

KNOWLEDGE, ATTITUDE, AND PRACTICE OF ADOLESCENTS ON BREAST SELF-EXAMINATION, A STUDY DONE AMONG FIRST-YEAR CERTIFICATE FEMALE STUDENTS IN ST. MICHAEL LUBAGA HOSPITAL TRAINING SCHOOL. A CROSS-SECTIONAL STUDY.

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ABSTRACT.

Background.

Breast cancer is the most common form of cancer among women worldwide. Regular breast self-examination has been known to effectively detect breast cancer occurrence early.

The study aimed at determining the knowledge, attitude, and practice of adolescents on breast self-examination among first-year Certificate female students in St Michael Lubaga Hospital Training School, Kampala district, Uganda.

Methodology:

A cross-sectional study was done for 30 first-year Certificate female students in St Michael Lubaga Hospital Training School, Kampala, Uganda. Data was analyzed using Excel and presented in front of tables.

Results:

The results of the study showed that the majority 23(76.7%) of the respondents knew about breast cancer and breast self-examination, with the majority 15(75%) having got the information from health workers. However, the majority 25(83.3%) had a fairly good attitude towards BSE and the majority of them had a fairly good practice of BSE.

Conclusion:

Generally, knowledge of breast cancer and breast self-examination is good among adolescents. However, their attitude towards breast self-examination is relatively average and the practice is fairly good.

Recommendation:

This calls for the organization of education sessions to further create awareness of breast self-examination among the adolescents in St Michael Lubaga Hospital Training School.

Keywords: Knowledge, Attitude, Practice of Adolescents, Breast Self-Examination.

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BACKGROUND.

Breast self-examination is a technique that allows an individual to examine her breast tissue for any physical or visual changes, (Magnusmedi [@magnusmedi], 2019). It is often used as an early detection method for breast cancer, (IPSF African Region [@IPSFafRO], 2020). Although women carry out most BSEs, self-breast examinations should be carried out by both men and women at least monthly. The core purpose of breast self-examination is to detect breast cancer early (WHO 2020). Breast cancer is the most common form of cancer among women worldwide (WHO 2020). Early detection is key to improving the disease outcome. Three main screening methods have been

developed and tested in Western nations and these are mammography, breast self-examination, and clinical breast examination. Breast self-examination facilitates early detection of anomalies and hence reduction of mortality rates if treatment is started early (Salman M, et al, 2020). According to Mariah Mascara, and Constantina Constantinou (2021), disparities in breast cancer screening exist not only in different countries but also between local and immigrant populations in any given country. Low screening is attributed to various factors such as low public awareness, barriers to screening, and the potential role of health education to increase breast cancer awareness and promote breast cancer screening in a bid to achieve an early-stage diagnosis of breast cancer.

A study conducted in Mexico showed that the breast cancer detection method among Mexican women was mostly breast self-examination accounting for 60% (Eucario Leon-Rodriguez, et al, 2017). The study further discovered that breast cancer screening in Mexico is opportunistic, with several weaknesses in the management and quality systems which explains the advanced stages at diagnosis.

A Pan-Indian study on the knowledge, attitude, and practice of women on breast self-examination revealed that women, despite knowing the technique of performing BSE, their attitude towards it was not positive and they were reluctant to practice breast self-examination (Shubhangini, et al, 2021). A study conducted in Pakistan revealed that the overall knowledge, attitude, and practice of breast self-examination was poor despite the high prevalence of breast cancer internationally and nationally (Arslaan, et al 2021). Available studies on the practice of breast self-examination in Africa currently are inconsistent, however, a systematic review conducted including 56 African countries revealed that the practice of breast self-examination was highest in West Africa (58.87%) and the lowest being South Africa (5.33%), concluding that the practice of BSE among African women was low (Wubareg and Liyew, 2021).

Although mammography and clinical breast examination are ideal for breast cancer diagnosis, access to health care in most Sub-Saharan African countries and economic constraints may be a major challenge. In addition, mammography and clinical breast examination require expertise, specialized equipment, and access to a health facility. Studies conducted in some sub-Saharan African countries suggested that breast self-examination is still a challenge in Sub-Saharan Africa (Roseline, et al, 2020).

In East African countries, breast cancer mortality has been exacerbated by late diagnosis and treatment that fails to meet international standards (Pallvi Popli, et al, 2021). A study carried out among female University students in Uganda showed that the majority of them were aware of the BSE technique. Women considered breast self-examination effective for early detection of breast cancer. There is a need for health education of women of younger ages to increase the knowledge, attitude, and practice on breast self-examination in St. Michael Lubaga Hospital Training School.

The study described the knowledge, attitude, and practice of adolescents on breast self-examination, a study done among first-year Certificate female students in St. Michael Lubaga Hospital Training School.

RESEARCH METHODOLOGY.

Study Design.

It was descriptive, and cross-sectional, employing a quantitative data collection method. This method enabled

the researcher to get accurate information and also to avoid in-elevancy.

Study Setting.

The study was conducted in St. Michael Lubaga Hospital Training School. The school is located in Bulwa zone, Lubaga Division, Kampala District near St. Edward High School Lubaga. The school is affiliated with the Uganda Catholic Medical Bureau and is under the Ministry of Education and Sports (MoES), UNMEB, and UAHEB and it belongs to the network of Private Not for Profit (PNFP) Health Training Institutions (HTI). The school is under Lubaga Hospital and owned by the Roman Catholic Archdiocese of Kampala. The school consists of different sections such as Midwifery, Nursing, Theater Techniques, Laboratory Technology, Physiotherapy, and Emergency Nursing all under the management of a Principal Tutor, Sr. Jane Frances Namuddu, D.M., and a team of administrators. The school has a senior woman who provides the students with information concerning various health issues. The school has a population of 585 students with 457 female students and 128 male students.

Study Population

The study consisted of first-year certificate female students attending St. Michael Lubaga Hospital Training School.

Sample size Determination

The sample size was 30 respondents. This was manageable due to limited time, and limited resources for data collection for easy calculations and also for easy data analysis. It is also the recommended minimum sample size according to the research guidelines UNMEB (2009).

Sampling Procedure

The sample size was selected using simple random sampling. The researcher prepared 60 pieces of paper, 30 of which bore "Yes" and 30 "No", all of which were folded and put in a box. Each eligible participant was requested to pick out a paper and whoever picked a "Yes" was included in the study. This method gave equal chances to the eligible participants without the personal bias of the researcher.

Inclusion Criteria

All first-year certificate female students in St. Michael Lubaga Hospital Training School who voluntarily consented to participate in the study on the day of data collection were included.

Definition of Variables

Dependent variable

The knowledge, attitude, and practice of adolescents on breast self-examination, socio-demographic characteristics, and age of respondents.

Independent variable

Breast self-examination

Research Instruments

A questionnaire comprising both open-ended and close-ended questions was employed in data collection. Data collection tools were in the English language.

Data Collection Procedure

The questionnaires were designed and pre-tested among a few respondents in St. Michael Lubaga Hospital Training School to check the flow of questions and to remove ambiguous questions. A questionnaire was given to the respondents after a thorough explanation of the study. After data collection, gaps were identified and filled before the respondent was free to go.

Data Management

Data from each questionnaire was checked for completeness and accuracy before being entered for final analysis

Data Analysis

Data was analyzed using Excel, results were presented in front of frequency tables, figures, and narratives. Frequency and percentages were obtained for interpretation and establishing the relationship between variables.

Ethical Considerations

Following approval by the supervisor, the researcher obtained written approval from the Lubaga Hospital Training School Research Committee. A research letter was issued to the principal researcher to take to St. Michael Lubaga Hospital Training School administration to be allowed to collect data. Informed consent was obtained from all respondents before collecting data from them.

RESULTS

Knowledge of adolescents on breast self-examination

Table 1: Breast cancer is curable if detected early. n =30

Variable	Frequency	Percentage (%)
Breast cancer is curable if detected early		
Yes	27	90
No	3	10
Total	30	100

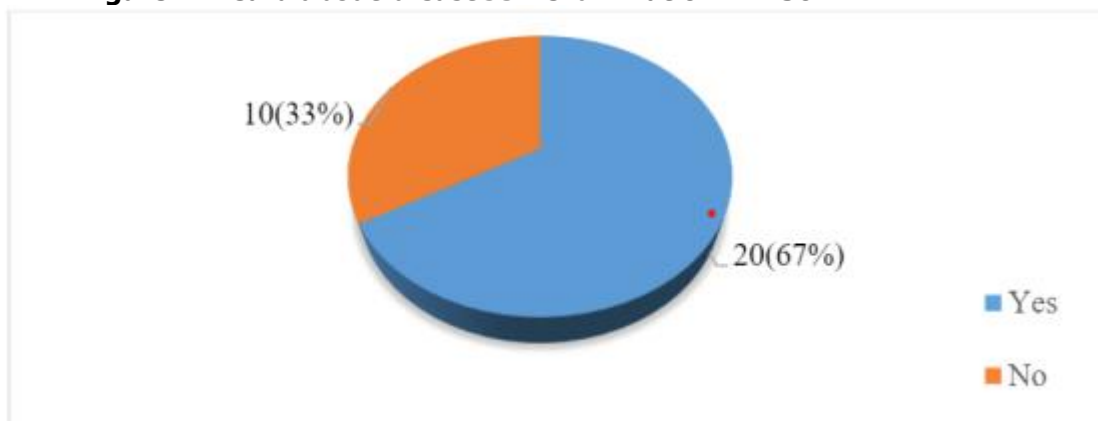
According to table 1, the majority 27(90%) of the respondents said breast cancer is curable if detected early, minority 3(10%) said no breast cancer is not curable even if detected early.

Table 2: Aware of breast cancer screening methods. n =30

Variable	Frequency	Percentage (%)
Aware of breast cancer screening methods		
Yes	23	76.7
No	7	23.3
Total	30	100

In Table 2, the majority 23(76.7%) of the respondents were aware of breast cancer screening methods, minority 7(23.3%) were not aware of breast cancer screening methods.

Figure 1: Heard about breast self-examination. n =30



The majority of the respondents 20(66.7%) said they had heard about breast self-examination, while minority 10(33.3%) had not heard about breast self-examination.(figure 1)

Table 3: Heard about it from where. n = 20

Variable	Frequency	Percentage (%)
Heard about it from where		
Hospital/ Health facility	15	75
School	2	10
Friends	1	5

Internet	1	5
Parents	1	5
Total	20	100

Note: The number of respondents changed from 30 to 20 because only 20 had heard about breast self-examination.

In table 3, the majority of the respondents 15(75%) had heard about breast self-

examination from the hospital/health facility, 2(10%) heard about it from school, 1(5%) heard about it from friends, 1(5%) heard about it from the internet, whereas 1(5%) heard about it from their parents.

Table 4: How often BSE is performed. n =30

Variable	Frequency	Percentage (%)
How often BSE is performed		
Weekly	3	10
Monthly	8	26.7
Every 3 months	6	20
Yearly	4	13.3
Do not know	9	30
Total	30	100

The majority of the respondents 9(30%) said "they did not know how often to perform breast self-examination", whereas 8(26.7%) said it is performed monthly, 6(20%) said it is performed every three months, 4(13.3%) said it is performed yearly, and 3(10%) said it is performed weekly.

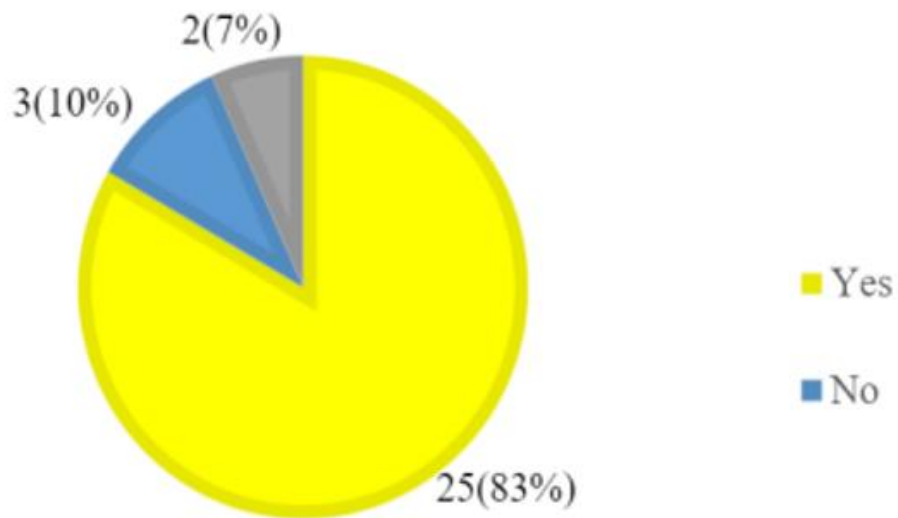
Table 5: What to look for when performing BSE. n =30

Variable	Frequency	Percentage (%)
What to look for when performing BSE		
Mass/lump	22	73.3
Skin changes	1	3.3
Breast shape and structure	3	10
Do not know	4	13.3
Total	30	99.9

The majority of the respondents 22(73.3%) said they look for breast masses/lumps during a breast self-examination, whereas 4(13.3%) said they do not know what to look for, 3(10%) said they look for breast shape and structure, and 1(3.3%) said they look for skin changes.(Table 5)

The attitude of adolescents towards breast self-examination

Figure 2: Performing BSE monthly can save life. (n = 30)



The majority of the respondents 25(83.3%) agreed that performing a breast self-- examination monthly can save a life, whereas 3(10%) were not sure if performing BSE can save a life, and 2(6.7%) said they disagreed.(Figure 2)

Table 6: BSE is a cost-effective method. n =30

Variable	Frequency	Percentage (%)
BSE is a cost-effective method		
Agree	10	33.3
Disagree	12	40
Not sure	8	26.7
Total	30	100

Table 6 shows that the majority of the respondents 12(40%) said breast self-examination is not a cost-effective method, whereas 10(33.3%) agreed that it is a cost-effective method, and 8(26.7%) said they were not sure.

Table 7: Performing BSE is shameful. n =30

Variable	Frequency	Percentage (%)
Performing BSE is shameful		
Agree	3	10
Disagree	25	83.3
Not sure	2	6.7
Total	30	100

In table 7, the majority of the respondents 25(83.3%) said performing breast self-examination is not shameful, whereas 3(10%) said it is shameful, and 2(6.7%) said they were not sure.

Table 8: Breast cancer is treatable if detected early. n =30

Variable	Frequency	Percentage (%)
Breast cancer is treatable if detected early		
Agree	28	93.3
Disagree	0	0
Not sure	2	6.7
Total	30	100

In table 8 , the majority of the respondents 28(93.3%) said breast cancer is treatable if detected early, whereas minority 2(6.7%) were not sure, and none of the respondents disagreed.

Table 9: BSE is uncomfortable. n =30

Variable	Frequency	Percentage (%)
BSE is uncomfortable		
Agree	16	53.3

Disagree	11	36.7
Not sure	3	10
Total	30	100

The majority of the respondents 16(53.3%) said breast self-examination is uncomfortable, while 11(36.7%) said it was comfortable, and 3(10%) were not sure.(Table 9)

Table 10: BSE is important to health. n = 30

Variable	Frequency	Percentage (%)
BSE is important to health		
Agree	28	93.3
Disagree	2	6.7
Not sure	0	0
Total	30	100

The majority of the respondents 28(93.3%) said that breast self-examination is important to health, whereas the minority 2(6.7%) said it is not important.(Table 10)

Practice of breast self-examination among adolescents

Table 11: Ever performed BSE. n = 30

Variable	Frequency	Percentage (%)
Ever performed BSE		
Yes	15	50
No	15	50
Total	30	100

The number of respondents who had ever performed breast self-examination was equal to the number of those who had never performed BSE, with both being 15(50%).(Table 11)

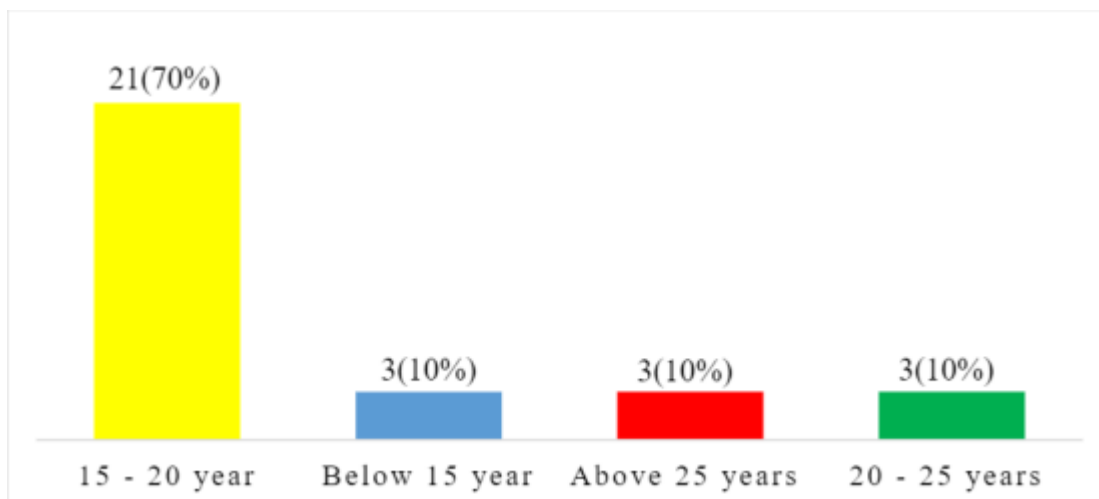
Table 12: Reasons for BSE. n =30

Variable	Frequency	Percentage (%)
Reasons for BSE		
Lumps	11	36.7
Costly	7	23.3
No time	4	13.3
No signs of breast cancer	1	3.3
Do not know how it is done	3	10
It is advisable	4	13.3
Total	30	99.9

According to table 12, the majority of the respondents 11(36.7%) said they performed breast self-examination to look for breast lumps, whereas 4(13.3%) did it because it is advisable to perform BSE.

On the other hand, 7(23.3%) of the respondents have never performed BSE because they think it is costly, 4(13.3%) did not have time to perform BSE, 3(10%) did not know how it is done, and 1(3.3%) never had signs of breast cancer.

Figure 3. What age to start BSE? N=30



The majority of the respondents 21(70%) said that breast self-examination starts at 15- 20 years, whereas 3(10%) said that it starts at 20-25years, 3(10%) said it starts before 15years and 3(10%) said it started above 25years.

Table 13: How often do you practice BSE

n =30

Variable	Frequency	Percentage (%)
How often do you practice BSE		
Weekly	5	16.7
Monthly	7	23.3
Every 3 months	6	20
Annually	3	10
When I remember	5	16.7
Others(6 months)	4	13.3
Total	30	100

Majority of the respondents 7(23.3%) said they practiced breast self-examination monthly, whereas 6(20%) said they practiced BSE every 3 months, 5(16.7%) did it weekly, 5(16.7%) did it whenever they remembered, 4(13.3%) did it every 6months, and 3(10%) did it annually.(Table 13)

Table 14:When to perform BSE

n = 30

Variable	Frequency	Percentage (%)
When to perform BSE		
Before periods	4	13.3
After periods	12	40
Others(weekly, 6months)	14	46.7
Total	30	100

The majority of the respondents 14(46.7%) said they performed breast self-examination weekly and after 6 months, whereas 12(40%) said they performed BSE after periods, and the minority 4(13.3%) said they performed BSE before periods.(Table 14)

Table 15: Technique used in BSE

n =30

Variable	Frequency	Percentage (%)
The technique used in BSE		
Breast Ultrasound	1	3.3
Massaging or pressing the breasts	7	23.3
Breast cancer screening	2	6.7
Soft touch	1	3.3
Proper technique	9	30
Do not know	10	33.3
Total	30	99.9

The majority of the respondents 10(33.3%) said they did not know the technique used in breast self-examination, whereas 9(30%) were aware of the proper technique used in BSE, 7(23.3%) said BSE was done by pressing or massaging the breasts, 2(6.7%) said breast cancer screening was the technique used, 1(3.3%) said breast ultrasound scan and 1(3.3%) said the technique was by soft touch.

students in Mizan, Ethiopia knew breast cancer screening methods. Minority 7(23.3%) were not aware of breast cancer screening methods. This is due to the quality of health care provided in which some facilities do not avail such methods. This corresponds with Mariah M, and Constantina C (2021) whose findings attributed low awareness of barriers to screening, and low levels of health education.

DISCUSSION.

Knowledge of adolescents on breast self-examination.

The majority 27(90%) of the respondents said breast cancer is curable if detected early. These results indicate that any anomalies detected can be treated timely and thus reduce the mortality rates. This is in line with the findings of Salman M, Syeda Z, et al, (2020) in a study conducted on breast cancer awareness. Minority 3(10%) said no, breast cancer is not curable. This could be because the respondents had inadequate knowledge of breast cancer, hence late diagnosis. In line with this statement, Eucario Leon Rodriguez, et al (2017) noted that in Mexico, late diagnosis of breast cancer is attributed to weaknesses in the management and quality systems.

The majority 23(76.7%) of the respondents were aware of breast cancer screening methods. This indicates that the respondents were knowledgeable about methods used to screen for breast cancer such as ultrasound scans, and mammography. This is similar to the findings of Julie, and Sanjey (2019) who also noted that the majority of the

The majority of the respondents 20(66.7%) said they had heard about breast self-examination. This indicates that the respondents had information on breast self-examination from various sources such as the Internet, health workers, and peers. Julie, and Sanjey (2019), in a similar study conducted in Ethiopia, discovered that the majority of the respondents acquired knowledge of BSE from the internet and hospitals. A minority of 10(33.3%) had not heard about breast self-examination. This indicates that there is probably a lack of access to health information among this group of respondents.

The majority of the respondents 15(75%) had heard about breast self-examination from the hospital/health facility. This indicates that this group of respondents can easily access health information from their health service providers, thus equipping them with knowledge on BSE and breast cancer. This corresponds with a study conducted by Shinta, Yemly, and Elsa (2021) in East Jakarta, in which extensive information had been obtained from attending education sessions at a health facility. 2(10%) heard about it from school, 1(5%) heard about it from friends, 1(5%) heard about it from the internet, whereas 1(5%) heard about it from their parents. These results suggest that the respondents do not have adequate information on breast

self-examination despite the fact they are aware of breast cancer. Josephine, Jean Baptiste, et al (2016), in similar classmates and parents.

The majority of the respondents 9(30%) said they do not know how often to perform breast self-examination, whereas 8(26.7%) said it is performed monthly, 6(20%) said it is performed every three months, 4(13.3%) said it is performed yearly, and 3(10%) said it is performed weekly. This indicates that the respondents do not have extensive knowledge on how often breast self-examination is performed, hence the need to raise awareness on breast self-examination, in line with a study carried out in Bangi, Malaysia among female students (Mohd, Hasanain, et al (2017) who noted that there was low knowledge on the performance of BSE despite adequate knowledge of breast self-examination.

The study conducted in Rwanda noted that knowledge of BSE was acquired from media, Majority of the respondents 22(73.3%) said they look for breast masses/lumps during breast self-examination, whereas 4(13.3%) said they do not know what to look for, 3(10%) said they look for breast shape and structure, and 1(3.3%) said they look for skin changes. These results suggest that the respondents are aware of the breast anomalies and can identify them on breast self-examination and thus seek care as expected.

The attitude of adolescents towards breast self-examination.

The majority of the respondents 25(83.3%) agreed that performing breast self-examination monthly can save a life. This shows that the respondents agreed that monthly BSE can save life and increase chances of survival, thus the results were similar to the findings of a study conducted by Julie and Sanjey (2019). Whereas 3(10%) were not sure if performing BSE can save a life, and 2(6.7%) said they disagreed. This shows that the respondents could have little knowledge of breast self-examination and hence the negative attitude towards BSE. This is in line with the results of a study done by Shubhangini, et al (2021) which revealed a poor attitude toward breast self-examination among Indian women despite knowing BSE.

The majority of the respondents 12(40%) said breast self-examination is not a cost-effective method.

This indicates that the respondents think that breast self-examination is a costly method of breast cancer screening, this could also indicate a poor attitude towards breast self-examination as shown in a study conducted in Gondar town, Ethiopia by Kibret, Yenebat, Zerko (2022) which revealed an unfavorable attitude towards breast self-examination. Whereas 10(33.3%) agreed that it is a cost-effective method. This indicates that this section of the respondents is aware of the effectiveness of BSE and thus portrays a positive attitude towards breast self-examination. Similarly, Linda, Osei, et al (2018), in a study

carried out in Ghana, noted that the majority of the respondents had a positive attitude towards BSE which helped them detect breast lumps easily. 8(26.7%) said they were not sure if BSE was a cost-effective method, this could be attributed to the lack of knowledge on breast cancer, screening methods for breast cancer and a negative attitude towards BSE. This corresponds with a study conducted by Arslaan, Irum, et al (2021) in Pakistan which noted a poor attitude towards breast self-examination despite the high prevalence of breast cancer internationally.

The majority of the respondents 25(83.3%) said performing breast self-examination is not shameful. This indicates a positive attitude toward breast self-examination since the respondents do not find shame in performing BSE as shown in a similar study conducted in Mizan, Ethiopia (Julie, Sanjey, 2019) which revealed a positive attitude towards BSE. Whereas 3(10%) said it is shameful, and 2(6.7%) said they were not sure. These results could be attributed to social norms and social stigma. Samaiih, Sahithi, et al (2019) in a study conducted in Silicon Valley, India noted a poor attitude due to a lack of knowledge and being unfamiliar with their bodies.

The majority of the respondents 28(93.3%) said breast cancer is treatable if detected early. These results suggest that the respondents have a positive attitude towards breast self-examination, with awareness of the benefits of early detection of breast cancer and, hence early treatment. The results are similar to the findings of a study carried out in Karachi, Pakistan by Saba, Maham, et al (2019) which revealed a positive attitude toward breast self-examination. Whereas minority 2(6.7%) were not sure, none of the respondents disagreed. This could be a result of inadequate knowledge on the topic of breast cancer. This is in line with Despina, Maria, et al (2019) who highlighted the need for establishing breast cancer prevention programs due to low attitudes towards BSE and breast cancer, in a study among students in Cyprus.

The majority of the respondents 16(53.3%) said breast self-examination is uncomfortable. These results show that attitude towards breast self-examination is poor since most respondents think it is uncomfortable, this could be attributed to a lack of awareness of breast self-examination. This is in line with a study conducted among female students from a university in Cyprus who similarly had a low attitude towards BSE (Despina, Maria, et al, 2017). While 11(36.7%) said it was comfortable, and 3(10%) of the respondents were not sure. The adequate knowledge of breast cancer and breast self-examination is a contributing factor to these results, which means that the study participants are aware of their bodies, hence a good attitude towards BSE. This is contrary to a study whose results showed a negative attitude towards BSE due to social stigma and norms that make it uncomfortable for women to learn about their bodies and be familiar with them, as compared to a study done by Samarth, Sahithi, et al (2019).

The majority of the respondents 28(93.3%) said that breast self-examination is important to health. These results show that the respondents have a positive attitude towards breast self-examination because of their awareness of the importance of breast self-examination in regards to their health hence better prognosis of breast cancer. This corresponds with Nyein, Nursalam, et al (2020) who noted that a positive attitude contributes to a good prognosis. Whereas minority 2(6.7%) said it is not important, this suggests a negative attitude towards BSE probably due to a lack of knowledge on the benefits of breast self-examination. This is in line with Olabisi, and Gloria (2021) who noted a negative attitude towards breast self-examination in Nigeria, however suggested that education was an effective tool in changing attitude.

Practice of breast self-examination among adolescents.

The number of respondents who had ever performed breast self-examination was equal to the number of those who had never performed BSE, with both being 15(50%). These results suggest an average performance in the practice of breast self-examination since some respondents have practiced BSE while others have not, with each respondent having reasons for having or not having performed breast self-examination as discussed in the next subsection.

The majority of the respondents 11(36.7%) said they performed breast self-examination to look for breast lumps. These could have been worried about their state of health or because they had a family history of breast cancer, hence the need to check for lumps in their breasts. Whereas 4(13.3%) did it because it is advisable to perform BSE, these respondents may have obtained knowledge on breast self-examination and were aware that BSE is one of the ways to detect breast cancer early. These results indicate that the respondents have a fairly good practice of BSE probably associated with a positive attitude towards the practice. This is similar to a study conducted among students in Ghana by Linda, Osei, et al (2018) which revealed the good practice of breast self-examination among the respondents. On the other hand, 7(23.3%) of the respondents have never performed BSE because they think it is costly, and this could be due to a lack of knowledge about breast self-examination. 4(13.3%) do not have time to perform BSE because they are probably too occupied with their studies and cannot spare time for breast self-examination, coupled with a negative attitude. 3(10%) do not know how it is done because they do not know breast self-examination and probably have a negative attitude towards its practice. 1(3.3%) never had signs of breast cancer and so did not think that it was necessary to perform BSE. These results show a fairly poor practice of breast self-examination due to the various reasons given by the respondents at the time of data collection as shown in a similar study conducted among female students in Karachi,

Pakistan by Saba, Maham, et al (2019) which showed that most of them had never felt the need to screen for breast cancer.

The majority of the respondents 21(70%) said that breast self-examination starts at 15- 20 years. These results are suggestive of good practice of breast self-examination with awareness of what age to start BSE. This is similar to a study done by Zahra, Roya, et al (2022) who noted that there was a fairly good practice of breast self-examination. Whereas 3(10%) said that it starts at 20-25years, 3(10%) said it starts before 15years, and 3(10%) said it starts above 25years. These results indicate that the respondents have little knowledge of breast self-examination, hence starting the practice late. On the contrary, a study carried out by Maria Teresa, and Luis Reyner (2021), showed that women above 20 years performed BSE wrongly.

Majority of the respondents 7(23.3%) said they practiced breast self-examination monthly, whereas 6(20%) said they practiced BSE every 3months, 5(16.7%) did it weekly, 5(16.7%) did it whenever they remembered, 4(13.3%) did it every 6 months.

These results suggest that the respondents have a fairly good practice of breast self-examination as in a similar study done in Trichy by Hemalatha, Veerakumar, et al, (2017) which revealed a relatively low practice of BSE. The minority of the respondents 3(10%) did it annually. This is suggestive of a poor practice of BSE associated with little knowledge and a negative attitude towards breast self-examination. This is similar to a study conducted in Iraq by Salam, Ali (2018) which revealed a low practice of breast self-examination.

The majority of the respondents 14(46.7%) said they performed breast self-examination weekly and after 6 months, whereas 12(40%) said they performed BSE after periods. This indicates that the respondents have a fairly good practice of breast self-examination as shown by the responses. This is similar to a study done by Hiwot, et al (2017) which showed the good practice of BSE after training. Minority 4(13.3%) said they performed BSE before periods. This is probably due to a lack of extensive knowledge of the practice of breast self-examination. This is in line with Abdullah, Dania, et al (2020) who revealed the poor practice of BSE despite being knowledgeable with a positive attitude towards BSE.

The majority of the respondents 10(33.3%) said they did not know the technique used in breast self-examination. This suggests that the respondents are not aware of the practice and probably are uninterested in acquiring knowledge on BSE. A similar study conducted among female University students in Ethiopia revealed that most respondents were not aware of the BSE technique (Kalayu, Belayneh, et al, 2017).

9(30%) of the respondents were aware of the proper technique used in BSE. This could be because they had attended health education sessions on breast self-

examination or acquired the knowledge from another credible source..7(23.3%) said BSE was done by pressing or massaging the breasts, these may have seen their colleagues or someone perform breast self-examination and thought that that was the right way to do it, or they may have obtained the knowledge but did not put it into practice, hence developing such an idea. 2(6.7%) said breast cancer screening was the technique used, 1(3.3%) said breast ultrasound scan, and 1(3.3%) said the technique was by soft touch. These results show that these individuals do not have extensive knowledge of BSE, hence poor practice. These results indicate a fairly good practice of breast self-examination since the majority of the respondents did not know the technique used in breast self-examination. This is in line with the findings of a study conducted in various African countries by Ofonime Johnson Effiong (2019) who noted that most females in African countries were nknewth technique used in breast self-examination.

CONCLUSION.

This study revealed that the study participants knew breast self-examination with the majority of the participants 15(75%) acquiring knowledge from the health facility and health personnel and the majority of the respondents 22(73.3%) were aware of what to look for during breast self-examination. The study participants had an average good attitude towards breast self-examination. The practice of breast self-examination among the study participants was also averagely low, with most of the participants having no idea of what technique is used in breast self-examination. However, the majority of the participants 11(36.7%) had ever performed BSE because they felt they had breast lumps and 7(23.3%) had never performed BSE because they thought it was costly.

LIMITATIONS OF THE STUDY.

The researcher encountered financial constraints in gathering information from the Internet and libraries, printing, and transport costs.

RECOMMENDATIONS.

Based on the findings of this study, the researcher made the following recommendation aimed at improving the knowledge, attitude, and practice of breast self-examination:

Health workers should provide health education to females on the benefits of breast self-examination.

MoH should facilitate health facilities in providing breast cancer screening services to the population. Teach females the technique used in breast self-examination and encourage them to practice BSE routinely.

Female students should be encouraged to practice BSE for early detection of abnormalities and early treatment.

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