

**KNOWLEDGE OF FAMILY HISTORY AND THE SUSCEPTIBILITY OF WOMEN
TO BREAST CANCER SCREENING IN SOUTHWEST, NIGERIA**

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Abstract

Breast cancer is currently considered the most common type of cancer and the second leading cause of cancer death among women globally. The disease is distinguished from other types of cancer as it presents extreme financial costs coupled with both physiological and psychological consequences for the affected women and their families. A woman's own knowledge and understanding of her family history of breast cancer may impact perceived risk for breast cancer and thereby have implications for health behaviours and beliefs about the benefits of breast-cancer screening. There is need to investigate the knowledge of family history and women's susceptibility to breast cancer screening with the aim of finding out whether women with a family history will be influenced to present cases of breast cancer for screening for early detection. The study adopted descriptive research of the survey type. The population of the study was all women in the six states of southwest, Nigeria. The sample consisted of 1,800 women between the ages of 18 and 60 selected through multistage sampling. The research instrument was a self designed questionnaire titled "Psychosocial Factors and Breast Screening (PFBSQ). The finding showed that knowledge of the history of breast cancer in the family determines the susceptibility of women to breast cancer screening. Also, the knowledge of breast cancer itself and the risk factors influenced women in subjecting themselves to breast cancer screening. It is therefore recommended that there should be enlightenment programmes for women to acquire knowledge and right information about breast cancer screening that could bring about behavioural changes which would enhance women subjecting themselves to breast screening for early detection.

Keywords: Knowledge, Family History, Susceptibility, breast Screening.

Introduction

The burden of breast cancer is rapidly increasing and it is likely to continue as more people live longer. Every woman is at some risk of developing breast cancer and diverse risk factors may affect each woman's susceptibility to the disease. According to Akpo and Akpo (2010), breast cancer is the most common cancer in women which accounts for 23% of all cases of cancer. They further stated that over one million cases of breast cancer and 411,000 deaths from breast cancer occur annually representing 14% of female cancer deaths worldwide. Occurrence of breast cancer mortality are higher in developing countries probably as a

result of late detection and diagnosis. The second leading cause of death common with women, apart from lung cancer, is breast cancer (American Cancer Society, 2007). Breast cancer is a significant cause of morbidity and mortality among women and every woman seems to be at the same risk of developing breast cancer. It looks like a universal issue that poses threats to lives of women regardless of health services, diagnosis and social sensitivity towards the health risks.

Breast cancer is a type of cancer that originates from breast tissues, most commonly from the inner lining of milk ducts or the lobule that supply the ducts with milk (Sariego, 2010).

Breast cancer as observed by Adebamowo and Ajayi (2000) is the commonest malignancy in Nigerian women with an increasing incidence, high mortality rate, late presentation and an earlier age of occurrence. Odusanya (2001) found breast cancer to be the most common surgical condition women worry about in a list of eleven comparable conditions. He observed that breast cancer is not well understood by women and there is a need for information and enlightenment if they are to present cases early in hospitals.

Breast cancer in Nigeria according to Adebamowo (2007) seems to be common in women of age 50 years and older. The two primary risk factors identified by him that are common in women for breast cancer are increasing age and female gender. Other risk factors include early menarche, obesity, low level of physical/activity and the use of hormone replacement. However, there may be a link between breast cancer and family history. It has been observed that a woman whose mother or sister has had breast cancer may likely develop the disease particularly if more than one relative had been affected. A number of inherited mutated genes may likely increase the disease in an individual. Also, the risk for breast cancer may appear to be higher for women who have the history of the disease in a first degree relative which can be identified as having an association with an increased likelihood of risk for hereditary breast cancer (Fasina, 2016).

Knowledge certainly is a basic requirement for any individual to maintain good health (Odusanya, 2001). In view of this, there may be a link between family history of breast cancer and the level of knowledge acquired by such women. It is also believed that breast cancers are thought to result from inherited genetic mutations. American Cancer Society (2007) explained that about 5% to 10% of breast cancer cases are thought to be hereditary, meaning that

they result directly from gene defects (called mutations) inherited from a parent. These gene mutations may also increase the susceptibility of women for breast cancer in the family. The chief obstacle for the lack of knowledge may be the inability of women to have the understanding of how hormones and the environment interact. It may also be that women do not understand the mutations that are necessary for breast cancer development and what causes the disease. On the other hand, the family may lack the knowledge of breast cancer screening guidelines and the underlying belief that cancer itself seems incurable. The limited level of knowledge about breast cancer and the family history may even hinder the rate at which women conduct breast screening. The information received on breast screening could influence the rate at which women that has the family history of breast cancer may likely conduct breast examination. Therefore, early diagnosis as observed remains an important step for early detection strategy. There may be a considerable reduction in the prevalence of breast cancer in Nigeria if there is a high rate in carrying out breast examination. It may produce an increase in the proportion of breast cancer being detected at an early stage of the disease to stages that are more amenable to curative treatment.

Knowledge is a crucial component in the war against breast cancer. Therefore knowledge objectives are vital elements of virtually all health promotion activities (Royse and Dignan, 2009).

Statement of the Problem

It was observed that despite a barrage of health campaigns, warning labels and doctor's advice, some women still seems to dismiss the empirical evidence of dangers of breast cancer. Significant number of women, though aware of health risks in breast cancer, still ignore the preventive actions of breast screening. Failure

of the early detection seems to have caused death in many instances which is more than deaths from other diseases. Breast cancer risk seems to be higher among women whose close blood relatives have the disease. However, as breast cancer is the most common cancer in women, it is likely for it to occur more than once in the same family with a history of breast cancer.

Research Hypotheses

These hypotheses were generated to guide the study:

1. The knowledge of family history of women did not significantly influence their susceptibility to breast screening.
2. Women's knowledge about breast cancer did not significantly influence their subjecting themselves to breast cancer screening.

Research Design

The study adopted the descriptive research design of the survey type. This is considered appropriate because it focuses on the observation and perception of the existing situation. It helps to discover the influence of knowledge of family history and the susceptibility to breast cancer screening.

Population

The population for this study is made up of all women in southwest, Nigeria. These consist of six States namely; Ekiti, Osun, Ondo, Oyo, Ogun and Lagos.

Sample and Sampling Technique

The sample for the study consisted of 1,800 women between 18 and 60 years of age in Southwest Nigeria selected with the use of multistage sampling procedure. Simple random sampling was used to select three States out of the six States.

The number of local governments in each State was selected through

proportional sampling technique based on the population of each local government and respondents were selected from institutions of learning, health centres, market places, churches and mosques which were randomly selected from the local government areas.

Research Instrument

A self designed questionnaire titled "Psychosocial Factors and Breast Screening Questionnaire (PFBSQ)". The instrument is divided into two major parts of A and B. Part A is made up of the bio-data of the respondents which comprises of age, location, marital status, years of marriage and relative with breast cancer. Part B of the instrument is made up of a number of items to elicit responses on knowledge of family history and breast cancer screening.

Administration of the Instrument

The researcher administered copies of the instrument with the assistance of some trained assistants on the sample and collected after completion.

Data Analysis

The inferential statistical technique used was t-test at 0.05 level of significance.

Results and Discussion

This section presents the results of the data analysis and discussion of the study. The result was presented as shown in Tables 1 and 2.

Testing of Hypotheses

Hypothesis 1

The knowledge of family history will not significantly influence their susceptibility to breast cancer screening.

In order to test the hypothesis, scores relating to women's knowledge of family history and susceptibility to breast cancer screening were computed and compared for statistical significance using t-test statistics at 0.05 level of significance. The result is presented in Table 1.

Table 1: t-test of Knowledge of Family History and Susceptibility to Breast Cancer Screening

Variables	N	Mean	SD	df	t-cal	t-table
Knowledge of family history	1,800	13.85	2.79			
Susceptibility to breast screening	1,800	60.40	10.46	1799	218.700	1.960

$P < 0.05$

Table 1 shows that tcal (218.700) is greater than t-table (1.960) at 0.05 level of significance. The null hypothesis is rejected. This implies that the knowledge of family history of women has a significant influence on their susceptibility to breast cancer screening.

Hypothesis 2

Table 2: t-test of Women's Knowledge about Breast Cancer and Susceptibility to Breast Screening

Variables	N	Mean	SD	df	t-cal	t-table
Knowledge about breast cancer	1,800	30.98	4.61			
Susceptibility to breast screening	1,800	34.25	4.15	1799	155.153	1.960

$P < 0.05$

Table 2 shows that t-cal (155.153) is greater than t-table (1.960) at 0.05 level of significance. The null hypothesis is therefore rejected. This implies that women's knowledge about breast cancer will significantly influence their susceptibility to breast cancer screening.

Discussion

The result of this study revealed that the knowledge of family history has a significant influence on women's susceptibility to breast cancer screening. The possible reason for this could be that if a close relation of the woman had breast cancer, she has a higher risk of developing breast cancer as well.

The finding is in support of the findings of Akpo, Akpo and Akhator (2009) which reported that there are indications that women with a family history of breast cancer especially a first degree relative have an increased risk of developing the disease. However, the finding is in contrast with the results obtained by Holland (1990), who reported that in

Women's knowledge about breast cancer will not significantly influence their subjecting to breast cancer screening.

The scores on women's knowledge about breast cancer and susceptibility to breast screening were computed and subjected to statistical analysis involving t-test statistics at 0.05 level of significance. The result is presented in Table 2.

Malaysia, having a family history of breast cancer does not appear to have much impact on the health seeking behaviour of women especially for breast screening.

The findings from hypothesis two indicate that the knowledge of breast cancer by women significantly influenced their susceptibility to breast screening. This could be explained as having the knowledge could be associated with adherence to screening guidelines. It could also be that through the knowledge, women recognized the serious health threat that breast cancer poses and that early detection of the disease is important.

The finding is in support of Karima and Ashraf (2010) in Jordan, as they reported that women who have learned about the risk factors of breast cancer have positive attitudes towards breast cancer screening. However, the findings of Schuller (1982) negate this finding. He found out that there is no correlation between breast

cancer knowledge and the breast screening behaviour of women in Iran.

Conclusion and Recommendations

Based on the findings of the study, it was concluded that the knowledge of family history of breast cancer influenced women to subject themselves to breast screening. It was also concluded that sufficient knowledge of breast cancer by women and learning about the risk factors influence their positive attitude towards breast cancer screening.

Based on the findings of this study, it is recommended that counsellors should design effective programme that would create awareness on women's health issues as a way of detecting breast cancer in its early stage through breast cancer screening. Also, there should be enlightenment programmes for women to acquire knowledge and right information about breast cancer screening that could bring about behavioural changes which would promote a state of wellbeing and life expectancy.

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