social Work
Kwame Nkrumah University of Science and Technology
KNUST-GHANA

Nachinaab John Onzaberigu²

Department of Sociology and Social Work
Kwame Nkrumah University of Science and Technology
KNUST-GHANA

ABSTRACT

The study was conducted to determine the knowledge level of women on breast cancer, respondents' perceptions about breast cancer and the attitude of the people toward breast cancer in the Sekyere East District-Ghana. The study adopted quantitative approach by collecting data through the use of questionnaire from 97 women, who were selected through stratified and simple random sampling techniques. The study established that the respondents demonstrated their knowledge level of breast cancer in their breast cancer practices and their source of information of breast cancer which most of the respondents stated that they got to know of breast cancer through the hospital. It was also established that most of the women in the study area practice Breast Self-Examination. The study also established that the women who did not practice BSE regularly, felt that they did not have breast problem, felt uncomfortable doing BSE. The study also found that respondents perceived Clinical Breast Examination as expensive and time wasting. The study recommended women should practice Breast Self-Examination (BSE).

Key Words:- Breast Cancer, health, self-examination, curable disease.

1.1 Introduction and Background of the Study

Breast cancer is one of the most widespread cancers among women and becoming a leading cause of death worldwide (Bray, 2004). Breast cancer is the most common form of cancer among females in developed and developing countries. According to the World Health Organization report, about 519,000 women die from breast cancer annually and an estimated one million women develop breast cancer each year (WHO, 2010). Globally, women knowledge, perception and attitude towards breast cancer influence their behavior towards seeking breast cancer screening (Bunker, Okonofua & Usif, 2006).

In the US, it is the most common, and the leading cause of cancer related deaths among women between 45 – 64 years of age (Benjamin, 2009). According to the American Cancer Society, Each year, more

than 200,000 women are diagnosed with breast cancer; furthermore Twelve percent of all women will contract the disease, and 3.5% of them will die from breast cancer (American Cancer Society, 2007). The knowledge level on breast cancer, perception and attitude towards breast cancer varies within the US. This disparity is especially apparent in Chicago, where the African-American/white breast cancer mortality ratio increased from 1.27 in 1990 to 1.68 in 2008 (Campbell, 2009).

Breast cancer incidence has increased and it is alarming for women affecting all ages in Africa (Ahmed & Mahmud, 2012). Breast cancer has affected interpersonal relationships such as marital or sexual relationship negatively in Africa over the years (Georgia, 2007). A study by Odusanya&Tayo, (2011) in some selected Africa countries on breast cancer show that lack of knowledge, misconception and disbelieve attitude towards breast cancer is a significant factor for delayed health seeking behavior. Many women in Africa do not know much about the symptoms of breast cancer (Coughlin &Ekwueme, 2009). As a result, women have misperception and bad attitude towards individual with breast cancer. This makes people not to response to symptoms of breast cancer early (Coughlin &Ekwueme, 2009). Knowledge, perception and attitude towards breast cancer are an important issue for early detection and improvement of health seeking behavior (Raffy, 2006). In Africa, several studies have shown that there is general little knowledge on breast cancer regarding the causes of breast cancer. Most women and individual in Africa have misperception and poor attitude towards breast cancer (Michael, Okobia, &Usifo, 2006).

Likewise, breast cancer is the most common form of cancer among Ghanaian women. According to the National Cancer Institute (NCI), breast cancer represents 18.9% of all cancer cases "35.1% in women and 2.2 % in men" (Robert, 2006). An understanding of a woman's risk knowledge, perception, and attitude towards breast cancer which is grounded in knowledge of her true risk, is a necessary basis for risk management and decision making in Ghana (Benjamin, 2003).The processes through which women develop knowledge, perception and attitude towards breast cancer risk in Ghana have been described as complex and multifaceted (Robert, 2006). Researches have shown that many women in Ghana have little knowledge regarding the causes of breast cancer. As a result, women have misperception and poor attitude towards breast cancer (Alam, 2006).

In Ghana breast cancer is usually detected at the terminal stages (around 60% of cases detected in the terminal stage), when treatment options are limited, and fatality rate is high (Lerman, Kash and Stefanek, 2009). Early detection leads to better outcome and prognosis of breast cancer (Lerman, 2011). Women knowledge, perception and attitude towards breast self-examination makes women more "breast aware", which in turn may lead to an earlier diagnosis of breast cancer (Campbell, 2002).Breast cancer in women is a major health burden in the Asokore in the Sekyere East District. It is one of the common causes of cancer death among women in Asokore in the Sekyere East District. The incidence, mortality and survival rate in the area is of great concern to stakeholder in the Asokore in the Sekyere East District. According to the district health director, women have little knowledge, misperception and poor attitude towards breast cancer (Osei, 2014). The 2014 year report on breast cancer showed that women have little knowledge on breast cancer. The report also showed that women have misperception and poor attitude toward breast cancer in the Asokore community (Osei, 2014).Preventive behaviour is essential for

reducing breast cancer mortality. Increase in knowledge, change in perception and attitude towards breast cancer is a necessary predisposing factor for behavioral change (Margaret & Chua, 2005). Knowledge, perception and attitude towards breast cancer also play an important role in improvement of health seeking behavior of women in Asokore community. Several studies also shows that knowledgeable women are more likely to adhere to recommended breast cancer screening. It is in this regards that this study seeks to examine the community knowledge, perception and attitude towards breast cancer in Asokore in the Sekyere East District.

1.2 Statement of Problem

Breast cancer is a frightening disease. It can be fatal, and while two thirds of the cases occur among mature women (Campbell, 2002). Knowledge, perception and attitude towards breast cancer is important in controlling breast cancer incidence and improving health seeking behaviour (Hevey, 2007). However, there is general low knowledge about breast cancer among women in Asokore. Increased knowledge can improve attitude, misconceptions reduce the fear of stigmatisation within the community but also increase the perception towards breast cancer screening within Asokore. Misconceptions about breast cancer and the fear of stigmatisation by the community are also reasons why women may conceal breast cancer symptoms at early stages and lead to late presentation and high mortality rates.

In Ghana, data on breast cancer is scanty. Women show generally low knowledge, misconception and poor attitude towards breast cancer. However the disease is a common cause of hospital admissions and mortality among Ghanaian women (Raffy, 2006). Reported clinical studies from many public hospitals and clinic in Ghana indicate that women have little knowledge, misperception and poor attitude towards breast cancer. This has made women to seek late breast cancer examination leading to increasing breast cancer cases in Ghana (Rahim, 2006). The major problem with breast cancer is that the overall death rate from breast cancer continues to increase (Campbell, 2002). In 2008, breast cancer comprised 16.3% of all cases of cancer and accounted for 7.8% of all deaths due to cancer. A study by Campbell (2002) showed that women's knowledge, perception and attitude toward breast cancer is essential in its treatment. Breast cancer is the second leading cause of death among women, exceeded only by lung cancer. Aside mortality rate of breast cancer, victims go through complicated health problems.

Many women in the Asokore in the Sekyere East District lack basic knowledge on breast cancer. Women may attribute several factors breast cancer and have varied perception on what causes breast cancer and how it can be cured. The traditional and Africa religious belief make community members of Asokore in the Sekyere East District to hold various perceptions and attitude towards breast cancers. The problem associated with the knowledge, perception and attitude towards breast cancer is that, it may influence their health seeking behaviour as well.

The knowledge, perception and attitude of people at Asokore in the Sekyere East District about breast cancer affect women health seeking behaviour regarding breast cancer which affects their health in general. This article therefore seeks to examine the perception people of Asokore in the Sekyere East District hold about breast cancer and how that affects women health.

1.3 Research Questions

1. What is the knowledge level of women on breast cancer at the Asokore?
2. What perceptions do the people of Asokore in the Sekyere East District hold about the causes of breast cancer?
3. What is the attitude of the people toward breast cancer?

1.4 Literature Review

Understanding how women attribute and perception breast cancer causation are important information for health promotion, including breast awareness and promotion of screening programmes, clinical care and policy development. Olumuyiwa & Olufemi (2011), conducted a cross sectional survey among nurses in general hospital in Lagos. 204 nurses were included in the study. Knowledge about symptoms methods of diagnosis, and Breast Self-Examination was above 60%. In response to question on 5 risk factors more than 50% identified positive family history and that bruising the breast is a potential risk factor for developing breast cancer. Mehregan (2013) conducted a cross-sectional study on female health care workers in Tehran, Iran to examine the knowledge of breast cancer, the attitude and practice towards BSE. In the study, they found that 75% of the women knew about the prevalence of breast cancer 27% knew that breast pain is not a symptom of breast cancer. Regarding attitude toward BSE, 63% believed that BSE is not difficult and 72% agreed that BSE is time consuming or troublesome. Only 6% of the women performed BSE monthly on a regular basis. 50% performed occasionally and 44% never practiced BSE. A number of other factors have been explored for their possible association with risk perception, including demographic and psychological factors (Offit, 2009), coping and cognitive factors and heuristic factors (Lerman, Lustbader & Rimer, 2008). The impact on risk perception of anxiety proneness, 'state' anxiety (ie anxiety at a particular moment, such as when attending for risk counselling), prior mental health, age, the number of affected relatives and the individual doctor who is communicating risk information have been evaluated, but no conclusive associations have been identified (Evans & Burnell, 2011).

A critical examined on the data reviewed on women perception about the causes of cancer showed that little information is available ton Ghana women perception on breast cancer. There is therefore literature on gap in term of cultural difference. This study will fill the gap and provide more information on the perception about the causes of breast cancer using women with the Sekyere District. An understanding of a woman's risk perception, which is grounded in knowledge of her true risk, is a necessary basis for risk management and decision making (Smith, Gadd &Lawler, 2011). The processes through which women develop a perception of risk have been described as complex and multifaceted, and there is little doubt that the lived experience of breast cancer can interfere with the development of accurate perception of risk and can cause ongoing cancer worry. Review of existing literature suggests that scanty information on rural women knowledge regarding breast cancer in Ghana. This article will therefore fill the literature gap in these areas.

1.4.1 Health Belief Model

In this article, the Health Belief Model was adapted. The Health Belief Model (HBM) was designed by Hochbaum, Leventhal, Kegeles, and Rosenstock in the 1950s (Janz, Champion, & Strecher, 2002). Perceived susceptibility, perceived seriousness, perceived benefits, perceived barriers, and cues to action were the core components of the HBM (Janz et al., 2002). The self-efficacy component of the HBM was later added by Bandura in 1977. As the foundation of the HBM, value and expectancy are linked to health-related behaviors. The desire to avoid illness and the belief that a specific health action would prevent that illness can be interpreted and explained through various diseases including breast cancer. Further analysis can estimate perceived susceptibility, severity, and cues to action to reduce risk for breast cancer illness among women in this study area. Women are likely to take up necessary actions if the belief they are at risk or their actions will help them avoid breast cancer disease. Women's actions for prevention, screening, and health management will occur if they perceive they are susceptible to breast cancer, if potentially serious consequences of breast cancer are present, if a particular action is beneficial in decreasing susceptibility or severity of their current condition regarding breast cancer, and if the benefits for their actions when they are suffering from breast cancer outweigh the barriers (Janz et al., 2002).

1.5 Research Methods

In this article, a cross-sectional design was employed as the main framework for the collection of the data for the study. The design helped the researchers to examine the larger society knowledge perception and attitude toward breast cancer in the study area. The study was carried out at Asokore in the Sekyere East District in the Ashanti Region of Ghana. The people of Asokore are dominantly Akan with their occupation as farming and trading. The population of the area is estimated to be 23,890 inhabitants according to 2010 population and housing census (Ghana Statistical Service, 2010). The target population was women. The study concentrated only on women as it sought to examine the community knowledge, perception and attitude toward breast cancer. Since women suffer from breast cancer, they were the study unit of analysis.

The stratified and simple random sampling techniques were used to select the women for the study. The stratified sampling technique was used to group the women into groups of similar characteristics. Once the target groups have been identified and grouped, the researcher then used simple random sampling to ensure some level of randomization in the selection of the respondents. This technique gave all the target population an equal chance of being included in the sample size. On the stratification, the women were put in groups of similar features. The study had two strata. One was the educated and the other was the uneducated women. The study involved a sample size of 97 women.

Questionnaire was the main instrument for data collection. The researcher used questionnaire in the collection of data for the study because the use of questionnaire permitted the respondents to reflect on the questions asked by the researcher and provide answers at their own convenience. The quantitative method of data analysis was employed.

The researcher observed a number of ethical issues so as to conduct the study on a more ethical manner.

Ethical issues such as informed consent, anonymity, confidentiality and privacy were observed in the conduct of the study.

1.6 Results and Discussion of Findings

1.6.1 Background Profile of Respondents

The articles respondents included respondents were within the age group of 15-50 years. Most of the respondents had at least primary and junior high education (basic education). A good number of them had secondary and tertiary education. Concerning the respondents' marital status, the study recorded more married women than the unmarried (single, divorce and widows).

The study found that majority of the women in the study area who were involved in the study were workers. Most of them had their own workers while some worked at the government sector. Few respondents (13.4%) were unemployed (either house wives or idle at home). The study recorded more Christian respondents than the other two major religious groups in Ghana.

1.6.2 Knowledge on Breast Cancer

Pertaining to the respondents' knowledge on breast cancer, the study found that high proportion of the respondents had heard of breast. The study found that most respondents had knowledge about breast cancer. The study results also showed that the respondents were not new to the issues of concern to the study. It was also revealed that respondents were conversant with breast and practices associated with breast.

The study's data showed that 41.1% (40) of the respondents had knowledge about breast cancer from the hospital, 22.7% (22) of them heard of breast cancer from friends, 30.9% (30) of them heard of breast cancer from the media and 5.2% (5) heard from breast cancer from their husband. From the study's results it was discovered that the major source of respondents' knowledge about breast cancer was from the hospital. Most of the respondents actually indicated that they heard of breast cancer during their visit to the health center. Aside the hospital, the media comes second, followed by friends and the respondents' partners. It was good to hear from some respondents that their husbands educate them on breast cancer.

The study found that majority of the respondents practices Breast Self-Examination (BSE). This actually confirmed that fact that most women in the study area were aware of breast cancer. The study results showed that the respondents did not only knowledge of had heard about breast cancer but were practices it to further confirm their knowledge and awareness of breast cancer through the practices BSE.

The study found that majority of the respondents practice BSE weekly or once in a month. Since most of the respondents practice BSE weekly or once in month, it means that respondents who actually practice BSE take it seriously and do so frequently, the fact that majority of the respondents practice BSE weekly or monthly showed that the respondents could detect early signs and symptoms of breast cancer if they were to develop breast cancer.

From the field survey, the study established that majority of the respondents started practicing BSE at early age. Out of the sampled population of 97 respondents, 39.2% (38) started practicing BSE at an early

age of 24 years or less. The study found that the respondents do not wait until adult age of older ages before practicing BSE. It was revealed that majority of the respondents could detect breast signs if any, at least within the age of 24 years and above.

For those respondents who do not practice BSE regularly, the study found that 2.2% (2) do not practice BSE regularly because they do not have any breast problem, 1.1% (1) of them stated that they do not practice BSE regularly because they do not think they should practice regularly, 7.2% (7) said they do not feel comfortable doing BSE practices regular, 4.1% (4) stated that they do not know how to do it, 7.2% (7) said they do not practice BSE regularly due to carelessness, 9.3% (9) of them stated that they do not practice BSE regularly because too frequent is bad, 8.2% (8) of them were of the view that they do not think it is necessary and 10.3% (10) of them said they were not sure of its benefits. The study found that the respondents had various reasons as to why they do not practice BSE regularly. Among the reasons, for respondents not practice BSE regularly were; they do not have breast problem, some respondents felt that they should not practice BSE regularly, others feel uncomfortable doing BSE, they do not know how to do that, carelessness, too frequent practice is bad, some felt that it was not necessary and other were unsure about its benefit of BSE.

The study showed that respondents had done breast examination by the doctor (clinic breast examination and 66% (64) had not done breast examination by doctor. Majority of the respondents had not done breast examination by the doctor (clinical breast examination)

Since majority of the respondents had not done breast examination by any doctor (clinical breast examination). The study revealed that clinical breast examination was on common to the respondents.

The study found that majority of the respondents had not done clinical breast examination because it concerned about extra money, concerned about extra time, fear of outcome, they felt they were too young to participate, that they had no sign symptom of breast cancer and that no one recommended CBE to them before. In fact, majority of the respondents argued that they have not done CBE because it cost time and money. Since majority of the respondents did not do CBE due to time and money, it implied that women spend more time having CBE which most of the respondents felt was cost to them. It also implied that doctors waste a lot of conducting clinical breast examination than when the women are doing BSE. Only 6% of the women performed BSE monthly on a regular basis. 50% performed occasionally and 44% never practiced BSE. The researcher also found that women more than 50 years of age, with higher education and professional status, positive personal history about breast problems and those who had more knowledge about BSE were more likely to practice BSE than other female health worker.

1.6.3 Perception regarding Breast Cancer

On the community perception regarding breast cancer, the study found that very few respondents felt that they were not at risk of breast cancer. The respondents have different perception as to whether they were at risk of breast cancer or not. While some respondents felt that they were at risk, others felt that they were not at risk and some did not even know whether they were at risk or not. The study found that majority of the respondents perceived that they do not have any risk factor of breast cancer. It was established that most women in the study area perceive they do not have any risk factors of breast cancer.

The study also found that most of the women in the study area felt that they will be affected with breast cancer as they do not have any risk factor of breast cancer.

The data showed that 25.8% (25) of the respondents felt that breast cancer is curable disease, 54.6% (53) of the respondents felt that breast cancer is not a curable disease and 19.6% of the respondents could not tell as to whether breast cancer was curable disease or not. The study found that majority of the respondents felt that breast cancer was a not a curable disease. This means that respondents have the perception that one a women contract breast cancer, it cannot be cured.

1.6.4 Attitude toward Breast Cancer

Investigating on the respondents' attitude toward breast cancer, the study further sought for the respondents' attitude toward breast cancer. This was to find out from respondents whether they have positive or negative attitude toward the breast cancers practices and whether their knowledge and perception about breast cancer have any influence on their attitude toward breast cancer. The views of the respondents sought for a doctor within one month if they should develop breast lump. The study found that most women in the study react to breast cancer symptoms within one month period. Few respondents said they did seek for a doctor within one week. Very few women did not react quickly in response to breast cancer symptoms.

The study found that only 28.9% (28) of the respondents said they sought for a male doctor to examine their breast in case of breast cancer, 40.2% (39) of them said they did not see a male doctor to examine their breast in case of breast cancer and 30.9% (30) of the respondents said they cannot tell as to whether they will see a male doctor to examine their breast in case of breast cancer or not. Majority of the respondents indicated that they will not see a male doctor to examine their breast in case of breast cancer. The respondents stated that they did not want to make their intention known. Since majority of the respondents argued that they will not see a male doctor in case of breast cancer, the study revealed that most women in the study area will not be comfortable to have breast cancer examination be done by male doctor. It also implied that respondents prefer female doctors for breast examination in cancer of cancer.

Concerning the age at which one is at high risk of breast cancer, the study that majority of the respondents believed that breast do not commonly occur among women of old age. Out of the total sampled population, only 35.1% (34) of them believed that breast cancer occur to women of old age, 46.4% (45) of the respondents believed that breast cancer occur to women of old age and 18.6% (18) of them stated that they cannot tell as to whether breast cancer occur to women of old age or not. The study found that women in the study area do not believe that breast cancer occurs or more commonly occur among women of old age.

1.6.6 Discussion of Findings

The study found that a high proportion of the women had knowledge on breast cancer. This implies that the idea about breast cancer is very common the populace. It was implied that the average women in the study area were aware of breast cancer. The high number of respondents having knowledge about breast cancer was good for the women and had implication for the study as most women were aware of the

issues of concern to the study. It also meant that respondents were conversant with breast and practices associated with breast. It means that the respondents could be in the best possible to take part in the study effectively. The study finding confirmed the study by Olumuyiwa&Olufemi (2011), conducted a cross sectional survey among nurses in general hospital in Lagos and found that most nurses and their closed associates were fully aware about breast cancer and that majority of their population of study had heard of breast cancer. The study finding however, disagreed with Okobia (2006) study results, in his cross-sectional study conducted among one thousand community-dwelling women from a semi-urban neighborhood in Nigeria.

In Okobia (2006) study to elicit knowledge, attitude and practices towards breast cancer, the Study result showed poor knowledge on breast cancer. Mean knowledge score was 42.3% and only 214 participants (21.4%) knew that breast cancer present commonly as a painless breast lump. In this study, it was established that women within the Asokore community in the Sekyere East District were fully aware of breast and had heard of breast cancer. This means that the study findings confirmed that study by Olumuyiwa and Olufemi (2011), but differed from Okobia (2006) study.

From the field findings, few respondents felt that they were not at risk of breast cancer. The respondents have different perception as to whether they were at risk of breast cancer or not. While some respondents felt that they were at risk, others felt that they were not at risk and some did not even know whether they were at risk or not. The study found that majority of the respondents perceived that they do not have any risk factor of breast cancer. This implied most women in the study area perceive they do not have any risk factors of breast cancer. This also means that most of the women in the study area felt that they will be affected with breast cancer as they do not have any risk factor of breast cancer. The study found that majority of the respondents felt that breast cancer was a not a curable disease. This means that respondents have the perception that one a women contract breast cancer, it cannot be cured. This study finding confirmed the views of Maria (2007), study on breast cancer knowledge believes and misconception among Latinas in Houston, Texas and found that more than one third of the participation had negative or fatalistic view of breast cancer. 29% believed that breast cancer was incurable disease and that the pain in the breast is the warning sign for breast cancer and 11.1% had never heard of breast cancer.

The study found majority of the respondents will seek for a doctor within one month if they should develop breast lump. This means that most women in the study will react to breast cancer symptoms within one month period. Few respondents said they will seek for a doctor within one week. This implied few women will react quietly in response to breast cancer symptoms. This study finding confirmed the views of Mehregan (2013) cross-sectional study on female health care workers in Tehran, Iran to examine the knowledge of breast cancer, the attitude and practice towards BSE. In the study, they found that 75% of the women responses to breast cancer symptoms within the first month of the cancer.

Majority of the respondents indicated that they will not see a male doctor to examine their breast in case of breast cancer. Few respondents were silent as to whether they will seek for a male doctor in case of cancer. They did not want to make their intention known. Since majority of the respondents argued that they will not see a male doctor in case of breast cancer, it implied that most women in the study area will

not be comfortable have breast cancer examination be done by male doctor. It also implied that respondents prefer female doctors for breast examination in cancer of cancer. The study found that women in the study area do not believe that breast cancer occurs or more commonly occur among women of old age. This means that women at all age in the study area know that breast cancer can occur to any women regardless of the women age. This also implied that the women will be more serious about issues regarding breast cancer since they believed that both old and young women are at risk of breast cancer. This confirmed the views of Murday (2008) and Oluwatosin&Olapo (2011), women at all age are at risk of breast cancer. Breast cancer occurs among all women.

1.7 Conclusions

The article concluded that its results adequately satisfied the objectives. The article concluded that women within Asokore community in the Sekyere East District were aware of breast cancer. On the knowledge of the women about breast cancer, the study concluded that women within the Asokore community in the Sekyere East District could give some signs of breast cancer. The study concluded that the respondents demonstrated their knowledge level of breast cancer in their breast cancer practices and their source of information of breast cancer which most of the respondents stated that they got to know of breast cancer through the hospital.

It was also concluded that most of the women in the study area practice Breast Self-Examination. The study concluded that respondents do not only practice BSE but did so frequently and at an early age of 24 years which further showed that the respondents were actually aware of breast cancer. The study also concluded that the few respondents who did not practice BSE regularly. Felt hat they did not have breast problem, felt uncomfortable doing BSE and other did not know how to do that, whilst some stated carelessness, too frequent practice is bad, they felt that it was not necessary and others were unsure about its benefit of BSE as the reasons why they did not practice BSE regularly.

The study concluded that most respondents perceived that they were not at risk of breast cancer. It was also concluded that most respondents had the perception that breast cancer was incurable disease. The study also concluded that respondents perceived Clinical Breast Examination as expensive and time wasting. The study also concluded that most women have negative attitude of male Doctor performing breast cancer examination on them.

1.8 Recommendations

The article therefore recommends that women should be educated at the hospitals on the need and importance for women to practice breast cancer practice regularly.

It is further recommended that women should be educated on the risk factors for breast cancer, since majority of respondents perceived that they were not at risk of breast cancer, it is recommended that women should actually find how from the health facilities whether they have any risk factor for breast cancer.

The article further recommended that women should not considered Clinical Breast Cancer Examinations

as time wasting and waste of money. They should be educated on the importance of Clinical Breast Cancer Examination to encourage more women to attend Clinical Breast Cancer Examination.

The article again recommended that women should not have problem being examined by male doctor in case of breast cancer. Male doctors should educate women on breast cancer examination and encourage women to feel free when being examined by male doctors.

Last but not the least, it is recommended that all women in the community should practice breast cancer self-examinations regularly.

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APPENDIX**Table 1 Knowledge On Breast Cancer**

Responses	Frequency N=97_	Percent (100)
Number of respondents who had heard of breast cancer		
Yes	90	92.8
No	7	7.2
Respondents source of knowledge about breast cancer about breast cancer		
From hospital	40	41.2
From a friend	22	22.7
From media	30	30.9
From my husband	5	5.2
Number of women who practice BSE (Breast Self-Examination)		
Yes	68	70.1
No	29	29.9
Number of times respondents practice Breast self-Examination (BSE)		
Weekly	16	16.5
Once in a month	17	17.5
Once in three months	10	10.3
Once every six months	11	11.3
More than once in quarter of a year	7	7.2
Annually	7	7.2
Never in a year	29	29.9
Reasons respondents do not practice BSE regularly		
I don't have breast problem	2	2.2
I don't think I should	1	1.1
Number of respondents who have done breast examination by any Doctor		
Yes	33	34.0
No	64	66.0
Respondents reasons for not doing CBE		
Concern about extra money	9	9.3
Concern about extra time	46	47.4
Fear of outcome	13	13.4
Too young to participate	8	8.2

Responses	Frequency N=97_	Percent (100)
Number of respondents who had heard of breast cancer		
Yes	90	92.8
No	7	7.2
No sign symptom of breast cancer	10	10.3
No one recommended	11	11.3

Source: Researchers’ Field Work, 2017

Table 2 Perception Regarding Breast Cancer

Responses	Frequency N=97	Percent (100)
Respondents’ perceived risk for developing breast cancer		
Not at risk	8	8.2
Lower risk	21	21.6
Medium risk	27	27.8
Higher risk	24	24.7
Don’t know	17	17.5
Number of respondents that perceive that they have any risk factors		
None	58	59.8
1 risk factors	30	30.9
2 risk factors	9	9.3
Number of respondents who think breast cancer is a curable disease		
Yes	25	25.8
No	53	54.6
I can’t tell	19	19.6

Source: Researchers’ Field Work, 2017

Table 3 Attitude Toward Breast Cancer

Responses	Frequency N=97	Percent(100)
How fast respondents who develop breast lump will seek for a doctor		
Within one week	9	9.3
Within one month	66	68.0
Within 1-3 months	22	22.7
Whether respondents will see a male doctor to examine their breast in case of cancer		
Yes	28	28.9

Responses	Frequency N=97	Percent(100)
How fast respondents who develop breast lump will seek for a doctor		
Within one week	9	9.3
Within one month	66	68.0
Within 1-3 months	22	22.7
No	39	40.2
I can't tell	30	30.9
Whether respondents believe that breast cancer occur more commonly in old women		
Yes	34	35.1
No	45	46.4
I can't tell	18	18.6

Source: Researchers' Field Work, 2017