

Evaluating the Perception and Behaviours of Students of Ogun State College of Health Technology Ilese Ijebu Towards Sexual and Reproductive Health and Well Being

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ABSTRACT

This study focused on the assessment of the knowledge, attitude and practice of market women towards breast cancer screening (a case study of market women at oke-aje market, ijebu ode local government area of ogun state). The aim of this study was to investigate the knowledge of market women on breast cancer screening and also to create awareness about measures that will aid in early diagnosis of breast cancer. Descriptive research design was used, data collected were coded, tabulated and analyzed using simple percentages and frequency distribution tables while the hypotheses were calculated using chi-square. The total numbers of respondents were 100. The results of this findings shows that 88% of the respondents were aware of breast self-examination (screening) to detect breast cancer while 12% did not. Also, 92% agreed that breast examination can help in early detection of breast cancer while 8% of them stated otherwise. Conclusively, breast cancer screening refers to testing healthy women for breast cancer in an attempt to achieve an earlier diagnosis. Early detection will improve outcomes. Morbidity and mortality as well as survival rate of breast cancer patients can improve if awareness about breast screening exercises is encouraged among the women population. Women should be encouraged to go for screening at least once in a month.

Keywords: Perception, Behaviours, Students, Sexual And Reproductive Health, Well Being

Aims Research Journal Reference Format:

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1. INTRODUCTION

Sexually transmitted infections (STI) are significant cause of morbidity among adolescents with multiple consequences. In addition to some STI increasing the risk of HIV transmission and also have effects which is long term sequelae which include infertility, tubal pregnancy, chronic pain in the pelvis and cervical cancer (Santelli, 2019). Young women within the age range of, especially female adolescents, are particularly vulnerable to the acquisition of STI because of biological, cognitive and socio-cultural factors. For several STI, adolescents have been reported to have the highest age-specific risk. Despite being sexually active, the majority of adolescents do not always use condoms or use them inconsistently. Only one out of three female youth used a condom at last sex.

Consequently, the risk of young women contracting STI is high. For STI among Nigerian youth to be effectively reduced and prevented, it is important to identify and address the factors that are associated with STI (Weinhardt LS, Kelly JA, Brondino MJ, Rotherman-Borus MJ, Chesney MA, 2018). Sexually transmitted infections (STIs) are those diseases that are contracted mainly through sexual intercourse. They include curable ones like gonorrhoea, syphilis, and chlamydia infection as well as incurable but modifiable ones like HIV, herpes simplex, human papillomavirus (HPV), and hepatitis B infections.

Young women aged 15–24 years, are more at risk for STIs than older adults. The World Health Organization estimates that 20% of persons living with HIV/AIDS are in their 20s and one out of twenty adolescents contract an STI each year. Youths are more likely to practice unprotected sex, have multiple sexual partners, and have transgenerational and transactional sex. The cervical lining in female adolescents and young women makes them more predisposed to STIs. In addition, they may have problems getting the required information, services, and supplies they need to avoid STIs. They may also experience difficulties in accessing STI prevention services because they do not know where to find them, do not have transportation to get there, or cannot pay for the services. Even if they can obtain STI prevention services, they may not feel comfortable in places that are not youth friendly (Shrier, 2016).

1.1 Statement Of The Problem

Early breast cancer usually does not cause symptoms and this is the reason why many women neglect going for regular breast examination. Late detection of breast cancer had been reported over three decades in Nigeria where most women accidentally detect breast cancer. This is probably due to the fact that there is no established national screening program for breast cancer. Awareness of early detection of breast cancer using measures such as clinical breast examination (CBE) and breast self examination (BSE) is also low. There is urgent need to create awareness about breast cancer and its early detection in order to reduce the morbidity and mortality due to breast cancer. In a bid to promote awareness and evolve strategies geared towards earlier detection, this study was embarked upon to ascertain the knowledge, attitude and practice of market women towards breast cancer screening at Oke-Aje market at Ijebu-ode.

1.2 Broad Objective

The main objective of this study is to assess the knowledge, attitude and practice of market women towards breast cancer screening at Oke-Aje market in Ijebu-Ode, Ogun State, Southwestern, Nigeria.

1.3 Specific Objectives

This research was carried out to achieve the following objectives:

- To investigate the knowledge of market women on breast cancer screening.
- To identify the perception of women on breast examination.
- To identify the level of awareness of women about breast examination.
- To create awareness about measures that will aid in early diagnosis of breast cancer.
- To identify the preferred means of breast cancer screening .

2. RESEARCH METHODOLOGY

The research design adopted for this study was descriptive research survey. This research was carried out among the market women at Oke-Aje in Ijebu-Ode Local Government Area of Ogun state. The sample size was one hundred women at Oke-Aje Market was chosen using purposive sampling techniques. A self-structured Questionnaire was the instrument used for this study. Section A dealt with demographic data of the respondents while Section B was made up of questions relating to the variables for the study.

3. RESULT AND DISCUSSION

Analysis of Bio-Data

Table 1: Age of Respondents

Age(Years)	Frequency	Percentage (%)
15 - 24	42	42
25-34	23	23
35-44	18	18
45& above	17	17
Total	100	100

Table 1 above shows the age distribution of the respondents: 42(42%) of the respondents were between 15-24 years old, 23(23%) were between 25-34yrs, 18(18%) were between 35-44yrs while 17(17%) were 45yrs old and above.

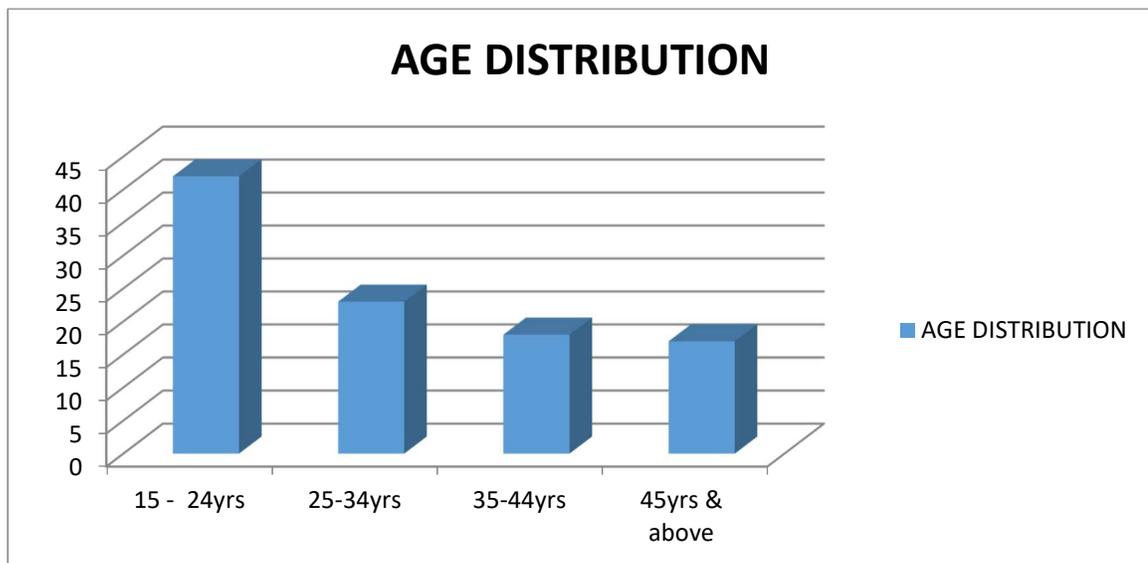


Figure 1: Age Distribution of Respondents

Table 2: Religion of the Respondents

Religion	Frequency	Percentage (%)
Islamic	37	37
Christianity	49	49
Traditional	14	14
Total	100	100

From Table 2 above, 37(37%) of the respondents were practicing Islam, 49(49%) practiced Christianity while 14 (14%) were Traditional Worshippers.

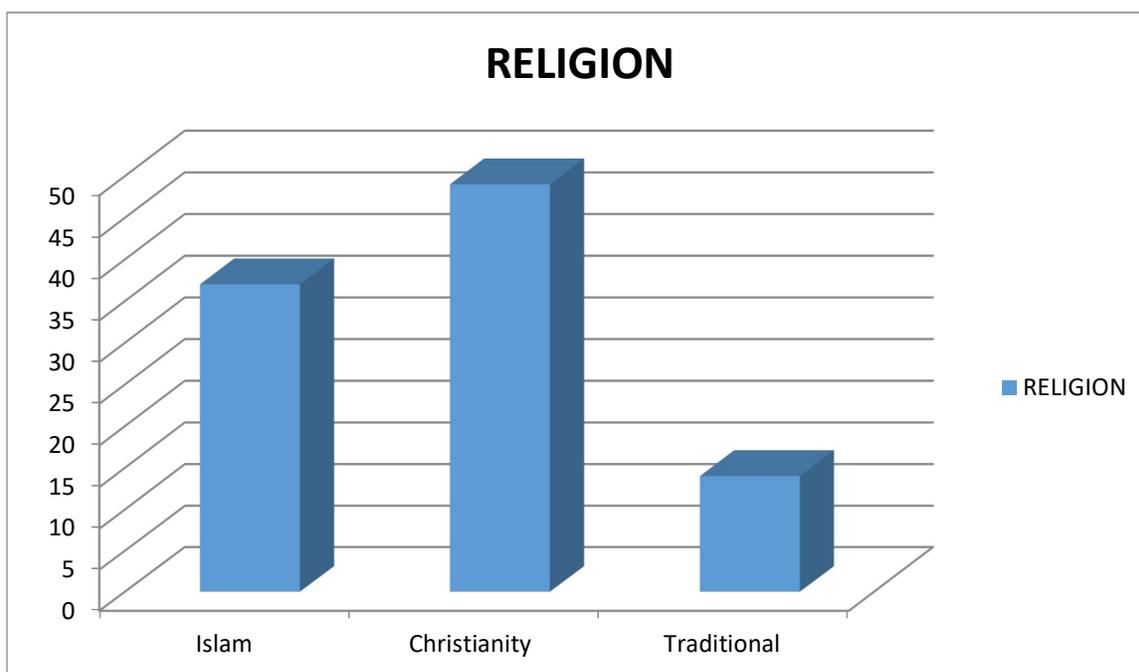


Figure 2: Religious Distribution of Respondents

Table 3: Marital Status of the Respondents

Marital Status	Frequency	Percentage (%)
Married	45	45
Single	38	38
Divorced	07	07
Widowed	10	10
Total	100	100%

In table 4 above, 45(45%) of the respondents were married, 38(38%) were single, 7 (7%) were divorced while 10 (10%) were widowed.

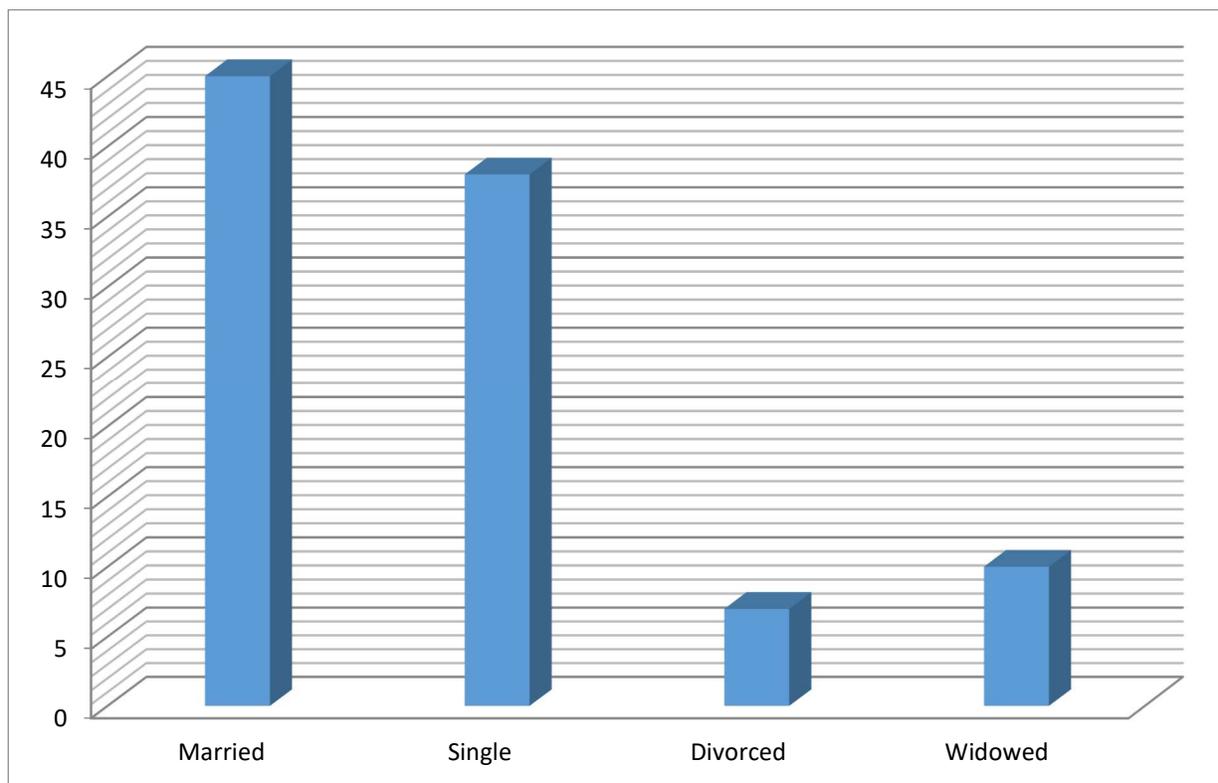


Figure 3: Marital Status of the Respondents

3.1 Testing For Hypotheses

Hypothesis One

Null hypothesis one states that “*knowledge of the market woman in Oke-Aje is not significant.*”

Table 5: variable analysis for hypothesis two

Questions	Yes (%)	No (%)	Total	X ²	df	Critical value	p. value
Have you heard any information about breast cancer?	88	12	100	8.38	2	5.25	0.05
Do you know the causes of breast cancer?	16	84	100				
Have you received any health education or enlightenment on breast cancer screening	78	22	100				
Total			300				

X² = 2.38, df=2, table value 5.25, sig 0.05

Table 5 presents the variable analysis for hypothesis one. From this table 88% of the respondents claimed that they have heard information about breast cancer while 12 does not. Also 27% of the respondents knew the causes of breast cancerwhile 73% claimed otherwise. Finally, 78% of the respondentstestified that they have received health education or enlightenment on breast cancer screening while 22% did not. From the same table the calculated value of chi square (2.38) is lower than the critical value. Hence hypothesis one which states that*knowledge of the market woman in Oke-Aje is not significant*” is rejected. Therefore, it was affirmed that knowledge of the market women in Oke-Aje is Significant.

Hypothesis Two

Hypothesis two states that level of awareness about breast cancer screening is not significant

Table 6: variable analysis for hypothesis two

Questions	Yes (%)	No (%)		Total	X ²	df	Critical value	p. value
Are you aware of any type of breast examination (screening) to detect breast cancer?	88	12		100	4.35	2	2.58	0.05
Are you aware of breast self-examination?	81	19		100				
Where did you obtain information of breast cancer screening?	Recommendation from family (21%)	Doctor (31%)	Health Clinic lecture (48%)	100				
Total	190	62	48	300				

$X^2 = 4.35, df=2, \text{table value } 2.58, \text{sig } 0.05$

Table 6 presents the variable analysis for hypothesis two. 81% of the respondents are aware of breast examination (screening) to detect breast cancerwhile 12% does not. 81% of the respondents are aware of breast self-examination while 19% does not. Also 21% of the respondents obtain their information from family, 31% obtain it from doctor while 48% of the respondents obtained the information from the health clinic.

79% of the respondents affirmed that they have conducted self-breast examination before while 21% of them do not. From the same table the calculated value of chi-square is greater than the critical value. Hence hypothesis two which states that “level of awareness about breast cancer screening is not significant” is rejected in favour of the alternate hypotheses. Therefore, level of awareness about breast cancer screening is significant among the market woman.

Hypotheses three

Hypotheses three states that “*Perception of the market women towards breast cancer screening is not significant.*”

Table 7: variable analysis for hypothesis three

Questions	Yes (%)	No (%)	Total	X ²	df	Critical value	p. value
Have you ever been to the clinic for the purpose of breast examination?	43	57	100	6.67	2	1.13	0.05
Do you know that breast examination can help in early detection of breast cancer?	92	8	100				
Do you think public enlightenment would help in creating awareness about breast examination?	94	6	100				
Total			300				

$X^2 = 2.67, df=2, \text{table value } 4.15, \text{sig } 0.05$

Table 7 presents the variable analysis for hypothesis three. 43% of the respondents claimed that they have been to clinic for the purpose of breast examination. 92% of the respondents agreed that breast examination can help in early detection of breast cancer while 8% of them stated otherwise. 94% of the respondents thought that public enlightenment would help in creating awareness on breast examination while only 6% of the respondents stated otherwise. From the same table above, the chi Square value of 6.67 is greater than the table value of 1.13 (i.e. $X^2_{cal} > X^2_{tab}$), therefore, the null hypothesis is rejected while the alternative hypothesis is accepted. It therefore implies that *perception of the market women towards breast cancer screening is significant.*

4. DISCUSSION ON FINDINGS

The respondents were both male (36%) and females (64%) with the age ranges of 20 – 30 years (35%), 30 – 40 years (45%) and above 40 years of age (20). Majority (68%) are married. 70% practiced Christianity while 30% practiced Islam. Also 83% of the respondents had 1 – 3 children while 17% had 4 – 6 children. Table 5 presents the variable analysis for hypothesis one. From this table 88% of the respondents claimed that they have heard information about breast cancer while 12 did not. Also 27% of the respondents know the causes of breast cancer while 73% claimed otherwise. Finally, 78% of the respondents testify that they have received health education or enlightenment on breast cancer screening while 22% does not. From the same table the calculated value of chi square (2.38) is lower than the critical value. Hence hypothesis one which states that *knowledge of the market woman in Oke-Aje is not significant* is rejected. Therefore, it was affirmed that knowledge of the market in Oke-Aje is Significant.

Table 6 presents the variable analysis for hypothesis two. 81% of the respondents were aware of breast examination (screening) to detect breast cancer while 12% did not. 81% of the respondents were aware of breast self-examination while 19% did not. Also 21% of the respondents obtained their information from family, 31% obtain it from doctor while 48% of the respondents obtained their information from the health clinic.

79% of the respondents affirmed that they performed self-breast examination before while 21% of them did not. From the same table the calculated value of chi-square is greater than the critical value. Hence hypothesis two which stated that “level of awareness about breast cancer screening is not significant” is rejected. Therefore “level of awareness about breast cancer screening is significant among the market woman”

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Table 8 shows that 23% of the respondents testified that they conducted breast examination weekly, 27% of them conducted it monthly, while 50% chose anytime. 79 % of the respondents have conducted self-breast examination before while 21% of them did not. from the same table the calculated value of chi square is greater the critical value. Hence hypothesis four which states that “*the practice of breast cancer screening is not significant*” is rejected. Therefore “*the practice of breast cancer screening is significant*”

5. CONCLUSION

Breast cancer screening refers to testing healthy women for breast cancer in an attempt to achieve an earlier diagnosis. Early detection will improve outcomes. Morbidity and mortality as well as survival rate of breast cancer patients can improve if awareness about breast screening exercises is encouraged among the women population. Women should be encouraged to go for screening at least once in a month.

6. RECOMMENDATIONS

Based on the findings of this research work, the following recommendations are hereby submitted:

- The government should establish nationwide screening centre for breast cancer to encourage women to go for regular breast examination (screening).
- The primary health centres should be mandated to conduct clinical breast screening for women who come to clinic to access health services.
- Education on breast examination (screening) should be conducted for women at the ante/post natal clinic.
- There should be nationwide awareness campaign about breast cancer and methods of screening.
- The mass media should be employed in creating awareness on breast cancer screening.
- Self-breast examination should be taught with the use of posters, banners and handbills.
- Health education/ public enlightenment on breast self-examination should be promoted to every woman.

REFERENCES

1. Adebamowo, C.A., Adekunle, O.O. (2013): Case Controlled Study of Epidemiological Risk Factors of Breast Cancer in Nigeria. *British Journal of Surgery*.;86:65–668.
2. Adebamowo, C.A., Ajayi, O.O. (2015): Breast cancer in Nigeria. *West Afr J Med*.;19:179–91.
3. Adebamowo, C.A., Ogundiran, T.O., Adenipekun, A.A., Oyeseun, R.A., Campel, O.B., Akang, E.E., Rotimi, C.N., Olopade, O.I.(2016): Waist-Hip ratio and breast cancer risk in urbanized Nigerian women. *Breast Cancer Research*.;5:R18–R24.
4. Ajayi, I.O., Adebamowo, C.A. (2017): Knowledge, belief and attitudes towards breast cancer in southwestern Nigeria. *Cancer strategy*. ;1:20–24.
5. American Cancer Society (2014). *Cancer Facts & Figures, 2000*. Atlanta: American Cancer Society.
6. American Cancer Society (2015). *Cancer Treatment and Survivorship Facts & Figures 2012–2013*. Atlanta: American Cancer Society.
7. Banjo, A.A.(2014): Overview of breast and cervical cancers in Nigeria: are there regional variations? Paper presentation at the International workshop on new trends in Management of breast and cervical cancers, Lagos, Nigeria.
8. Boer AG, Taskila T, Ojajärvi A, van Dijk FJ, Verbeek JH (2009). Cancer survivors and unemployment: a meta analysis and meta-regression. *JAMA*, 301(7): 753–762.
9. Chiedozie, C.(1985): Breast Cancer in Nigeria. *Cancer*. ;55:653–657. doi: 10.1002/1097-0142(19850201)55:3<653::AID
10. Crepaldi C, Barbera M, Ravelli F (2014). Cancer and in general long term illnesses at the workplace. Policy Department Economic and Scientific Policy. [IP/A/EMPL/FWC/2006-05/SC3](http://www.europa.europa.eu/press_room/infobox/EMPL/FWC/2006-05/SC3).
11. Dibble SL, Vanoni JM, Miaskowski C. Women ´s attitudes toward breast cancer screening procedures: Differences by ethnicity. *Womens Health Issues*. 2015 Jan-Feb;7(1):47-54.