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KNOWLEDGE, ATTITUDE, PRACTICE, AND TECHNIQUE OF BREAST EXAMINATION AMONG WOMEN IN PASSO COMMUNITY, GWAGWALADA, ABUJA, NIGERIA

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Abstract

Breast cancer is a leading cause of mortality among women globally, with poorer outcomes in developing countries due to late detection. Breast Self-Examination (BSE) is a low-cost, accessible tool for early detection. This study assesses the knowledge, attitude, practice, and technique (KAPT) of BSE among women in Passo community, Gwagwalada, Abuja. A descriptive cross-sectional study was conducted among 252 women aged 15 years and above. Data were collected using an interviewer-administered semi-structured questionnaire. SPSS version 23 was used for analysis. Chi-square tests were applied to test associations, with $p \leq 0.05$ considered significant. While 56.5% of respondents had good knowledge, only 32.7% had good practice and 29.7% demonstrated good technique. However, 69.1% had a good attitude toward BSE. Statistically significant associations were found between knowledge and education ($p < 0.001$), practice and occupation ($p = 0.01$), and technique with both education ($p = 0.006$) and occupation ($p = 0.019$). Although awareness and attitudes toward BSE are high, practical implementation and technique remain poor. Community-based health education is essential to bridge the gap between awareness and effective practice.

Keywords: Breast Cancer, Breast Self-Examination, Knowledge, Practice, Technique, Nigeria.

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Introduction

Breast cancer is the most common malignancy in women and a significant public health concern worldwide [1]. Although incidence is higher in developed nations, mortality rates are disproportionately higher in low-and middle-income countries due to late presentation and limited access to screening and treatment services. Breast Self-Examination (BSE) remains a critical and accessible strategy for early detection, especially in resource-limited settings [2]. It empowers women to take control of their health and recognize abnormalities at an early stage [3]. Despite its potential, studies suggest that the correct technique and consistent practice of BSE are lacking, particularly in low-literacy and low-income communities [4]. This study evaluates the knowledge, attitude, practice, and technique of BSE among women in Passo community, Gwagwalada, Abuja.

Methodology

Out of the 252 women surveyed, 152(56.5%) had good knowledge of BSE. Good practice was reported by only 88(32.7%), and correct technique by 80(29.7%). However, 186 women (69.1%) had a positive attitude toward BSE. Statistically significant associations were found between knowledge and education ($p < 0.001$), practice and occupation ($p = 0.01$), and technique with both education ($p = 0.006$) and occupation ($p = 0.019$).

Study Design: Community-based descriptive cross-sectional survey.

Study Area: Passo community, Gwagwalada Area Council, Federal Capital Territory, Nigeria.

Population: Women aged 15 and above, residents of the community.

Sample Size: Using Leslie-Kish formula with a prevalence of 18% (from a prior Nigerian study), a minimum of 227 participants was determined. A 10% non-response rate was factored, resulting in a total sample of 252.

Sampling Technique: Multistage sampling—simple random selection of the community followed by random selection of participants.

Data Collection Instrument: Semi-structured, interviewer-administered questionnaire including

sociodemographic data and KAPT sections. Questionnaires were translated where needed and administered by trained assistants.

Data Analysis: SPSS v23 was used for statistical analysis. Frequencies, percentages, and chi-square tests were computed to determine associations (significance at $p \leq 0.05$).

Results

Table 01 summarises the socio-demographic characteristics of the respondents. The age group 20-30 had the highest frequency of 76(28.3%) followed by 30-40 with 63(23.4%), 15-20 with 51(19%) then 40-49 with 33(11.2%) and the lowest being >50 with 16(5.9%).

A total of 109(40.5%) respondents were single, while 125(46.5%) married, a small percentage were divorced 2(0.7) and 17(6.3) were widowed. Among 252 respondents, 153(56.9%) are Christians, 100(37.2%) Muslims.

The respondents' highest level of education for none was 7(2.6), those primary level of education was 42(15.6), secondary being the highest at 125(46.5) and tertiary level of education 78(29%). For occupation students were at 57(29%), unemployed 11(4.1%), housewife 30(11.2%), unskilled 74(27.5), skilled 41(15.2), and professionals 40(14.9%).

Table 01. Socio-demographic findings of respondents.

Variables	Frequency N	Percentage (%)
Age grouping		
> 15 – 20	51	19
>20 - 30	76	28.3
> 30 -40	63	23.4
>40 – 50	33	11.2
>50	16	5.9
Marital status		
Single	109	40.5
Married	125	46.5
Divorced	2	0.7
Widowed	17	6.3
Religion		
Christianity	153	56.9
Islam	100	37.2
Ethnicity		
Igbo	33	12.3
Yoruba	34	12.6
Hausa	10	10.4
Others	158	58.7
Highest level of education		
None	7	2.6
Primary	42	15.6
Secondary	125	46.5
Tertiary	78	29

Occupations		
Student	57	21.2
Unemployed	11	4.1
House wife	30	11.2
Unskilled	74	27.5
Skilled	41	15.2
Professionals	40	14.9

Table 02. Summary of knowledge, attitude, practice, and technique of BSE.

Parameter	Good (%)	Poor (%)
Knowledge	152 (56.5)	101 (37.5)
Practice	88 (32.7)	165 (61.2)
Technique	80 (29.7)	173 (64.3)
Attitude	186 (69.1)	66 (24.5)

Table 03. Association of education with knowledge, attitude, practice, and technique.

Educational level	Good knowledge (%)	Good practice (%)	Good technique (%)	Good attitude (%)
None (n=7)	2 (28.6)	2 (28.6)	2 (28.6)	3 (42.9)
Primary (n=42)	17 (40.5)	8 (19.0)	8 (19.0)	26 (61.9)
Secondary (n=125)	69 (55.2)	33 (26.4)	33 (26.4)	89 (71.2)
Tertiary (n=78)	63 (80.8)	44 (56.4)	36 (46.2)	67 (85.9)

Significant associations ($p < 0.05$) were found between all KAPT domains and level of education.

Discussion

This study reveals that while awareness and positive attitudes about Breast Self-examination (BSE) are high, effective and regular practice is low. The gap between knowledge and practice reflects the need for skill-based training. The findings are consistent with previous studies from Nigeria and other developing countries like Ethiopia and Malaysia [5, 6]. Knowledge was significantly associated with higher education and occupation, confirming that socioeconomic status influences health literacy [7]. While most respondents had heard of BSE, only a few performed it monthly or used correct techniques. This implies that awareness campaigns must go beyond information dissemination to include hands-on demonstrations and follow-ups [8]. The strong attitude scores indicate readiness to learn and act-an opportunity for health educators to capitalize on.

Conclusion

Despite good knowledge and a generally positive attitude toward Breast Self-examination, actual practice and technique remain poor. Education, occupation, and religion significantly influence knowledge, attitude, and practice and technique metrics. Addressing these gaps will

require more than health talks; targeted, practical, and repeated training sessions are needed, especially at the community level.

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Recommendations

Government & NGOs: Launch regular community campaigns with practical BSE demonstrations.

Primary Health Centers: Integrate BSE education into routine visits and antenatal care.

Media: Leverage radio and mobile platforms to disseminate visual guides on BSE.

Schools: Introduce breast health education into senior secondary and post-secondary curricula.

Peer Education: Train community women to act as BSE ambassadors and role models.

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Conflict of Interest

Not Declared

Inform Consent and Ethical Statement

Not Applicable

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