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Knowledge, Perception and Utilisation of Breast Cancer Screening among Market Women in Kuto Community, Ogun State, Nigeria

AUTHOR(S): ABIODUN Olukemi Felicia, OLUSEYE Olabisi Mary, JIMOH Esther Ozichu, OLADAPO Margret Moyosore, OLUWATOSIN Oyeninhun Abimbola

Abstract:

This study assessed the knowledge, perception and utilization of breast cancer screening among market women in Kuto community. A community-based study which employed descriptive design method was conducted among 424 market women in Kuto community where structured questionnaire was utilized in collecting the data. The data was summarized using descriptive statistics of frequency, percentage, mean and standard deviation. Inferential statistics of chi- square was used to test the set hypothesis at $p<0.05$. The modal age group for the participants was between 31-40 years (34.2%). More than half (56%) of the participants had inadequate knowledge of breast cancer and breast cancer screening, 75.8% had high perceived barrier and (60.3%) had high perceived benefit to breast cancer. Only 164 (39.2%) utilized breast self-examination, 34 (8.1%) clinical breast examination, 14 (3.3%) Breast Scan, 13(3.1%) mammography and 2 (0.5%) MRI. There was no significant association between the knowledge of breast cancer, breast cancer screening and utilization among the women P- Value>0.05, also no significant association between perceived barriers and breast cancer screening utilization among the women P- Value>0.05. However, there was significant association between perceived benefits and utilization of breast cancer screening among the women P- Value=0.027. The study indicates inadequate knowledge of breast cancer, high perception of breast cancer and breast cancer screening and poor utilization of breast cancer screening. Therefore, providing adequate information regarding breast cancer and breast cancer screening and dealing with identified barriers will enhance screening.

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About Author

Author(s):

ABIODUN Olukemi Felicia
Ogun State Ministry of Health, Ogun State
abiodunolukemi3@gmail.com

OLUSEYE Olabisi Mary
University of Ibadan, Ibadan

JIMOH Esther Ozichu
University College Hospital Ibadan

OLADAPO Margret Moyosore
University of Medical Science,
Ondo, Ondo State

OLUWATOSIN Oyeninhun Abimbola
University of Ibadan, Ibadan.

Introduction

Cancer is one of the leading causes of death worldwide World Health Organization (2024). It can affect any part of the body and has tendency of growing beyond their usual boundaries, and can invade the adjoining parts of the body (National Cancer Institute 2021). Breast cancer is one of the prevailing cancer worldwide accounting for 40.5% of all cancer cases (Ferlay et al., 2024). It also remains a significant health problem with estimated 2.3 million new breast cancer cases and 670,000 breast cancer-related deaths worldwide in 2022 (WHO, 2025). The high incidence of breast cancer necessitates the need for early detection because this would increase the treatment options available to affected women and thereby improve survival rates. Reduced mortality and increased survival have been demonstrated when breast cancer is discovered through screening at an early and treatable stage (National Breast Cancer Foundation 2024).

Cancer burden is predicted to double by 2030 in Sub-Saharan Africa therefore, it is important to prioritize access to healthcare services for cancer management in the region (Sharma et al., 2021). Detecting breast cancer at an early and treatable stage through screening has been shown to reduce mortality and improve survival (Al-Azri et al., 2020). Early diagnosis and screening methods commonly used to detect breast cancer include breast self-examination (BSE), clinical breast examination (CBE), breast ultrasound mammogram, magnetic resonance imaging (MRI), and breast ultrasound (American Cancer Society 2025). Breast self-examination is a practical free screening technique that may be used at any age, it is beneficial and significant when combined with routine clinical breast examination, mammography, and in certain situations ultrasound and/or MRI (Kalligudi et al., 2019). Clinical breast examination is an important diagnostic tool for discerning breast cancer in symptomatic women, particularly in regions lacking widespread access to mammography service (Ramadas et al., 2023). Mammography is a diagnostic measure that plays a crucial role in detecting breast cancer at early stage, When breast cancer is detected early, women are less likely to require aggressive treatments such as total removal of the breast (American Cancer Society 2025). It has been shown that Magnetic Resonance Imaging (MRI) an effective diagnostic tool, gives accurate and safer result than mammography (Ding et al., 2023).

Studies have shown that there is inadequate knowledge on breast cancer and poor utilization of breast cancer screening (Asmare et al., 2022). Despite, mammography being the most reliable recommended screening method for breast cancer, it is not widely used in Nigeria (Omisore et al., 2023). Study findings have reported poor utilization of mammogram among women of reproductive age and even among healthcare workers (Akaba et al., 2023) Meanwhile a study at the Lagos State teaching hospital, Nigeria reported that breast cancer account for the highest mortality (Fatiregun et al., 2020). In the view of these reports, it is pertinent to assess women's perception towards breast cancer screening and the screening practices. Though most women in Nigeria are aware of breast cancer, very few are aware of certain screening methods such as mammography (George et al., 2019). Utilization of mammography was found to be very low in Southwest Nigeria, only 3.3% women was reported to have had mammogram done[6].It is worth noting that the delay in identification of breast cancer has been shown to be responsible for invasive cancers and lymph node metastases (Van der Veer et al., 2023).

Material and methods

A community-based study which employed descriptive design method was conducted on market women in Kuto community within the age of 18 and 90 years where structured questionnaire was utilized. The data was summarized using descriptive statistics of

frequency, percentage, mean and standard deviation. Inferential statistics of chi- square was used to test the set hypothesis at $p<0.05$.

The sample size was 424 and it was calculated using Cochran formular. A proportional sampling technique was used in selecting the women across all the stalls in Kuto market.

The target population are market women in Kuto community, Abeokuta, Ogun State, Nigeria.

An Ethical Approval with Number OGHREC/467/154 was obtained from the Health Research and Ethics Committee of the Ogun State, Ministry of Health, Oke-Mosan, Abeokuta (OGHREC)

Statistical analysis

Data were analyzed with the aid of (IBM SPSS) version 25.0 using descriptive and inferential statistical analysis methods. The result was presented using descriptive statistics such as percentages and means with standard deviation, while Chi-square test (X^2) was used to test for association between two categorical variables. The level of significance was set as p-value < 0.05.

Perceptions were addressed using 5 items in section D for each of the perception and was measured on 3 scale. Agree, Disagree and I don't know. Correct response was allotted a score of 1 point while incorrect response was scored 0 point. The maximum obtainable score is 5 while the minimum obtainable score is 0; the participant's perception to breast cancer was summed up. A mean score for the participants were determined. The perceptions to breast cancer were classified into high perception for participants with score >/=the mean score and low perception for participants below mean score.

Results

A total of 418 women in Kuto market participated in the study.

The mean age of the participants is 37.86 ± 11.8, 143 (34.2%) of the participants are between the ages 31-40 years and 106(25.4%) are between 21-30 years. Majority (88.8%) belong to Yoruba ethnic group and 198 (47.4%) had secondary education. Respectively. Other sociodemographic details are in the table 1.

Table 1: Socio-demographic Characteristics

Variable	Frequency N= 418	Percentage
Age (last birthday)		
<20 years	14	3.3
21-30 years	106	25.4
31-40 years	143	34.2
41-50 years	96	23.0
51-60 years	48	11.5
61 years and above	11	2.6
Marital Status		
Single	81	19.4
Married	285	68.2
Separated	20	4.8
Divorced	10	2.4
Widowed	22	5.3
Level of Education		
No formal Education	30	7.2
Primary Education	73	17.5
Secondary Education	198	47.4
Tertiary Education	117	28.0

Tribe		
Yoruba	371	88.8
Hausa	2	.5
Igbo	32	7.7
Others	13	3.1
Religion		
Christian	250	59.8
Islam	167	40.0
Traditional	1	.2
Profit per day		
<5000	191	45.7
5001-20000	91	21.8
20001-50000	14	3.3
50001-100000	1	.2
>100000	4	1.0
Did not Disclose	116	27.8

The result reveals that most of the participants had inadequate knowledge on the risk factors of breast cancer. Meanwhile, average numbers of participants have the knowledge that family history 209(50%) and smoking 232(55.5%) can be a risk factor of breast cancer.

About two third of the participants knew that clinical breast examination is a form of breast cancer screening, average number 219 (52%) participants had knowledge of breast self-examination while 102 (24.4%) knew that mammogram is a form of breast cancer screening. Details on knowledge of breast cancer and breast cancer screening methods are shown in table 2.

Table 2: Knowledge on Risk Factors of breast cancer

Variable	Yes	No	I don't Know
What are the Risk Factors of Breast Cancer			
Age at menarche	55(13.2)	80(19.1)	283(67.7)
Age at menopause	81(19.4)	81(19.4)	256(61.2)
Family history	209(50.0)	55(13.2)	154(36.8)
Body weight	127(30.4)	112(26.8)	179(42.8)
Smoking	232(55.5)	41(9.8)	145(34.7)
Old age	102(24.4)	114(27.3)	221(52.9)
Oral contraceptives	110(26.3)	87(20.8)	221(52.9)
Which of the following is breast cancer screening?			
• Breast Self-examination	219(52.4)	90(21.5)	109(26.1)
• Clinical breast examination	271(64.8)	64(15.3)	83(19.9)
• X ray	143(34.2)	96(23.0)	179(42.8)
• Mammography	102(24.4)	107(25.6)	209(50.0)
• Scanning	195(46.7)	84(20.1)	139(33.3)
• Laboratory test	134(32.1)	79(18.9)	205(49.0)
Breast cancer screening is only for pregnant and breast-feeding women	62(14.8)	273(65.3)	83(19.9)

Breast cancer screening should not be done by women who have passed childbearing Age	86(20.6)	255(61.0)	77(18.4)
Breast cancer screening is not necessary unless there is history of breast cancer in your family	111(26.6)	146(34.9)	161(38.5)
Utilization of breast cancer screening will not stop breast cancer occurring	208(49.8)	68(16.3)	142(34.0)
Breast cancer screening is done to know what is happening in her breast	273(65.3)	52(12.4)	93(22.2)
Breast cancer can only affect one breast at a time	176(42.1)	80(19.1)	162(38.8)

Overall, 234 (56%) had inadequate knowledge of breast cancer and breast cancer screening while only 184 (44%) had adequate knowledge (figure 1.)

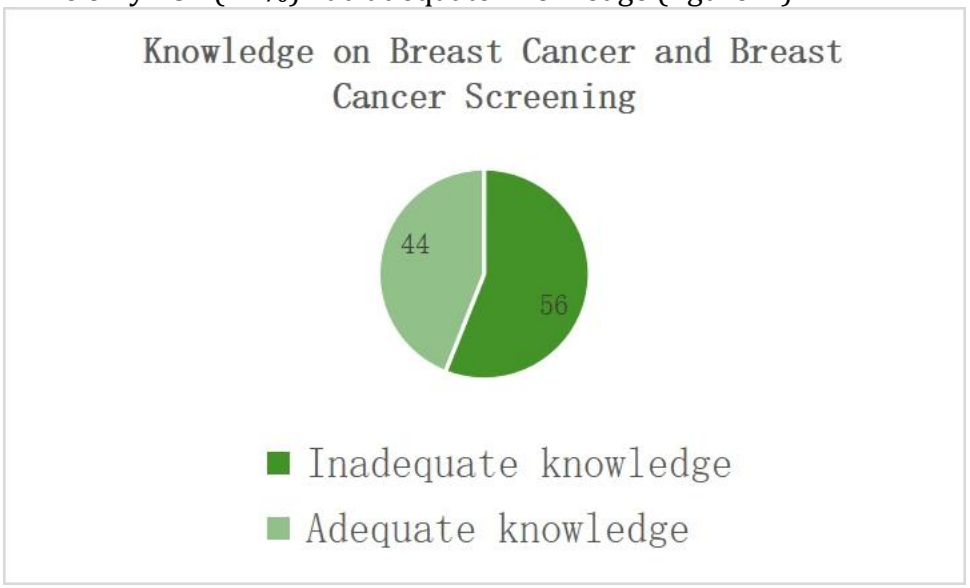

Figure 1: *Summary of Knowledge on Breast Cancer and Breast Cancer Screening*

As shown in table 3, the perceived susceptibility of the participants to breast cancer. Half of the participants 209(50%) agreed that they would be susceptible to breast cancer if they have previously had benign cancer and 205(49%) perceived they are susceptible when they have history of breast cancer in the family. Two hundred and seventy six participants (66%) agreed that it can spread to other organs in the body and that it can lead to death, 152 (36.4%) agreed with the only negative statement on perceived severity of breast cancer that it has no effect on mortality. Most of the respondents agreed with most of the statements assessing perceived barrier to breast cancer screening. Though, less than forty percent agreed with; our cultural belief does not allow women to touch their breast 144 (34.4%) and attitude of health workers 176 (42.1%). The respondents perceived as benefits of breast cancer screening; ensuring early identification of breast cancer 276 (66%) respondents, ensures treatment at low cost 254 (60.8%) respondents, and ensures long life 267(63.9%) respondents. Details on respondent's perception are reveal in table 3.

Table 3: Perception of women towards Breast Cancer

Variable	Agreed	Disagreed	No Idea

Perceived Susceptibility			
I am exposed to rays.	84(20.1)	133(31.8)	201(48.8)
I use oral contraceptives	94(22.5)	126(30.1)	198(47.4)
I have previous benign cancer.	209(50.0)	43(10.3)	166(39.7)
I am getting old above 50.	156(34.9)	130(31.1)	142(34.0)
I have family history of breast cancer	205(49.0)	71(17.0)	142(34.0)
Perceived Severity			
It is always detected late.	255(61.0)	60(14.4)	103(24.6)
Can spread to other organ in the body.	276(66.0)	36(8.6)	106(25.4)
Is dangerous than other cancers	240(57.4)	64(15.3)	114(27.3)
Can lead to death.	276(66.0)	45(10.8)	97(23.2)
Has no effect on mortality	152(36.4)	59(14.1)	207(49.5)
Perceived Barrier of Breast cancer screening			
Our cultural belief does not allow women to touch their breast.	144(34.4)	152(36.4)	122(29.2)
High cost of investigation	233(55.7)	70(16.7)	115(27.5)
Most women cannot practice breast cancer screening because they do not know how and where it is done	264(63.2)	52(12.4)	102(24.4)
Lack of knowledge of breast cancer screening	290(69.4)	46(11.0)	82(19.6)
Attitude of health workers	176(42.1)	75(17.9)	167(40.0)
Perceived Benefits of Breast cancer screening			
Ensure early identification of breast cancer.	276(66.0)	26(6.2)	116(27.8)
Contributes to reduction of maternal mortality caused by breast cancer.	233(55.7)	33(7.9)	152(36.4)
Ensures treatment at low cost.	254(60.8)	51(12.2)	113(27.0)
Ensure the person long life.	267(63.9)	32(7.7)	119(28.5)
It gives the person confidence that she has the skill to detect lump	212(50.7)	46(11.0)	157(37.6)

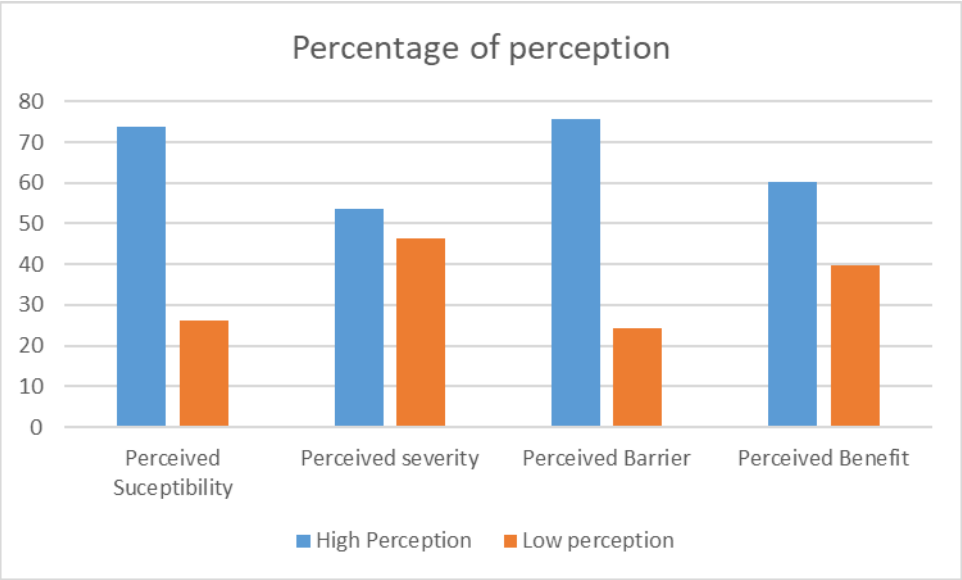

Figure 2: *Summary of Perception*

As shown in figure 2, it is obvious that majority of the participants have high perception in all the four basic concept of health belief model. Seventy-six percent participants had high perceived barrier, 73.7% had high perceived susceptibility, and 60.3% had high perceived benefits and 53.6% had high perceived severity

As shown in table 4 the proportion of market women who utilize breast self-examination as a form of breast cancer screening is only 164 (39.2%) and 93 (22.2%) of those who practiced breast self-examination, started between the ages 15-30 years 93(22.2%). Meanwhile, only 139(33.3%) participants were practicing breast self-examination.

For other breast cancer screening methods, few 34 (8.1%) participants utilized clinical breast examination, mammography 13(3.1%), breast scan 14(3.3%) and MRI 2(0.5%). Details of participants' utilization of breast cancer screening are shown in table 4 & 5.

Table 4: Utilization of Breast Cancer Screening (Breast Self-Examination)

Variable	Frequency(N=418)	Percentage
Which of the following breast cancer screening have you done before		
Breast Self-Examination		
Yes	164	39.2
No	254	60.8
What age did you start		
<15 Years	19	4.5
15-30 Years	93	22.2
31-45 Years	25	5.9
46 years and above	9	2.1
Can't say when started	23	5.5
Don't do it	249	59.6
Are you still doing it		
Yes	139	33.3
No	30	7.1
Don't do it	249	59.6
How often do you do it		

Daily/Same week	95	22.7
Last 6 month	19	4.5
Can't put time to it	56	13.4
Don't do it	248	59.3
when last did you do it		
Within the week	88	21.1
Last Month	28	6.7
This year	1	.2
last year and beyond	55	13.2
Don't do it	246	58.9

Table 5: Utilization of Breast Cancer Screening

Variable	Frequency(N=418)	Percentage
Clinical breast Examination		
Yes	34	8.1
No	384	91.9
Which Hospital		
Federal Medical Centre	7	1.7
State hospital	3	0.7
Private Hospitals	15	3.6
Have not done it	393	94.0
Who did it for you		
Nurse	10	2.4
Doctor	15	3.6
Have not Done it	393	94.0
Mammography		
Yes	13	3.1
No	405	96.9
When last did you do it		
Less than one year	10	2.0
Over a Year	2	0.4
Have not Done it	408	97.6
Breast Scan		
Yes	14	3.3
No	404	96.7
When last did you do it		
Last 1 year	6	1.4
Over a year	6	1.4
Have not Done it	406	97.2
Magnetic Resonance imaging(MRI)		
Yes	2	0.5
No	417	99.5
When last did you do it		
Over a year	2	0.5
Have not done it	416	99.5

Hypothesis Results

Hypothesis 1

H_0 = There is no significant association between the knowledge of breast cancer and breast cancer screening and the utilization of breast cancer screening among market women in Kuto market.

Chi square $\chi 2$= (0.087, df=1, P= 0.054), this shows that P- Value = 0.054 is higher than α=.05, we therefore accept the null hypothesis

Hypothesis 2

H_0 = There is no significant association between the perceived barriers and the utilization of breast cancer screening among women in Kuto market.

Chi square $\chi 2$= (0.172, df=1, P= 0.107), this shows that P- Value = 0.107 is higher than α=.05, we therefore accept the null hypothesis

Hypothesis 3

H_0 = There is no significant association between the perceived benefits and the utilization of breast cancer screening among market women in Kuto market.

Chi square $\chi 2$= (0.047, df=1, P= 0.027), this shows that P- Value = 0.027 is lesser than α=0.05, we therefore reject the null hypothesis and we accept the alternative hypothesis.

Discussion

In this study, we explore the level of knowledge of breast cancer and breast cancer screening among women in Kuto market. Multiple studies revealed that women had poor knowledge of breast cancer. Onwuchekwa et al (2021) study in Abia State, Nigeria, among women and Idowu et al (2019) study in Oyo State, Nigeria highlighted that there is poor knowledge of women of reproductive ages on breast cancer especially the signs and symptoms (Idowu et al., 2019; Onwuchekwa et al., 2021. Similarly, Abugu et.al. (2023) study in Enugu state Nigeria, shows that most of the rural women had very low knowledge of breast cancer. These findings align with the present study in Kuto market, which reveals that most of the respondents had inadequate knowledge on the risk factors of breast cancer. However, an average number of participants recognized family history (50%) and smoking (55.5%) as potential risk factors of breast cancer.

Furthermore, the majority of the women displayed poor knowledge of breast cancer screening methods. Although, around two-third of the women knew that clinical breast examination is a form of breast cancer screening method, and more than half knew about breast self-examination, less than fifty percent acknowledged scanning as a screening method but few had knowledge that mammogram is a form of breast cancer screening option. Likewise, another study conducted in Ogun state by Allo et.al. (2019) reveals that despite high proportion of the study population have heard about breast cancer and breast self-examination the knowledge about mammogram was very low. Additionally, studies by Mohammed et al. (2022) and Maitanmi et.al (2023) in an educational setting, also reported high awareness of breast self-examination but poor knowledge on mammogram. These findings suggest the need for targeted education and public health initiatives that is focused on educating women about various breast cancer methods especially mammography. Summarily, the findings in this study indicate that majority of women in Kuto market had inadequate knowledge of breast cancer and breast cancer screening. Concerning the perception of women on breast cancer screening, findings from this study revealed that majority of the market women had high perceived susceptibility, but average number of women had high perceived severity of breast cancer which is similar to a study conducted among market woman in Owo by Awogbayila et.al. (2023), identify that most of the market women have high level of perceived severity and perceived susceptibility (perceive risk)

towards breast cancer. On the contrary, in Ethiopia and Saudi Arabia, there is low risk perception (perceived severity and susceptibility) among women about breast cancer (Alissa, 2023; Assfa 2022). The perceived barriers to breast cancer screening by the women are high cost of investigation, poor knowledge on screening and where to screen for breast cancer. This is in line with the study done in Enugu by Abugu et.al (2023) which reveal that lack of money and lack of knowledge were main barrier to screening for breast cancer. Another study done in Nigeria by Olasehinde et al. (2019) reveals that lack of perceived risk, lack of money and lack of awareness on mammogram are the barriers to breast cancer screening (Olasehinde et al., 2019). Similarly, study done in Benin City (Akaba, Osunde, & Olorunfemi, 2023) reveal that cost of screening, fear of abnormal findings, busy scheduling are the barrier to breast cancer screening. In addition, another study conducted in Saudi Arabia by Alabdulkader et al. (2023) shows that the perceived barriers are lack of interest in early detection, fear of abnormal result, fear of pain and knowing where to receive screening (Getachew et al., 2020)

Also, in Ethiopia, study shows a lack of knowledge of breast cancer, lack of financial support to seek care at medical facility, high cost of diagnosis service and long waiting time of diagnostic test (Ridwan et al., 2022). Removal of these barriers can motivate the women to utilize various forms of breast cancer screening.

The proportion of respondents who utilized various forms of breast cancer screening is low in this study, however, around 40% utilized breast self-examination. Considering the same group of participants (market women) in Owo Nigeria, majority of the market women had poor practice of self-breast examination (Assfa, 2022). It is pertinent to note that a study on the practice of breast self-examination among female staff in Babcock University reveals that despite the study setting and participant's level of knowledge on breast cancer, only few were utilizing the screening methods (Maitanmi et al., 2023). Similarly, study done in Ethiopia on the practice of breast self-examination also found out that despite the knowledge of participants on breast cancer less than 20% practice breast cancer screening (Bourdenau et al., 2020). Despite knowledge on breast self-examination, the utilization is still low and this cut across different categories of women including educated ones. Target awareness and health education programs are important to improve the utilization of breast cancer screening.

In this study, there is positive significant association between perceived benefits and the utilization of breast cancer screening which is in line with a study in Saudi Arabia[36]. On the other hand, this study reveals no association between knowledge on breast cancer, perceived barrier and the utilization of breast cancer screening methods whereas studies reviewed denote relationship between them (Shubayr et al., 2022; Bahri et al., 2022) This is also contrary to a systematic investigation on the predictor for breast cancer screening, it was denoted that perceived barrier is a good predictor to breast cancer screening (Bahri et al., 2022) Another study done in Saudi Arabia, reveal that perceived barrier and motivators are needed to encourage women to utilize routine breast cancer screening (Aladbkadner et al., 2023)

Conclusion

The result indicates low level of knowledge of participants on breast cancer and breast cancer screening. Even, those who had knowledge on breast cancer and breast cancer screening had low utilization of breast cancer screening. Although, the women perception on breast cancer and breast cancer screening is high, there is still poor utilization of breast cancer screening.

Therefore, increase in knowledge of breast cancer and breast cancer screening and removal of barriers to the utilization are factors that can promote breast cancer screening.

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