Health information dissemination for breast cancer awareness, early detection and support for women

Taiwo Bosede Ajayi
Lagos State Polytechnic, Nigeria

Grace Oluyemisi Olujobi
University of Ibadan, Nigeria

Olushola Olayinka Agbeyangi
Lagos State International Medicine Board, Nigeria

Abstract

This study is to explore how information about breast cancer (BC) is disseminated to working class mothers in Lagos State. It is to investigate how information disseminated is used by the respondents to detect early this deadly disease and ascertain if they are aware of any support by organisation and the government. The Survey design was used. Two stage sampling technique was adopted. The first stage was the cluster sampling of 25% of the population by which two tertiary institutions (Lagos Sate University and Lagos State Polytechnic) in the state were selected. In the second stage, 500 respondents were selected by simple random sampling proportionate to size. 350 and 150 respondents were chosen from the two institutions. Primary data was collected using questionnaire. Descriptive statistics was used to analyse the data. Findings revealed majority of the respondents (91%) got information about BC from their offices, closely followed by reading (89%) this was confirmed from the percentage of the respondents that read about breast cancer from the print media (89). Most respondents disagree with the fact that pains in the breast is a symptoms of breast cancer (28.8%). The highest rated support the respondents are aware of was the breast cancer screening exercise (93.7%) which shows in the rating of the respondents about their awareness of breast cancer screening centres (68%). The paper concludes that early detection of breast cancer can help save life. Government and relevant organisations inclusive should regularly organise a screening exercise for other women so that women can be aware and also spread the information to those who do not have such opportunity thereby reducing the risk among women.

Keywords: Health information, awareness, breast cancer, early detection, mothers

Introduction

In recent times, cancer is believed to be a common and deadly disease that is killing many rich and poor, old and young, men and women, literate and illiterate in the society. There are different types of cancer as highlighted by the National Institute of Environmental Health Science (2003), to include, breast, bowel, prostate, and lung, or it is named after any part of the body where the lump or mass called tumour originates. Breast cancer is now

believed to be a leading female malignancy in the world and most common in Nigeria. Because of the effect on the victim and even the family members, anxieties were raised at the expense of breast related information awareness that can help the victim to detect early and seek for support.

Information is important in taking any decision and it is assumed that its awareness and use can support those affected by cancer to make better decisions. Awareness are created through different sources to show that it is possible not to die and even live longer when they have access to the needed information and when it is detected on time thus aiding the prevention of the affected individuals. Efforts are made to get the high quality information needed to the people, talks are organised using the medical personnel and campaigns. It is important to allay all health fears in every phase of this sickness ranging from detection to cure. However, there are different initiatives by organisations, individuals and government. The major goal of these initiatives is to reduce the morbidity and death rates thereby improve the quality of life of cancer patients and their families (WHO, 2006 & American Cancer Society, 2013). Despite all these efforts, it was discovered that information about breast cancer is still lacking, many are not aware and if aware the information is not complete. Based on this premise, the paper attempts to investigate health information dissemination for breast cancer awareness, early detection and support among working class mothers among government owns institutions in Lagos State

Literature review

Cancer according to Alberta Cancer Board (2005) is the result of changes in the genes that control the growth and death of normal cells. Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, this is suspected based on clinical examination. Breast cancer typically is identified when a screening examination is carried out or when the symptoms have developed. Despite all these, WHO (2006) asserts that regardless of resource level, all countries can implement the four basic components of cancer control – prevention, early detection, diagnosis and treatment, and palliative care – and thus avoid and cure many cancers, as well as palliating the suffering.

In recent times, initiatives are designed to reduce the incidence and mortality of breast cancer. Information as it proffers solution is packaged in a way that the general public will be aware and therefore uses it as it applies to them. It can reduce anxiety, help develop coping skills and enhance recovery when the health is managed well through information provided. One of the greatest initiative activities of these bodies is the interest in Information about the concept of cancer, its effect, discovery and cure. Thus, creating high quality information awareness about BC is assumed to be an essential strategy to inform women about early detection and support (WHO, 2002; WHO, 2006; Komen, 2010; American Cancer Society, 2013 & Macmillan Cancer Support, 2014).

There have been studies on breast cancer incidence to explore levels of awareness among different women stratum. Omotara, Yahgu, Amodu and Bimba (2012) revealed that information was not readily available to the rural populace in Nigeria and most developing countries, though it was suggested as the urgent need to reduce breast cancer among women. The study further revealed the poor knowledge of breast cancer among women in both rural and urban area of Nigeria. Another reason was that not all health workers are well knowledgeable about the risk factors of breast cancer or how to prevent or screening techniques. It was also mentioned that lack of understanding of the concept of risk factors associated with cancer of the breast discouraged people from seeking early intervention (United State Conference of Mayors, 2005). Rutten, Moser, Beckjord, Hasse and Croyle (2007) focused more on means of passing information about breast cancer to women. Social media, community lectures, communicating breast cancer related information in different languages, and public outreach campaign were identified and used as means of communicating and creating awareness about the risk and early detention of breast cancer among women. Social media was even found to be a mechanism to create awareness in early detection and prevention of diseases (Lapointe, Ramaprasad & Vedel, 2014). Attitudinal factor was the major barrier to seeking medical help to symptomatic discovery of breast cancer among South Asian and black women; this was as a result of their emotion in not desiring to waste doctor's time thereby refusing to go for medical support (Forbes, Atkins, Thurnham, Layburn, Haste & Ramirez, 2011).

Methodology

Survey design was used. Two stage sampling technique was adopted. The first stage was the cluster sampling of 25% of the population by which two tertiary institutions (Lagos Sate University and Lagos State Polytechnic) in the state were selected. In the second stage, 500 respondents were selected by simple random sampling proportionate to size. 350 and 150 respondents were chosen from the two institutions Primary data were collected using questionnaire. The study was carried out between November and December 2015. Primary data were collected using questionnaire. The questionnaire was designed to elicit information from the respondents on how information about breast cancer is disseminated to working class mothers in Lagos State, how information disseminated is used by the respondents to detect early the deadly disease and ascertain if they are aware of any support by organisation and the government. Descriptive statistics was used to analyse the data

Findings and discussion

Table 1: Demographic characteristics of the respondents

S/N	Item	Freq.	%
1	Respondents	456	100
2	Dept : teaching	253	54
	Non-teaching	213	45.8
3	Marital Status: widowed	66	14
	Married separated	45	9.6
	Divorced	56	12
	Married but no child	35	7.5
	Married living with partner	263	56.5
4	Have you, your family member or a friend had cancer?	56	12
5	Religion: Christian	232	49.8
	Muslim	210	45
	Other religion	23	4.9
6	Age category: 20-30yrs	85	18
	31-40	188	40
	41-50	140	30
	51 and above	52	11
7	Qualification : ND/diploma	92	19.7
	HND/Bachelor degree	197	42
	Masters degree	120	25.8
	PhD	56	8.6

Source: Field survey 2015

Majority of the participants are married and living with their husbands this represents 56.5% of the sample while 7.5% are married but had no child, 42% had HND/Bsc as the highest qualification but the least rated qualification was PhD rated 8.6%. The difference between the religions practiced was not too pronounced between Christians and Muslim 49.8% and 45% respectively. A sharp difference occurred between these two religions and the other religion 4.9%. Respondents that fall within the ages of 31-40 years had the highest rating of 40% while the least rated was respondents that fall within the category of 51 and above.

Table 2: Health information dissemination for breast cancer awareness

S/N	Item	Yes	No	Don't Know
1	Have you ever heard about cancer before?	465 (100%)	0	0
2	In the last three month did you hear about breast cancer	345 (74%)	58 (12%)	62 (13%)
3	Are you aware that women aged 30-49 are most at risk of breast cancer?	372 (80%)	53 (11%)	40 (8.6%)
4	Do you know that the risk of breast cancer can be avoided?	150 (32%)	115 (24.7%)	200 (43%)
5	I am aware of some risk factors that can increase a person's chance of having breast cancer	328 (70.5%)	114 (24.5%)	23 (4.9%)
6	I got information about cancer from a group I belong to	319 (68.6%)	106 (22.7%)	40 (8.6%)
7	Do you get information from a dedicated website	238 (51%)	200 (43%)	27 (5.8%)
8	I have some knowledge from reading about breast cancer	416 (89%)	49 (10.5%)	0
9	Are you aware that breast cancer is heredity?	347 (74.6%)	95 (20%)	23 (4.9%)
10	There are information about breast cancer on the print media (newspaper, magazine, flier)	417 (89.6%)	43 (9%)	05 (1%)
11	There are information about breast cancer from the media (TV, Radio,)	367 (78.9%)	89 (19%)	09 (1.9%)
12	I got information on breast cancer from my office	424 (91%)	41 (8.8%)	0
13	I got information about breast cancer from survivors through the campaign by an Non Governmental Organisation	219 (47%)	183 (39%)	63 (13.5%)
14	Wearing brassieres can cause breast cancer	63 (13.5%)	388 (83%)	15 (3%)
15	I am aware that the cause of breast cancer is spiritual	316 (67.9%)	99 (21%)	50 (10.7%)

Source: Field survey 2015

All the respondents have heard about cancer (100%). Majority of the respondents (91%) got information about BC from their offices, closely followed by reading (89%) these were confirmed from the percentage of the respondents that read about breast cancer from the print media (89%). The respondents too (80%) are well informed about the age bracket of women

that are prone to BC risk, not only this, (70%) of the respondents too are aware of the risk factors that can cause BC but surprisingly, only (32%) are aware of how these risk can be avoided. Only (13%) of the respondents agreed that wearing brassieres can cause BC.

Table 3: Awareness of breast cancer early detection

S/N	Item	Yes (Freq %)	No (Freq)	Don't Know
1	Chances of curing breast cancer are better when it is discovered at early stage	432 (92.9)	33 (7.0)	0
2	I have information on how to do a self examination of the breast	441 (94.8)	24 (5.1)	0
3	A lump in the breast is the only symptom of breast cancer that I know	342 (73.5)	77 (16.5)	46 (9.8)
4	A change in breast skin is a sign of breast cancer	284 (61)	117 (25)	64 (13.7)
5	Extensive baby friendly can cause breast cancer.	139 (29.8)	282 (60.6)	44 (9.4)
6	Pores from the nipple is a sign of breast cancer	369 (79.3)	91 (19.5)	05 1%
7	Redness of the nipple is a sign of breast cancer	279 (60)	124 (26.6)	62 (13%)
8	Lump in the armpit is a sign of breast cancer	284 (61%)	155 (33%)	26 (5.5%)
9	Pains in the breast is a sign of breast cancer	134 (28.8)	288 (61.9)	43 (9%)
10	Breast enlargement is a sign of breast cancer	163 (35%)	261 (56)	41 (8.8%)

Source: Field survey 2015

The highest rated awareness about early detection was information on how to detect BC (94%), this was corroborated from the percentage of the respondents (94%) that are aware of how to detect BC at an early stage. Most respondents attested that pores from the nipple was the highest rated sign of breast cancer (79%), lump in the armpit and a change in the breast skin was also rated (61%) closely followed was redness of the nipple (60%). Most respondents disagree with the fact that pains in the breast is a symptoms of breast cancer (28.8%).

Table 4: Awareness of breast cancer support(s)

S/N	Item	Yes Freq/ perc.	No Freq/ perc.	Don't Know Freq/perc.
1	I am aware of breast cancer vaccination programme	237 (50.9)	220 (47%)	08 (1.7%)
2	I am aware of breast cancer screening centers in Lagos	318 (68%)	101 (21.7%)	46 (9.8%)
3	Are you aware of any financial support from the government?	167 (35.9%)	246 (52.9%)	52 (11%)
4	Information about breast cancer campaign makes me go for test regularly	207(44.5%)	215 (46%)	43 (9%)
5	Are there financial support service for breast cancer patients from Non Governmental Organisation (NGO)	131 (28%)	270 (58%)	64 (13.7%)
6	I am aware that there are free drugs for breast cancer patients	117 (25%)	300 (64.5%)	48 (10%)
7	I am aware of campaign against breast cancer risk	163 (35%)	221 (47.5%)	81 (17%)
8	Are you aware of any free breast cancer screening exercise by the government	133 (28.6%)	279 (60%)	53 (11%)
9	Have you benefited from the free breast cancer screening exercise before?	436 (93.7%)	29 (6%)	01 (0.2%)
10	Are there support services (advisory and campaign) from any NGO that you know about?	277 (59.5%)	180 (38.7%)	08 (1.7%)
11	Do you have information about when treatment procedure should start	160 (34%)	239 (51%)	66 (14%)
12	Are you aware of any support by the hospital staff	235 (50.5%)	211 (43%)	19 (4%)

Source: Field survey 2015

The highest rated support the respondents are aware of was the breast cancer screening exercise (93.7%) which shows in the rating of the respondents about their awareness of breast cancer screening centres (68%) this was followed by the awareness of support from NGOs (59.5%).

The study examined the survey of health information dissemination for breast cancer

awareness, early detection and support among working class mothers in Lagos State, Nigeria. The results of the social economic characteristics reveal that all the respondents are educated thus identifying information in print or non-print is assumed not to be a barrier to them. They are believed to be within the age bracket of women that have the highest risk of BC had the highest rating. This is constant with the result of Forbes *et al* (2011) where the majority of the respondents among four different ethnic groups studied in east London were between the age brackets of 30-40years. Majority staying with their husbands also justified choice of respondents as these had taken care of factors considered appropriate to elicit information from all categories of women. Respondents rating on pains in the breast were low, probably because some women experience pains before or during their monthly cycle and the age category of the respondent's falls within the range of women that still have their monthly cycle. This same reason may also be applicable to the rating of the respondents on breast enlargement as a sign of breast cancer. Pores from the breast and lump in the breast were seen to be the common symptom of BC, this corroborate the report of Scanlon & Wood (2005) that lump in the breast is the only common misconception of symptoms of BC.

Though the respondents were aware of BC screening exercise, yet access to other support aside awareness of screening centres were rated low compare to other constructs. The least rated was the awareness of the respondents about free drugs for BC patients. Majority are not aware of any financial support by NGOs and free breast cancer screening centres for BC patience. The implication of this is that those concerned bear the financial burden alone in most cases; hence the death rate is high. This is against the position of Macmilian (2012) that health and social care leaders ensure professionals identify what information people with cancer need and provide appropriate support

Conclusion and recommendations

The findings of this study have revealed the awareness of women about BC from different sources and how to detect early the symptoms of BC. But it is interesting to know that lump in the breast and pores from the breast were the only symptoms the respondents are aware of, which implies that not much emphasis is laid on other symptoms. Screening exercise was the leading support that the respondents probably enjoy when they need support. Awareness on support also was the least rated among the constructs studied. It is believed that early detection of breast cancer can help save life government and organisations inclusive should regularly organise a screening exercise for the women so that women can be aware and also spread the information to those who do not have such opportunity thereby reducing the lives of women that are at risk.

Majority of the respondents belong to a religious body therefore religious organisations should also support the government by collaborating with the health care institutions in making necessary information available to women so as to reduce the level of breast cancer risk especially in recognising other symptoms of BC. Government too should play a major role in campaign that will enlighten women on other symptoms of BC so that they can easily detect other symptoms when noticed. The rating of awareness of breast cancer support is relatively low compared to other variables. This generally connotes that majority of the respondents are not aware of the support they can benefit either from the government

or other organisations, therefore government should showcase their effort on all areas they can support women.

References

Alberta Cancer Board (2005). *Cancer and the work place: an overview for workers and employers.* Alberta: Cancer Board, Calgary

American cancer society (2013). *Breast cancer: fact and figures 2013-2014.* Atlanta: G.A

American Cancer Society (2015). *Breast cancer prevention and early detection.* Retrieved from http://www.cancer.org/acs/groups/.../003165.pdf

Forbes, L.J.l., Atkins, L., Layburn, J., Haste, F. and Ramirez, A.J. (2011). breast cancer awareness and barriers to symptomatic presentation among women from different ethnic groups in East London. *British Journal of Cancer.* 1-6pp. Retrieved from www.bjcancer.com

Komen, G. S. (2010). the societal and economic impact of cancer health disparities. Retrieved from http://c-changetogether.org/Websites/cchange/images/Disparities/.

Komen, G.S. (2015). Women signs of breast cancer. Retrieved from http://ww5.komen.org/BreastCancer/WarningSigns/html.

Macmillan Cancer Support (2014) improving information and support for people affected by cancer. Retrieved from http://www.macmillian.org.UK.

Lapointe, L., Ramaprasad, J. & Vedel, I (2014). Creating health awareness: a social media enabled collaboration. *Journal of health technology*

National Breast Cancer Foundation, Inc (n.d) *About breast cancer.* Retrieved from http://www.nationalbreastcancer.org

Omotara, B., Yahya, S., Amodu, M & Bimba, J. (2012). Awareness, attitude and practices of rural women regarding breast cancer in Northeast Nigeria. *Journal of Community Medical Health Education*, 2(148). Retrieved from http://dx.doi.org

Rutten, L.F., Moser, R.P., Beckjord, E.B., Hesse, B.W & Croyle, R.T (2007). *Cancer communication: health information international trend survey.* Washington, D.C

Scanlon, K. and Wood, A. (2005). Breast cancer awareness in Britain: are there differences based on ethnicity? *Journal of Diversity in Health and Social Care,* 2. 211-241pp

United State Conference of Mayors (2005) **Promoting cancer awareness and health cities** USCM, N.W Washington

Waller, J. (2011) *.what women know: report on awareness level of cervical cancer against women in England.* Retrieved from www.eveappeal.org.uk

World Health Organisation (2006). cancer control knowledge into action: WHO guide for effective programmes. Retrieved from http://www.who.int/cancer

World Health Organisation (2002). National cancer control programmes: policies and managerial guidelines. *Health and Development Networks*, Italy.

Taiwo Bosede Ajayi justdebbies@yahoo.com Library Department, Lagos State Polytechnic, Lagos State. **Grace Oluyemisi** Olujobi graceyemisi.GY@yahoo.com. Dept. of Library and Information studies, University of Ibadan. Oyo State **Olushola Olayinka** Agbeyangi mamatele2004@yahoo.co.uk. Lagos State International Medicine Board Library, Lagos State