



KNOWLEDGE OF MILITATING FACTORS AGAINST BREAST CANCER EARLY DETECTION PRACTICES AMONG NUNS IN ANAMBRA STATE, NIGERIA

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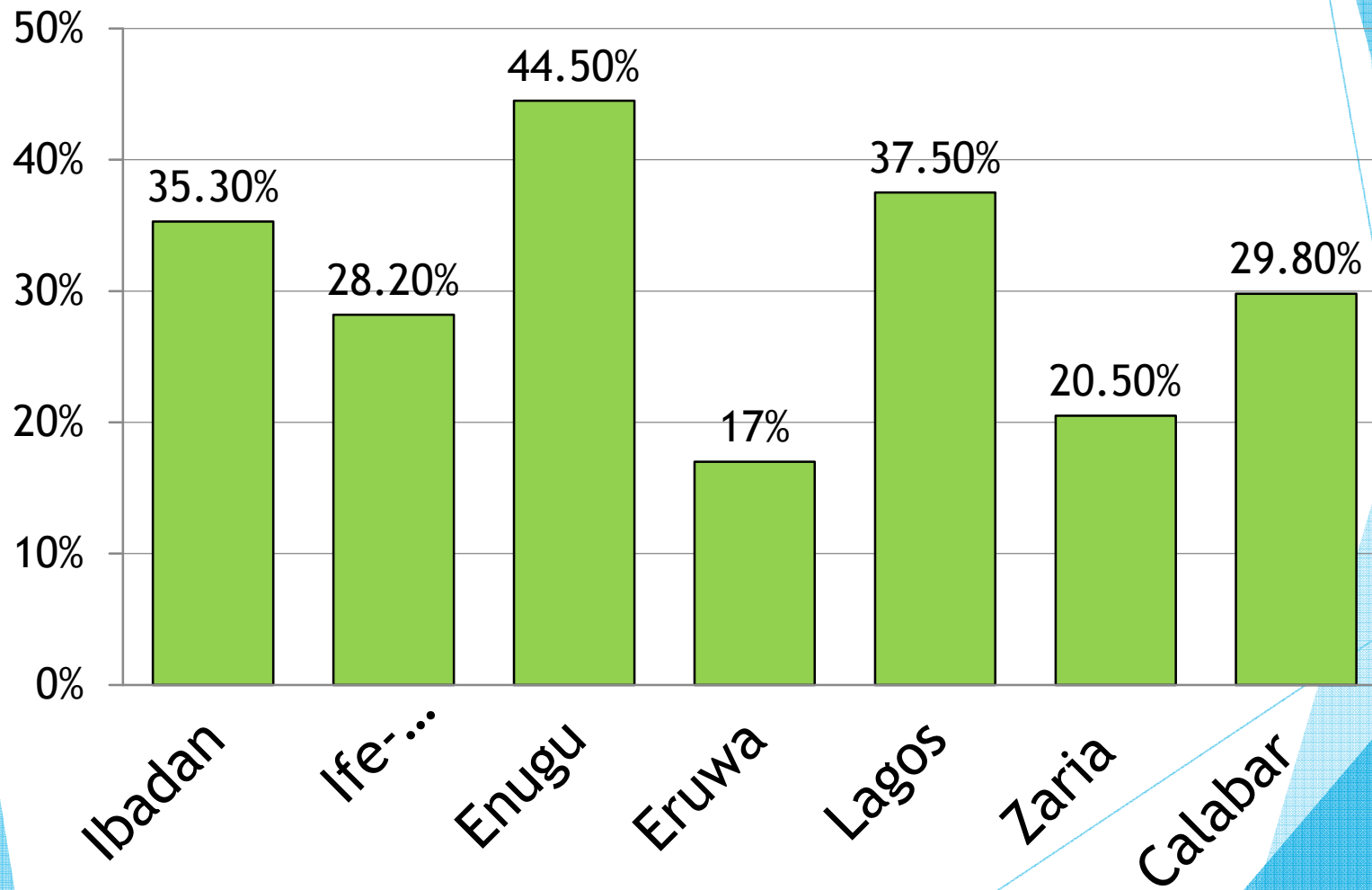
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background

- Breast cancer is a malignant tumour of breast cells, presently, no cure
- Worldwide major health problem and 2nd principal cause of cancer deaths in women globally (Ferlay & pisani, 2005)
- Accounts for 16% of all female cancers (National Cancer Society, 2013)
- Prevalence in Nigeria: 116/100,000

Relative frequencies of BCa among other female cancers, from Cancer Registries in Nigeria



Background contd

- Majority occur premenopausally
- Mean age = 43-50 years across regions
- Youngest age recorded = 16 years from Lagos (Banjo, 2004)
- ***Factors include:*** increased awareness; access to diagnostic facilities; and women empowerment

Background contd

- Conventionally, BSE is the easiest and simplest procedure for detecting breast masses, via
 - Monthly BSE beginning at age 20, from 5th day of menstrual cycle to 1 week following menstruation;
 - And, clinical breast exam every 3 years from 20-40 years, then annually beginning at age 40; and mammogram at ≥ 40 annually

Background contd

- From anecdotal knowledge and experience, positive health behaviors of respondents is highly militated against probably owing to:
 - Ignorance and fear,
 - Inability of health team to create adequate awareness.

Statement of the Problem

- Anecdotal info → high and increasing mortality rate among nuns sequel to BCa, as evidenced by the number of deaths (13) recorded...
- In Africa, BCa is ranked 2nd most frequent to cervical cancer (West African Bio-Ethics, 2006)

Statement of the Problem contd

- Incidence rate 50-59 years, with late presentation of patients as the hallmark (Okobia, Bunker, Okonofua & Osime, 2006)
- In 2005, Taire alerted that between 7,000 – 10,000 new cases were detected in Nigeria
- The same year, BCa caused 502, 000 deaths.

Statement of Problem contd

- Trend the same among nuns despite scarcity of literature that target them
- Uncomfortable high incidence of BCa among them as they would always clamour for workshops
- May, 2011 – October, 2013- records of many (10-13) nuns with complaints of breast changes (**irregular swelling, delayed wound healing etc**) diagnosed of BCa in different stages

Statement of the Problem contd

- 1st quarter of 2012 – 1 member died of BCa
- August 2012–October 2013, 3 unilateral mastectomies
- 2010 and 2013, 2 nuns from the same congregation died of BCa ▲
- Over 5 deaths within 3 years (2005-2008).....
- A 38-year old nun, in April, 2012- DMMM, &
- A 48 old-year reverend sister of HHCJ who died in April, 2013

Statement of Problem contd

↑ attributable to characteristics of the reverend sisters

- They fall within the category of professionals socialized into uncompromising modesty and high tolerance for pains and discomforts for higher goal of super natural benefits
- Culture of pondering things over without complaining prevails, this works against them
- Hence this study → promote positive health....

Purpose of the study

The study aimed to identify the factors militating against the nuns' early detection practices towards breast cancer, in Anambra State.

Research Question (RQ)

- What are the militating factors against early detection practices as perceived by the nuns?

Significance

- Findings will help Medical Advisory Councils of the various Congregations, Superiors General, and Association of Nigerian Religious Women in making modifications where they are deficient, by eliminating any militating factor (s) for improved health seeking behaviors
- Will provide evidence to Central Administration for importance of in-service training programs and seminars on this.

REVIEW OF RELATED LITERATURE

- **Conceptually**, most important militating factor is fear, and cultural bias (Agonsu, 2010)
- **Theoretical review-** Health Belief Model
 - Rosenstock (1950's)
 - The model centres on the fact that peoples' beliefs about whether or not they are susceptible to disease and their perceptions of benefits of trying to avoid it, influence their readiness to act.

6 Believes



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graph TD; B1[susceptible to breast cancer- perceived susceptibility] --> C(( )); B2[able to successfully perform action- self-efficacy] --> C; B3[exposed to factors that promote action (eg media, physician/nurse) Cue to action] --> C; B4[costs of taking action - perceived barriers are outweighed by benefits] --> C; B5[taking action will reduce susceptibility- perceived benefits] --> C; B6[cancer has serious consequences- perceived severity] --> C;
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susceptible to breast cancer-
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able to successfully perform
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weighed by benefits

METHODOLOGY

- ▶ **Design:** Cross-sectional descriptive survey
- ▶ **Area:** Anambra State- land mass of approx. 4815km²
- ▶ **Target Population:** About 794 nuns living in communities located in Anambra State, Nigeria
- ▶ **Sample:** 324 nuns using power analysis and Creative Research Systems Survey Software of the Sample size calculator
- ▶ **Sampling techniques:** stratified, proportionate, and convenient
 - **Inclusion criteria-** All nuns aged 20-70vrs

Instrument

- ❖ Self-developed knowledge of BCa militating factors questionnaire

Ethical clearance was obtained from the Ethical Committee of(NAUTH)

Data collection

Personal contact and direct instrument after obtaining informed consent

Analysis of Data

- ❖ Data were analyzed descriptively using frequencies and %
- ❖ Unpaired t-test was used to compare responses of the two groups

Socio- demographic variables		Active (276, 85.2%)	Contem plative (48, 14.8%)	Total (324)
		f(%)	f(%)	f(%)
Age group (years)	20 – 49	205(74.3)	32(66.7)	237(73.1)
	50 – 70	71(25.7)	16(33.3)	87(26.9)
Academic qualif.	Graduates	151(54.7)	6(12.5)	157(48.5)
	Non-graduates	125(45.3)	42(87.5)	167(51.5)
Type of job	Health related	82(29.7)	11(18.8)	91(28.1)
	Non-health related	194(70.3)	39(81.2)	233(71.9)
Location	Urban	139(50.4)	13(27.1)	152(46.9)
	Rural	137(49.6)	35(72.9)	172(53.1)

Militating Factors

	Active (276)	Contemplat ives (48)	Total (324)
Militating factors	f(%)	f(%)	f(%)
Felt not within the age that needs the examination	21(7.6)	6(12.5)	27(8.3)
Financial constraint	52(18.8)	13(27.1)	65(20.1)
Time factor	30(10.9)	5(10.4)	35(10.8)
It is not necessary	29(10.5)	7(14.6)	36(11.1)
Difficulty accessing care due to one's location	36(13.0)	9(18.7)	45(13.9)

Militating factors contd

Afraid that lump may be detected, hence prefer to live in ignorance	57(20.6)	16(33.3)	73(22.5)
Forgetfulness	28(10.1)	7(14.6)	35(10.8)
Religiously, not supposed to be involved in such	35(12.7)	7(14.6)	42(13.0)
Culture abhors such practices	22(8.0)	5(10.4)	27(8.3)
Not aware where the examination is done	117(42.4)	31(64.6)	148(45.7)

Summary of Unpaired t-test

N	%	T	Df	95% CI	Means diff.	p	Dec. (P >0.05)
A 276	85.2	1.064	18	1.393	13.33	0.3012	Not Sig.
C 48	14.8						

A = Active; C = Contemplative

Conclusion

- Ignorance was a major factor- claimed being unaware of where to obtain the services
- Fear of lump detection, forgetfulness, time, finance, culture and so on were the factors militating against the respondents' early detection practices.
- It appears that a higher percentage of the contemplatives are victims. The reason could be attributed to the respondents' **high and extreme degree of decency & humility.**

Implications

- The study revealed that the health workers were not forthcoming with information to their colleagues, hence, constituting a challenge to the health team, to provide vital information to the public.
- The nuns need serious enlightenment and educational programmes to come to term with realities in BCa early detective practices health behaviours.

Implications contd

- Health professionals within the individual congregations need to be motivated to participate in programs related to BCa
- The educational programmes have the advantage of enlightening the nuns on behaviour changes and benefits associated therein

Limitation: Age bracket not exhaustive, findings may not be generalized to nuns outside Anambra State

Recommendations

- There should be evidence based policies backed by appropriate legislation mandating nuns to be committed to their health promotion measures.
- There should be policy guidelines containing plans for training and retraining all health workers
- BCa detection measures should be co-opted in the formatees' curriculum so as to allay fear early enough and combat ignorance.

Recommendation contd

- Monthly BSE → a must to all
- State Government should be involved
- Another study embracing all age groups using a larger population

Thank
You &
GOD
BLESS!

