KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF HEALTH SCIENCES

FACULTY OF ALLIED HEALTH SCIENCE

DEPARTMENT OF NURSING

DIPLOMA PROGRAMMES

KNOWLEDGE, ATTITUDE AND PRACTICES ON BREAST SELF-EXAMINATION AMONG WOMEN IN THE BIADAN COMMUNITY

SUBMITTED BY:

AGYAPOMAA CYNTHIA - 20711333

AGYAA ANNA - 20711342

[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM]

AFFILIATED TO KNUST, KUMASI

HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM

KNOWLEDGE, ATTITUDE AND PRACTICES ON BREAST SELF-EXAMINATION AMONG WOMEN IN THE BIADAN COMMUNITY

AGYAPOMAA CYNTHIA - 20711333

AGYAA ANNA - 20711342

2022

DECLARATION

We hereby declare that this submission is our own work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of diploma of the University, except where due acknowledgement has been made in the text.

AGYAPOMAA CYNTHIA	.....	12/5/2023
20711333	SIGNATURE	DATE
AGYAA ANNA	.....	12/5/2023
20711342	SIGNATURE	DATE

CERTIFIED BY:

ERIC OBENG	For	12-05-2023
(SUPERVISOR)	SIGNATURE	DATE
MONICA NKRUMAH	.....	.....
(PRINCIPAL)	SIGNATURE	DATE

ABSTRACT

The aim of the study was to assess the knowledge, attitude and practices on breast self-examination among women in the Biadan community. A cross-sectional study was adopted. Convenience sampling technique was used to select participants for the study. A total of fifty participants were recruited for the study. Questionnaire was the instrument used for the collection of data. Data analysis was done with the aid of Microsoft Excel. The study found that majority 44 (88%) of the respondents indicated they have heard of breast self-examination. Over half 26 (52%) of the respondents heard of breast self-examination from healthcare providers. Majority 43 (86%) of the respondents indicated that breast self-examination should be done monthly. Most 33 (66%) of the respondents indicated they have examined their breast for abnormality before. Majority of the respondents agreed that they were interested in breast self-examination 44 (88%) and breast self-examination aids in finding lumps in the breast 43 (86%).

The study recommended that Public health officers in Biadan community should educate the women of reproductive ages about breast self-examination to increase the level of practice among women. The Ministry of Health must intensify awareness campaigns and training on breast self-examination with more focus on the adolescent.

The study concluded that respondents had an average knowledge level on breast self-examination due to the fact that some statements that determined the knowledge of respondents on breast self-examination were answered wrongly.

TABLE OF CONTENT

LIST OF TABLES

LIST OF FIGURES

ABBREVIATION

AMS	Applied Medical Sciences
BC	Breast Cancer
BSE	Breast self-examination
NCDs	Noncommunicable diseases
SDGs	Sustainable Development Goals
WHO	World Health Organization

ACKNOWLEDGEMENT

We would like to extend our deepest gratitude and praise to the Almighty God for providing us with strength and knowledge for this study.

We also thank the Department of Nursing of the Kwame Nkrumah University of Science and Technology for providing us with the guideline for the study.

Our deepest appreciation also goes to our supervisor, for his constructive criticisms, objective guidance, and direction for the study and the entire staff of the College for their support throughout the study.

We are grateful to all the respondents for their contributions and efforts. Without them, the study would not be possible. We also appreciate our parents for their financial, emotional, psychological, and spiritual support throughout our education.

Finally, our sincere appreciation goes to the authors and publishers of pieces of literature used in the study. Thank you all and God bless you.

CHAPTER ONE

INTRODUCTION

1.0 Background of the study

Breast cancer is the leading cause of cancer mortality worldwide. The incidence of breast has been increasing in most regions of the world. Regular breast self-examination is one of the most cost-effective methods for early detection of breast cancer in asymptomatic women (Abay et al., 2018). Every year, breast cancer kills more than 500,000 women around the world. In resource-poor settings, a majority of women with breast cancer are diagnosed at an advanced stage of disease; their 5-year survival rates are low, ranging from 10% to 40%. In settings where early detection and basic treatment are available and accessible, the 5-year survival rate for early localized breast cancer exceeds 80% (Alomair et al., 2020).

Breast cancer is a type of malignant tumor which starts in the cells of the breast and commonly occurs in women than men. Breast self-examination (BSE) is one of the screening methods which involves the woman herself looking at and feeling each breast for possible lumps, distortions or swelling (Ewaid, Shanjar, & Mahdi, 2018). Breast cancer incidence has been increasing in most regions of the world, but there are huge inequalities between rich and poor countries. Incidence rates remain highest in more developed regions, but due to lack of early detection and access to treatment facilities, mortality is much higher in less developed countries (Sarker et al., 2022). It is the most commonly diagnosed cancer in women, with an age-adjusted incidence rate of 28 per 100,000 women, and the second leading cause of death among women in Africa. The incidence varies across the continent, ranges from 19.3 per 100,000 women per year in eastern Africa to 38.1 per 100,000 women per year in southern and western Africa (Mihret et al., 2021).

Early diagnosis is an important strategy, particularly in low- and middle-income countries where the diseases is diagnosed in late stages and resources are very limited. There is some evidence that this strategy can produce "down staging" of the disease to stages that are more amenable to curative treatment (Al-Sharbatti, Shaikh, Mathew, & Al-Biate, 2020).

The World Health Organization does not recommend BSE as a screening tool; rather, it is useful to increase women awareness regarding their health. The American Cancer Society recommends starting the BSE during high-school years on a monthly basis, as it is a serious phase of every adult woman's personal health regime (Abo Al-Shiekh et al., 2021).

BSE is an easy-to-apply, economical, safe, non-invasive procedure with no special material/tool requirements, and it is an effective diagnostic method for breast cancer, which only takes 5 minutes to play (Anuk & Cantay, 2022). On BSE, the women lie down on her back and place her right arm behind the head. The examination is done while lying down, not standing up. This is because when lying down, the breast tissue spread evenly over the chest wall and is as thin as possible, making it much easier to feel all breast tissues. The women can use the finger pads of the three middle fingers of her left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue. While standing in front of a mirror with her hands pressing firmly down on her hips, look at the breasts for any change of size, shape, contour, or any dimpling, redness, or scariness of the nipple or breast skin. The pressing down on the hips position contract the chest wall muscle and enhances any breast changes by examining each underarm while sitting up with her arm only slightly raised so you can easily feel in the area. Raising the arm straight up tightens the tissue in this area and makes it harder to examine. Several studies have shown that barriers to diagnosis and treatment can be addressed by increasing women's awareness of breast cancer (Ossai & Azuogu, 2020).

A study done on Jordanian Women, 519 female students, shows that 67% of the participants reported that they had heard about BSE, only 26% of them indicated they themselves practiced BSE in the previous 12 months, and only 7% stated that they performed BSE on a regular monthly basis. Others reported performing BSE every 2–3months (9%), once every 6 months (5%), and once a year (6%). A total of 73% of the participants indicated that they had never performed a BSE. Also, a study done in Turkey among 718 female students shows insufficient knowledge about BSE and a low percentage of students reported that they had performed BSE monthly. The most common reason for not doing breast self-examination was because they do not know how to perform BSE (98.5%). Most of the students had little knowledge of the risk factors for breast cancer. There was a significant relation between BSE practice and age, education level, and knowledge about breast cancer (Nukpezah, Alenyorige, Abdul-Wahab, Asaana, Adinga, Nungbaso, & Dzantor 2021).

Several studies conducted at several countries showed a fair and good knowledge about BSE among the university students; however, few of them perform BSE regularly. A study conducted at the University of Riyadh, Saudi Arabia, showed that, among the participants, 52.2% of the respondents had adequate overall knowledge toward BS and only 18% of all participants perform BSE (Alomair, Felemban, Felemban, Awadain, Altowairqi, Alfawzan, Almazayen, Korkoman, & Alrusayyis 2020).

Studies done in Lagos University Teaching Hospital, Nigeria, among 135 participants, show that 97.3% of the respondents were aware of breast cancer and BSE, 35.6% of the respondents felt that BSE should be carried out monthly, followed by 33.3% who felt it should be carried out daily, 28% felt it should be done weekly, and 3% felt it should be done yearly. Regarding the attitude of respondents to BSE, most of the respondents (98.5%) thought BSE was necessary and 84.3% claimed to have carried out BSE before. Regarding the practice of BSE,

80.2% of the respondents claimed that they carry out BSE regularly (Balogun & Owoaje, 2018).

Evidence suggests that BSE is a reliable screening tool when used as an adjunct to CBE and imaging studies. Yet, only a few people practice BSE in Ghana (Al-Sharbatti et al., 2020). The lack of knowledge and incorrectly held beliefs about breast cancer prevention among females are responsible for the negative perception of the curability of cancer detected early and of the efficacy of the screening tests (Rahman, Al–Marzouki, Otim, Khayat, Yousef, & Rahman 2019). It is, therefore, important to assess the knowledge, attitude and practices on breast self-examination among women in the Biadan community

1.1 Problem statement

Goal three of the Sustainable Development Goals (SDGs) is to reduce by one-third prematurity from noncommunicable diseases (NCDs). This will be achieved through prevention and treatment to promote good health and well-being. Breast cancer is one of the fatal NCDs worldwide that affects women of all races even though the severity and survival rates are often diverse globally (Amoah, Nceba Zangodumo, Addo, Otu Ayeboafo Ansah, & Amoah 2021).

In fact, on the African continent, a recent very comprehensive systematic review conducted by Udoh, Amartey & Mensah, (2020) involving 21 research articles that met the inclusion criteria from 264 potentially eligible BSE studies done in the Sub Saharan Africa, concluded among others that there is ‘‘limited literature on women’s attitudes towards BSE”. Breast self-examination practice remains low in many countries (Anuk & Cantay, 2022). It was only 12% on the study in Kiewit. A study conducted in Nigeria showed that breast self-examination was only 18.1% (Balogun & Owoaje, 2018).

Breast self-examination is still recommended as a general approach to increase breast health awareness and allows for early detection of any abnormalities. BSE continues to be

recommended by healthcare practitioners because it is free, simple, need low technology and teaching is possible (Abay et al., 2018).

In Kumasi, Ghana, another study among 50 Garden City University College (GUCC) undergraduate midwives by Nsemo et al., (2020) has been published. Among others, they reported all 50 students (100%) of the students had good knowledge, 84% positive attitude and 68% ever performed BSE prior to study. However, 52% do not engage in BSE regularly due in part to forgetfulness (28%) and fear of finding a mass (6%). In Ghana, a lot of research has been done on BSE, but there is limited research in Berekum Municipality. Therefore, there is a gap in the knowledge, attitude and practice of BSE among women in the Biadan community.

1.2 General objective

To assess the knowledge, attitude and practices on breast self-examination among women in the Biadan community

1.3 Specific objective

1. To assess the knowledge on breast self-examination among women
2. To investigate the attitude towards breast self-examination among women
3. To determine the factors influencing the practices of breast self-examination among women

1.4 Operational definition of terms

Knowledge: Knowledge on BSE status was defined as awareness regarding BSE.

Breast Self-Examination: This refers to the periodic self-examination of the breasts by an individual in order to detect small lumps or masses.

Clinical Breast Examination: This refers to physical examination of the breast by a doctor or other health practitioner to detect small lumps or masses.

Women: the study defined women as persons from the age of twenty to sixty years.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter contains review of relevant literature related to the research topic. A well-structured literature review begins with broad or general information, then narrows the focus to those studies most closely related to the research problem. The literature is based on the objectives of the study.

2.1 Knowledge on breast self-examination

A cross-sectional design was used to assess the level of knowledge and practicing BSE among the Faculty of Applied Medical Sciences (AMS) female students, Al-Azhar University, Gaza, Palestine. A self-administered questionnaire was used. A total of 86 students participated in the study with a response rate 92.3%. The Statistical Package for Social Science (SPSS) program, version 24, was used to analyze the data. The study found that the total knowledge score about BC and BSE is low in general as only 44.2% of the participants have a good knowledge. (e majority of the students 69 (80.2%) claimed that they had previous information about BSE which was acquired from different sources; the majority of these are university studies (57%), the Internet (45%), and social media (41%). Roughly all the students (96.5%) have heard about BSE, and 69.8% knew the time to do BSE (Abo Al-Shiekh et al., 2021).

A cross-sectional study recruiting 1,021 female participants was performed in Saudi Arabia. An online self-administered questionnaire was used. The questionnaires completeness and accuracy were confirmed, and then, entered into SPSS version 24. The findings suggested that participants had a satisfactory level of knowledge about breast self-examination and mammograms at a rate of > 90% and 44.76% respectively. Over 90% of participants had good

breast self-exam knowledge, however, only 6.37% was always performed breast self-examination. Leaflets and doctors were the primary sources of information for participants regarding the information of breast cancer screening (Alqahtani et al., 2019).

A facility based cross-sectional study was conducted among women attending health facilities of Adwa town, North Ethiopia. The aim of this study was to assess breast self-examination practice and associated factors among women aged 20–70 years. A sample size of 404 was calculated using single population proportion formula. The questionnaire was prepared by reviewing relevant literature. The collected data were cleaned and coded, and then entered into Epi-Info version 7 software and finally exported into SPSS version 21 statistical software for further analysis. Descriptive analysis was conducted and summarized using the mean, standard deviation for continuous variables and proportion for categorical variables. An assessment of the participant's knowledge of screening methods revealed that 246 (61.5%) participants know about breast cancer screening methods; from those 194 (48.5%) know types of the screening methods. One hundred and seventy-eight, 44.5% of the total respondents, had ever heard about BSE. Television was the predominant source of information to 100 (25%) respondents followed by health professionals 42 (10.5%) and radio 22 (5.5%) (Abay et al., 2018).

A cross-sectional descriptive study was carried out among 422 female students at King Saud University in Riyadh, Saudi Arabia. Data were collected by the self-administered questionnaire. Data were presented in tables and graphs by using computer applications (Portable IBM SPSS Statistics version 19 and Microsoft Word). More than half of participants (61.1%) had knowledge about BSE but 38.9% did not. Different studies conducted in the Kingdom have shown that knowledge of females regarding BC is low (58.6%) and only 1.4% had gained a high level of knowledge. A most common source of information (23%) was the mass-media-TV, while 8.9%, 6.7%, 7.2%, and 15% of participants their source were contacting

health personnel, relatives and friends, internet, and other sources, respectively (Alomair et al., 2020).

A descriptive cross-sectional type study was conducted in Cameroon. Data collected on questionnaires were entered into a data base using CS Pro version 7.3. Statistical analysis was carried out using Microsoft Excel 2007 and IBM SPSS version 23.0. Overall, 371 (92.3%) of the participants had heard about BC meanwhile only 50% had heard of BSE. Health personnel represented the major source of information on BSE (22.6%) followed by TV and radio (12.7%); 154 (38.3%) participants said BC can be detected by frequent BSE while 241 (60%) of them said early detection of BC can improve survival chances. Only 10 (2.5%) know the right age at which BSE should begin with 73 (18.2%) saying BSE should begin before the age of 19. Of the total, 46 (11.4%) knew BSE should be done monthly and 42 (10.45) said BSE should be done 1 - 7 days after menses, 57 (14.2) knew all what to look for when doing BSE (Fouelifack et al., 2021).

An institution-based cross-sectional study was conducted from July 01 to September 15/2018. A total of 398 female summer students were included in the study. A simple random sampling technique was utilized to select the study participants, and interviewer-administered structured questionnaires were employed to collect the data. The data were then entered into Epi info version 7.0, and analysis was done by SPSS version 20.0. The proportion of students having a good knowledge and practice of breast self-examination was found to be 27.6% and 17.4% respectively. In addition, a notable number (41.7%) of the respondents had ever heard about BSE. Nearly one-fourth (22.9%) of the study participants knew how to perform BSE, and about 43.5% respondents said that a girl should start BSE at the age of between 20 and 30. The BSE methods as reported by students include inspection (3.6%), palpation (17.4%), and both inspection and palpation (28.6%). Concerning BSE practice, the overall proportion of students

having good practice on BSE was found to be 17.4% and about 20.6% of the participants reported that they had ever practiced BSE (Mihret et al., 2021).

A cross-sectional descriptive study was conducted in Tamale Metropolis, Ghana. The study was to compare the knowledge and attitude of nursing (NT) and teacher trainees. A self-administered questionnaire was used to collect data. A total of 160 respondents were interviewed and this consisted of 80 (50.0%) teacher trainees (TTs) and 80 (50.0%) nursing trainees (NTs). The findings revealed that a total of 51 (48.6%) TTs and 54 (51.4%) NTs will be comfortable exposing their breast for examination. However, many 45 (59.2%) of the TTs will allow any person with the required skills to examine their breast for abnormalities compared to 31 (40.8%) of the NTs. More than half 46 (73.0%) NTs compared to 17 (27.0%) TTs will in the future go for clinical breast examination. The main source of information on breast cancer for the TTs was the electronic media 52 (60.5%), compared to 34 (39.5%) for the NTs (Der et al., 2018).

An institutional-based descriptive cross-sectional survey was conducted in Ghana. This study investigated the knowledge and practice of breast self-examination among, midwifery undergraduate students of the University for Development Studies, Tamale. The data was collected through a pre-tested structured paper based-questionnaire. The data were analyzed descriptively and presented in frequencies, percentages, tables and figure. The study recruited 100 participants with an age range between 20 and 39 years with the majority within 20-24 years. The overall knowledge score was 73.0%. Almost all respondents (98%) have heard of breast self-examination before. The majority of respondents (94%) knew breast self-examination was a useful tool for early detection of breast cancer. From the results, 96% of the respondents indicated that they have been taught how to conduct BSE. On the source of BSE education, lecturer and nurses were the major sources of education with (59%) and (27%) responses respectively. With regards to the age at which breast self-examination should begin,

a greater percentage of the respondents (69%) thinks breast self-examination should start at puberty, while (26%) of them were of the view that breast self-examination should start at age 20. About (4%) do not have an idea as to when breast-examination should start and (1%) thinks it should start at age 30. On the frequency of BSE, 83% of respondents were of the view that breast self-examination must be done every month, (9%) had no idea on how often it should be performed while (2%) each thinks it should be done daily and weekly whilst 4% said yearly. More than half (76%) of respondents think the best time to conduct BSE is one week after menstrual flow, (10%) said it should be done during menstrual flow. 85% of the respondents were of the view that BSE should be conducted by oneself, 12%,3% said it should be done by a doctor or a trained nurse respectively. Commendably, almost all (93%) of respondents said they would seek medical advice should they found any abnormality during breast self-examination (Nukpezah et al., 2021).

2.2 Attitude towards breast self-examination

A facility based cross-sectional study was conducted among women attending health facilities of Adwa town, North Ethiopia. A sample size of 404 was calculated using single population proportion formula. The collected data were cleaned and coded, into SPSS version 21 statistical software for further analysis. More than half, 212 (53%), of the respondents perceived that they are susceptible to breast cancer. More than half, 212 (53%), of the respondents saw that performing regular BSE is beneficial to find a lump in the breast, that might become cancerous in the future. One hundred and sixty-eight, 42%, of the respondents had perceived barriers to perform BSE, and 152 (38.0%) of the respondents were not confident enough to do BSE (Abay et al., 2018).

A cross-sectional descriptive study was carried out among 422 female students at King Saud University in Riyadh, Saudi Arabia. Data were collected by the self-administered

questionnaire. Data were presented in tables and graphs by using computer applications (Portable IBM SPSS Statistics version 19 and Microsoft Word). Data showed that the majority of the participants strongly disagree that doing BSE is wasting time (67.6%), 40.5% of the participants disagree to get treatment from a traditional healer, while 46.3% feared to think about breast cancer. About 52.3% of the participants were interested in doing BSE, 44.1% of participants agree to go to a specialist doctor, and 48.4% would not stop BSE if there were no changes (Alomair et al., 2020).

A descriptive cross-sectional type study was conducted in Cameroon. Data collected on questionnaires were entered into a data base using CS Pro version 7.3. Statistical analysis was carried out using Microsoft Excel 2007 and IBM SPSS version 23.0. Out of 402 participants, 121 (30.1%) said they could find BC by themselves by doing BSE, 113 (28.1%) feared detecting BC and 190 (47.3%) said BSE is useful. Also, 182 (45.3%) said BSE is not a disgraceful practice. Finally, 397 (98.8%) of the participants were willing to learn about BSE. Overall, out of 402 participants, 205 (51.0%) had a low attitude towards BSE (Fouelifack et al., 2021).

Online cross-sectional method was used to assess BSE attitude of 336 purposively sampled Kwame Nkrumah University of Science and technology (KNUST) College of Health Sciences (CoHS) students. Data was analyzed using descriptive and inferential statistical analyses. The findings revealed that study participants' BSE attitude was low. The study concluded that there is the need to adjust the curriculum of all health trainees in developing nations to reflect relevant BC preventive measures. Furthermore, BSE research, education as well as advocacy should involve more males as important BC BSE stake holders (Amoah et al., 2021).

2.3 Factors influencing the practices of breast self-examination

A cross sectional study was conducted in three large Universities in Ajman in UAE. A stratified random sampling procedure was adopted in recruiting the participants. Data was entered in to excel sheets and analyzed by using PASW 19. The study included 392 participants. It was found that 22.7% of the participants practiced BSE but only 3% of them practiced BSE monthly. Marital status but not age as significantly associated with age likelihood. The most frequent reported barriers for BSE were lack of knowledge, considering oneself not at risk and the absence of doctor advice (Al-Sharbatti et al., 2020).

A cross-sectional design was used to assess the level of knowledge and practicing BSE among the Faculty of Applied Medical Sciences (AMS) female students, Al-Azhar University, Gaza, Palestine. A self-administered questionnaire was used. A total of 86 students participated in the study with a response rate 92.3%. The Statistical Package for Social Science (SPSS) program, version 24, was used to analyze the data. The study found that roughly all the students (96.5%) have heard about BSE, and 69.8% knew the time to do BSE; however, only 31.4% practice it regularly. Two reasons were pointed out by the students that encouraged them to adhere to practicing; the purpose of early detection of BC (85.2%) and the presence of family history (11.1%). On the other hand, the students revealed some barriers that hinder their practice of BSE. (e most important barriers are not having a breast problem (39.7%), do not knowing how to do it (37.9%), and being busy (31%) (Abo Al-Shiekh et al., 2021).

A cross-sectional descriptive study was carried out among 422 female students at King Saud University in Riyadh, Saudi Arabia. Data were collected by the self-administered questionnaire. Data were presented in tables and graphs by using computer applications (Portable IBM SPSS Statistics version 19 and Microsoft Word). Majority of the students reported that they usually perform BSE once in a month (81%), while 8% reported that they

never do BSE. On the other hand, 31% of the participants didn't perform it properly (Alomair et al., 2020).

A facility based cross-sectional study was conducted among women attending health facilities of Adwa town, North Ethiopia. The aim of this study was to assess breast self-examination practice and associated factors among women aged 20–70 years. A sample size of 404 was calculated using single population proportion formula. The questionnaire was prepared by reviewing relevant literature. The collected data were cleaned and coded, and then entered into Epi-Info version 7 software and finally exported into SPSS version 21 statistical software for further analysis. Descriptive analysis was conducted and summarized using the mean, standard deviation for continuous variables and proportion for categorical variables. Out of the expected 404 study participants, 400 of them give a complete response, with the response rate of 99%. About one-fourth, 26 (6.5%), of the study participants, had ever practiced BSE, and only 25 (6.25%) of the respondents practiced BSE regularly. Being a government employee, having good perceived confidence to do breast self-examination and having perceived good susceptibility to develop breast cancer were the factors significantly associated with breast self-examination. Breast self-examination practice among the study participants was low. Therefore, informing every woman is susceptible to breast cancer, improving the confidence of women is recommended to increase breast self-examination practice (Abay et al., 2018).

A quantitative descriptive cross-sectional study with 219 women of reproductive age residing in Butwal Sub-Metropolitan city was conducted. The study samples were enrolled through the cluster random sampling design. Data was collected using an interviewer administered semi-structured questionnaire. Data was analyzed using SPSS ver. 16. Only 31.1% of respondents had ever heard about BSE. Only 19.2% women had ever practiced BSE. The study revealed that marital status, monthly household income and level of education were independent factors influencing the knowledge of BSE while performance of BSE was influenced by monthly

household income, level of education and history of breast disease. Knowledge and practice of BSE among women of reproductive age in Butwal sub metropolitan city was found poor and inadequate (Marahatta & Sharma, 2018).

A descriptive cross-sectional type study was conducted in Cameroon. Data collected on questionnaires were entered into a data base using CS Pro version 7.3. Statistical analysis was carried out using Microsoft Excel 2007 and IBM SPSS version 23.0. Out of 420 participants, 262 (65.2%) reported not practicing BSE while 140 (34.8%) practiced it. Of those who practiced BSE, 24 (17.2%) did so between 1 and 7 days after their menses, 31 (22.1%) reported starting BSE by the age of 19 - 20 years, 37 (26.4%) practiced BSE in all 3 positions while 39 (27.8%) rightly used the palm and at least 3 fingers to palpate the breast, 47 (33.5%) did not follow any particular pattern while doing BSE. Out of 262 participants who reported not practicing BSE, several reasons were mentioned: 172 (65.64%) said they had not heard about it while 43 (16.41%) said they didn't know how to do it (Fouelifack et al., 2021).

A descriptive cross-sectional study that recruited 506 female students from four tertiary institutions in the Ho Municipality in Ghana using questionnaires. Data collected were entered into a template on Epi-Data version 4.0.2 and exported to STATA 14 for cleaning and analyses. Descriptive and inferential statistics comprising frequency, percentage, Chi-square, and binary logistic regression were used in analyzing the data. A multistage sampling technique was adopted using stratified sampling and lottery methods, respectively. Concerning the overall level of knowledge of respondents on BSE, most of the respondents had good knowledge of BSE (74%). The study found that 56% of the respondents had good practice of BSE. Table 2 presents the practice of BSE among respondents. Two-thirds of respondents (73.1%) have ever practiced breast self-examination, out of which 79.4% practiced BSE at the time of the study. Less than half of the respondents (46.4%) who currently practice BSE reported the previous month to have been the last time they practiced BSE at the time of the study. However, the

majority of the respondents (65.0%) reported practicing BSE every month. Also, 32.1% of the respondents said they started BSE above 20 years. Almost half of the respondents (45.2%) reported performing BSE anytime (Amegbedzi et al., 2022).

An institutional-based descriptive cross-sectional survey was conducted in Ghana. This study investigated the knowledge and practice of breast self-examination among, midwifery undergraduate students of the University for Development Studies, Tamale. The data was collected through a pre-tested structured paper based-questionnaire. The data were analyzed descriptively and presented in frequencies, percentages, tables and figure. The study recruited 100 participants with an age range between 20 and 39 years with the majority within 20-24 years. The overall knowledge score was 73.0%. Almost all respondents (98%) have heard of breast self-examination before. The majority of respondents (94%) knew breast self-examination was a useful tool for early detection of breast cancer. From the results, 96% of the respondents indicated that they have been taught how to conduct BSE. On the source of BSE education, lecturer and nurses were the major sources of education with (59%) and (27%) responses respectively. With regards to the age at which breast self-examination should begin, a greater percentage of the respondents (69%) thinks breast self-examination should start at puberty, while (26%) of them were of the view that breast self-examination should start at age 20. About (81%) of respondents practice breast self-examination, most of the respondents practice BSE monthly (50.6%) and occasionally (38.3%). Out of those who practice BSE, only 16% of the participants have observed breast abnormality. After observing an abnormality, close to 77% saw a medical doctor for further diagnosis. Also, it was found that about (71.6%) of respondents usually perform breast self-examination in the morning, (22.2%) does it in the afternoon while (6.2%) does it in the evening. At least (28.4%) of respondents have performed breast self-examination less than two weeks to the study, (33.3%) have done it less than three months to the study, (18.5%) have done it about six months to the study while (19.8%) did it

less than a year to the study. The study also shows that 60.6% of the respondents perform BSE in front of a mirror, however, only 24% of the respondents were afraid of performing BSE (Nukpezah et al., 2021).

CHAPTER THREE

MATERIALS AND METHODS

3.0 Introduction

This chapter talks about the study area and population, the study design, sampling techniques, data collection method and instrument, data analysis techniques, ethical consideration and limitations encountered during the study.

3.1 Study area

Data was collected from participants in the Biadan community selected for this study. Biadan is a town in the Bono Region of Ghana. It is a populated place, located at an elevation of 304 meters above sea level and its population amounts to 36,409 (Anuk, & Cantay, 22). The town is known for the Methodist Secondary Technical School which is a second cycle institution. The native language of the Biadan people is Bono Twi. The community comprises of Christians, Muslims and Traditionalist. The population is largely made of Akans. Majority of women in their early thirties are married. It is a youthful population. Farming is predominant among the people of Biadan.

3.2 The study population

The target population was women age between 20-60 years

3.3 Study design

A cross-sectional study was conducted and led to the generation of both descriptive and analytic data. The social and demographic variables of the respondents were clearly defined.

3.4 Sampling technique and Size

The sample population was obtained using a convenience sampling technique. This method was chosen because is it extremely speedy, easy, reading available and cost-effective. A total number fifty (50) women were chosen for the study.

3.5 Data collection methods and instruments

Written questionnaires with both open-ended and close-ended questions was used in the exercise to collect the information from the respondents. Structured questionnaire was used because the research team did not want their opinions to influence the respondents' way of answering the questions. The questionnaire will be cross–checked for accuracy. The answered questionnaires were kept in files and safely stored until they are analyzed. Questionnaires were answered in our presence since some participants may demand clarifications and others had no formal education. A member of the research team had to translate the questions to the respondents because some respondents had no formal education. Respondents used approximately 20 minutes to answer the questionnaire.

3.6 Data analysis techniques

All returned questionnaires were checked for missing data. Questionnaires that left blank were be excluded. Data was entered and analyzed using Microsoft excel software and presented in the form of frequency distribution tables and figures.

3.7 Ethical consideration

An introductory letter was obtained from the school. The respondents were well informed about the purpose of the study. Informed consent was obtained after comprehensive explanation of the purpose and procedure of the study to the participants. Participants were informed about their right to withdraw or refuse to be part of the study at any point in the course of the interview

and will be assured of confidentiality of all information that were obtained. Furthermore, the identities of the participants were not disclosed, and only aggregate data was reported. The research team ensured no form of research misconduct transpires throughout the period of the study.

3.8 Limitation of the study

These are areas inherent with the study that might affect the result which must be recognized and acknowledged. First of all, the time and nature of our academic programme called for the use of convenience sampling which is extremely fast to use and helped in speeding up the process of sample gathering and data collection. Financial constraints were met since no sponsorship was obtained for the study. A small sample size was used which made it difficult to generalize the findings.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

A detailed discussion of the analysed results is presented in this chapter. The data collected was coded and analysed with the help of a statistician, using the computer software called Microsoft excel. The analysis includes demographic characteristics of respondents, knowledge on breast self-examination, attitude towards breast self-examination and factors influencing the practices of breast self-examination.

4.1 Demographic Characteristics of Respondents

Table 1: Distribution of Respondents Demographic Characteristics

Category	Variable	Frequency (N)	Percentage (%)
Age	18-25	24	48
	26-35	10	20
	Above 35	16	32
Occupation	Employed	26	52
	Unemployed	10	20
	Student	14	28
Marital status	Single	25	50
	Married	17	34
	Widowed	2	4
	Divorce/Separated	6	12
Educational background	Basic/JHS	6	12
	Senior High	15	30
	Tertiary	27	54
	None	2	4

From table 1, less than half 24 (48%) of the respondents were between the ages of 18 and 25 years followed by 16 (32%) of respondents with their ages above 35 years and 10 (20%) of

them aged between 26 and 35 years old. Over half 26 (52%) of the respondents were employed followed by students 14 (28%) and unemployed 10 (20%). Half of the respondents 25 (50%) were single followed by single 17 (34%), separated/divorced 6 (12%), and widowed 2 (4%). Over half 27 (54%) of the respondents had completed tertiary followed by Senior High 15 (30%), Basic/JHS 6 (12%) and those who did not attend any school 2 (4%).

4.2 Knowledge on breast self-examination

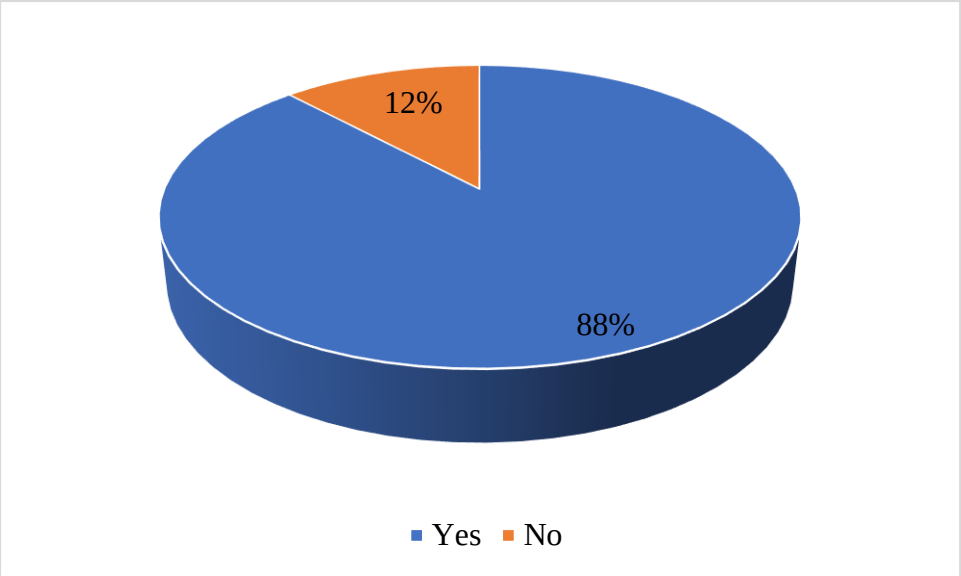

Figure 1: Awareness of Respondents on Breast Self-Examination

From Figure 1, majority 44 (88%) of the respondents indicated they have heard of breast self-examination whiles 6 (12%) said otherwise.

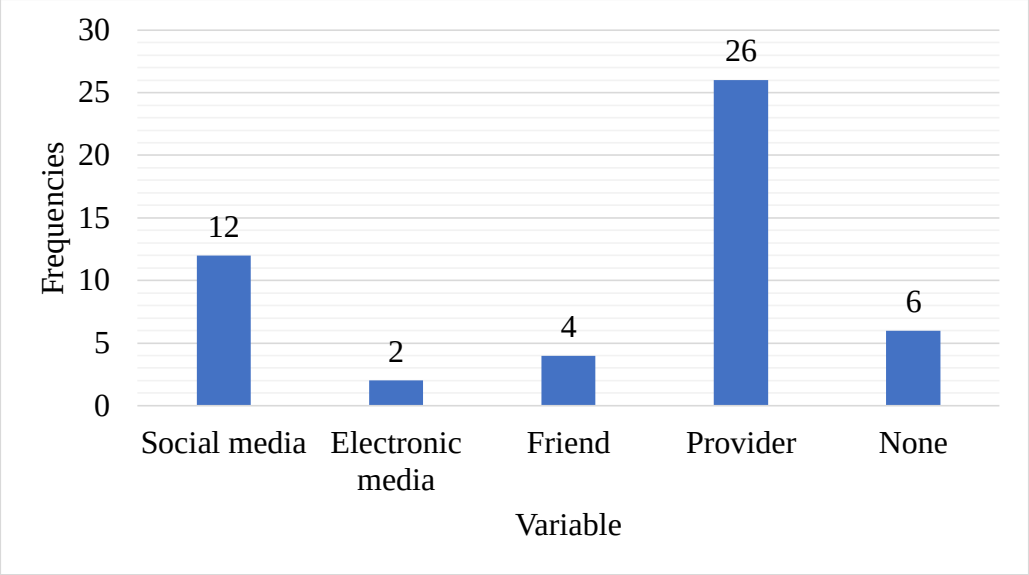

Figure 2: Sources of information on Breast Self-Examination

As shown in figure 2, over half 26 (52%) of the respondents heard of breast self-examination from healthcare providers followed by social media 12 (24%), not heard of it 6 (12%), friends 4 (8%) and electronic media 2 (4%).

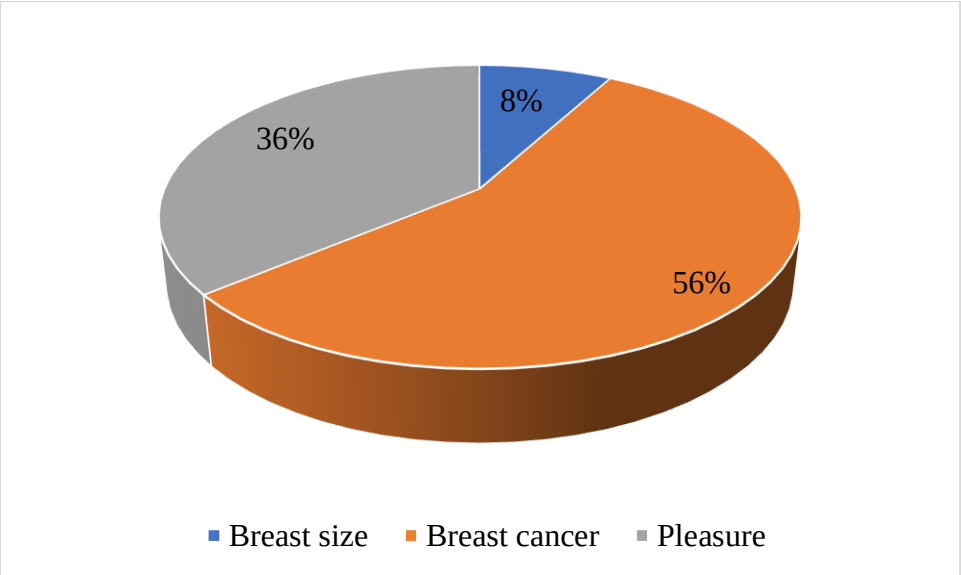

Figure 3: Essence of Breast Self-Examination

As shown in figure 3, over half 28 (56%) of the respondents cited breast self-examination is beneficial in detecting breast cancer followed by self-pleasure 18 (36%) and increase in breast size 4 (8%).

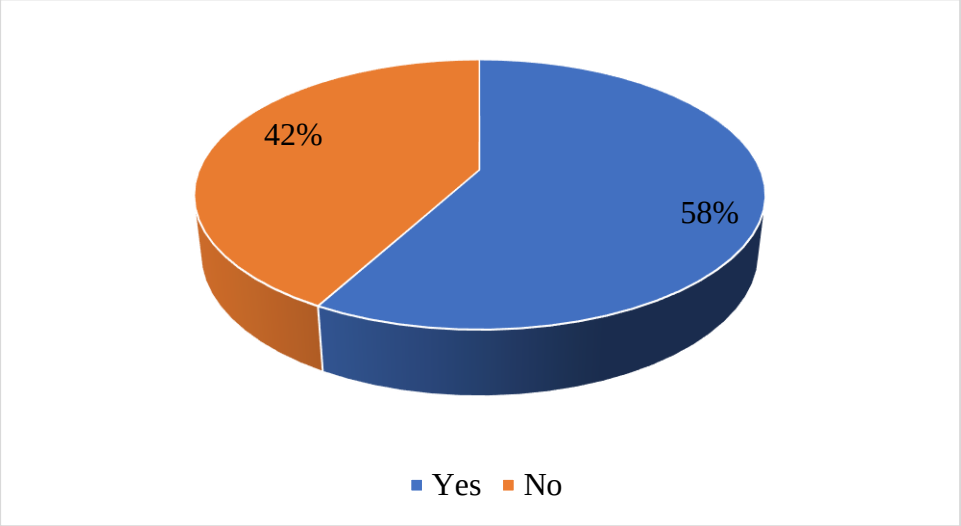

Figure 4: Respondents on when to do breast self-examination

Figure 4 shows that over half 29 (58%) of the respondents said they knew when to do breast self-examination whiles 21 (42%) said they did not know when to do breast self-examination.

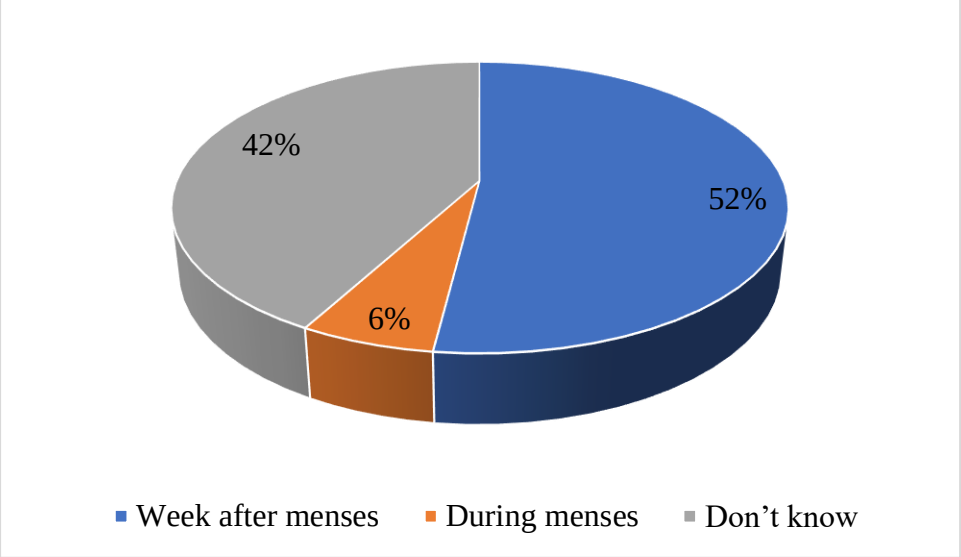

Figure 5: Best Period for Breast Self-Examination

Figure 5 depicts that over half 26 (52%) of the respondents indicated that the best time for breast self-examination to be done is a week after menses followed by those who did not know 21 (42%) and during menses 3 (6%).

Table 2: Distribution on Frequency of Breast Self-Examination

Variable	Frequency (N)	Percentage (%)
Daily	0	0
Weekly	0	0
Monthly	43	86
Yearly	0	0
Don't know	7	14

As shown in table 2, majority 43 (86%) of the respondents indicated that breast self-examination should be done monthly.

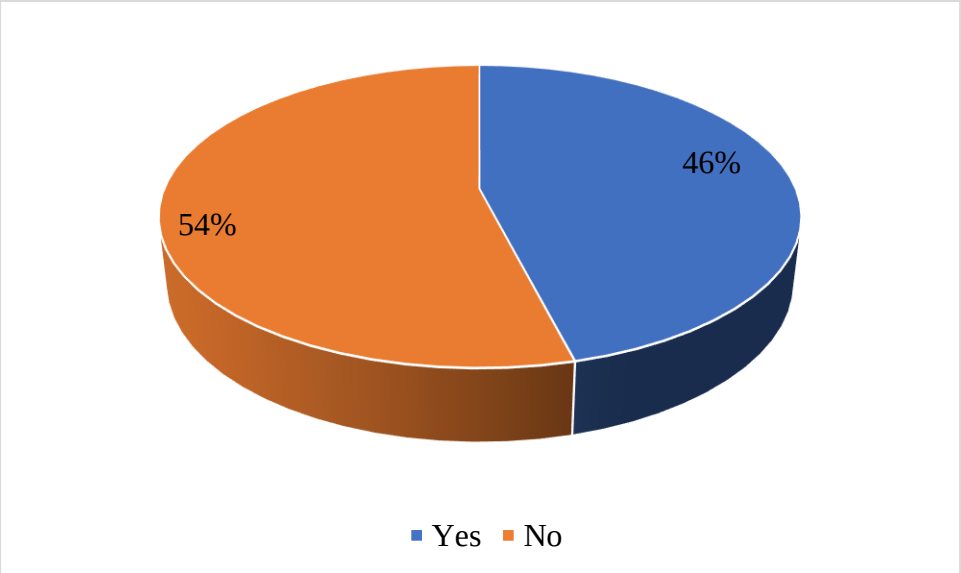

Figure 6: Capacity to Perform Breast Self-Examination

As illustrated in figure 6, Less than half 23 (46%) of the respondents said they knew how to do breast self-examination.

Table 3: Distribution on Breast Self-Examination

Variable	Frequency (N)	Percentage (%)
Inspection	10	20
Palpation	12	24
Inspection and palpation	28	56

Table 3 shows that over half 28 (56%) of the respondents indicated inspection and palpation as the most appropriate method used in breast self-examination.

4.3 Attitude towards breast self-examination

Table 4: Data on whether respondents have examined their breast before

Variable	Category	Frequency	Percentage
Have you examined your breast for an abnormality before?	Yes	33	66
	No	17	34

From table 4, most 33 (66%) of the respondents indicated they have examined their breast for abnormality before.

Table 5: Data on attitude of respondents towards breast self-examination

Statement		Agree	Disagree	Don't know
Are you interested in doing BSE?	n	44	4	2
	%	88	8	4
BSE aids in finding lumps in the breast	n	43	0	7
	%	86	0	14

Doing BSE is a waste of time	n	2	42	6
	%	4	84	12
BSE is a disgraceful practice	n	5	40	5
	%	10	80	10

As illustrated in table 5, majority of the respondents agreed that they were interested in breast self-examination 44 (88%) and breast self-examination aids in finding lumps in the breast 43 (86%). Majority of the respondents disagreed that doing breast self-examination is a waste of time 42 (84%) and breast self-examination is a disgraceful practice 40 (80%).

4.4 Factors influencing the practices of breast self-examination

Table 6: Factors influencing the practices of breast self-examination

Variable	**Frequency (N)**	**Percentage (%)**
lack of knowledge on BSE	31	62
not at risk	2	4
busy schedule	6	12
afraid of finding a problem	11	22

Table 6 depicts the factors influencing the practices of breast self-examination, most 33 (66%) of the respondents cited that lack of knowledge on breast self-examination hinders the practice of breast self-examination. Few 11 (22%) indicted that they are afraid of finding a problem. Only 3 (6%) of them indicted busy schedule hinders the practice of breast self-examination. Just 2 (4%) of the respondents mentioned that not been at risk for breast cancer affects their practice of breast self-examination.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

5.0 Introduction

In this chapter, the data analyzed in chapter four were interpreted based on scientific evidence. The findings are briefly discussed with references to support the study.

5.1 Discussions

5.1.1 Knowledge on breast self-examination

Majority 44 (88%) of the respondents indicated they have heard of breast self-examination and over half 29 (58%) of the respondents said they knew when to do breast self-examination. Correspondingly, Al-Shiekh et al. (2021) found that roughly all the students (96.5%) have heard about BSE and 69.8% knew the time to do BSE.

Over half 26 (52%) of the respondents heard of breast self-examination from healthcare providers. Consistently, Fouelifack et al., (2021) found that health personnel represented the major source of information on BSE (22.6%). Additionally, Alqahtani et al. (2019) reported that doctors were the primary sources of information for participants regarding the information of breast self-examination.

Over half 26 (56%) of the respondents rightly cited breast self-examination is beneficial in detecting breast cancer. Similarly, Fouelifack et al., (2021) opined that 154 (38.3%) participants said breast cancer can be detected by frequent breast self-examination.

Less than half 23 (46%) of the respondents said they knew how to do breast self-examination. Consistently, Mihret et al. (2021) reported that nearly one-fourth (22.9%) of the study participants knew how to perform BSE.

Over half 28 (56%) of the respondents indicated inspection and palpation as the most appropriate method used in breast self-examination. Similarly, Mihret et al. (2021) found that the most appropriate method reported by students for breast self-examination was both inspection and palpation (28.6%).

5.1.2 Attitude towards breast self-examination

The current study shows that majority 44 (88%) of the respondents agreed that they were interested in breast self-examination. This finding is in line with a study conducted by Alomair et al (2020), they affirmed that over half (52.3%) of the participants were interested in doing BSE.

The current study shows that majority 43 (86%) of the respondents agreed that breast self-examination aids in finding lumps in the breast. This is partially in line with a study conducted by Abay et al. (2018) where more than half, 212 (53%), of the respondents saw that performing regular BSE is beneficial to find a lump in the breast, that might become cancerous in the future.

The current study found that majority of the respondents disagreed that doing breast self-examination is a waste of time 42 (84%) and breast self-examination is a disgraceful practice 40 (80%). Correspondingly, Alomair et al (2020) found that majority of the participants strongly disagree that doing BSE is wasting time (67.6%). However, Fouelifack et al., (2021) reported that only (45.3%) said BSE is not a disgraceful practice.

5.1.3 Factors influencing the practices of breast self-examination

The current study found that most 33 (66%) of the respondents cited that lack of knowledge on breast self-examination hinders the practice of breast self-examination followed by afraid of finding a problem 11 (22%), busy schedule 3 (6%) and not been at risk for breast cancer 2

(4%). Similarly, Al-Sharbatti et al., (2020) found that the most frequent reported barriers for BSE were lack of knowledge, considering oneself not at risk and the absence of doctor advice.

5.2 Conclusion

The study concluded that respondents had an average knowledge level on breast self-examination due to the fact that some statements that determined the knowledge of respondents on breast self-examination were answered wrongly. The attitude of respondents towards breast self-examination was good. The leading factors that influence the practice of breast self-examination was lack of knowledge on breast self-examination.

5.3 Recommendations

1. Public health officers in Biadan community should educate the women of reproductive ages about breast self-examination to increase the level of practice among women.
2. The Ministry of Health must intensify awareness campaigns and training on breast self-examination with more focus on the adolescent.
3. Further attention by the Ministry of Health must be placed into raising awareness of other breast cancer screening methods such as mammograms to early breast cancer identification.

REFERENCES

Abay, M., Tuke, G., Zewdie, E., Abraha, T. H., Grum, T., & Brhane, E. (2018). Breast self-examination practice and associated factors among women aged 20–70 years attending public health institutions of Adwa town, North Ethiopia. *BMC Research Notes*, *11*(1), 622. https://doi.org/10.1186/s13104-018-3731-9

Abo Al-Shiekh, S. S., Ibrahim, M. A., & Alajerami, Y. S. (2021). Breast Cancer Knowledge and Practice of Breast Self-Examination among Female University Students, Gaza. *The Scientific World Journal*, *2021*, 1–7. https://doi.org/10.1155/2021/6640324

Alomair, A., Felemban, D., Felemban, M., Awadain, J., Altowairqi, A., Alfawzan, N., Almazayen, F., Korkoman, A., & Alrusayyis, N. (2020). Knowledge, attitude, and practice of breast self-examination toward breast cancer among female students at King Saud University in Riyadh, Saudi Arabia. *International Journal of Medicine in Developing Countries*, 429–434. https://doi.org/10.24911/IJMDC.51-1576668182

Alqahtani, T., Alqahtani, A. M., Alshahrani, S. M., Orayj, K., Almanasef, M., Alamri, A. H., Easwaran, V., & Khan, N. A. (2019). *Assessment of knowledge and practice of mammography and breast self-examination among the general female population in Asir region of KSA*. 7.

Al-Sharbatti, S. S., Shaikh, R. B., Mathew, E., & Al-Biate, M. A. S. (2020). Breast Self Examination Practice and Breast Cancer Risk Perception among Female University Students in Ajman. *Asian Pacific Journal of Cancer Prevention*, *14*(8), 4919–4923. https://doi.org/10.7314/APJCP.2013.14.8.4919

Amegbedzi, R. A., Komesuor, J., Amu, H., & Tarkang, E. E. (2022). Factors Influencing the Practice of Breast Self-Examination among Female Tertiary Students in Ho, Ghana. *Advances in Public Health*, *2022*, 1–9. https://doi.org/10.1155/2022/7724050

Amoah, C., Nceba Zangodumo, S., Addo, F.-M., Otu Ayeboafo Ansah, E., & Amoah, B. (2021). A Preliminary Psychometric Assessment of the Attitude of Health Trainee Undergraduate Students towards Breast—Self Examination in Ghana. *All Nations University Journal of Applied Thought*, 95–110. https://doi.org/10.47987/IYZE366

Anuk, T., & Cantay, H. (2022). Regular breast self-examination rates in women aged 40 and above and factors affecting this rate: A hospital-based cross-sectional study. *Medicine Science | International Medical Journal*, *11*, 220. https://doi.org/10.5455/medscience.2021.08.247

Balogun, M., & Owoaje, E. (2018). Knowledge and practice of breast self-examination among female traders in Ibadan, Nigeria. *Annals of Ibadan Postgraduate Medicine*, *3*(2), 52–56. https://doi.org/10.4314/aipm.v3i2.39067

Der EM, Ali W, Avorka J S, Salifu R, & Azongo BT. (2018). Assessing the knowledge and attitude of tertiary students on the risk factors of breast cancer in the Tamale metropolis. *Indian Journal of Medical Research and Pharmaceutical Sciences*, *5*(4).

Ewaid, S. H., Shanjar, A. M., & Mahdi, R. H. (2018). Knowledge and practice of breast self-examination among sample of women in Shatra/Dhi-Qar/Iraq. *Alexandria Journal of Medicine*, *54*(4), 315–317. https://doi.org/10.1016/j.ajme.2017.12.002

Fouelifack, F. Y., Binyom, R. P., Ofeh, A. M., Fouedjio, J. H., & Mbu, R. E. (2021). Knowledge, Attitude and Practice of Breast Self-Examination amongst Women in Two Communities of Cameroon. *Open Journal of Obstetrics and Gynecology*, *11*(06), 773–793. https://doi.org/10.4236/ojog.2021.116072

Marahatta, S. B., & Sharma, S. (2018). Knowledge and practice of breast self examination among women of reproductive age in Butwal Sub Metropolitan City. *Journal of Manmohan Memorial Institute of Health Sciences*, *4*(1), 117–129.

Mihret, M. S., Gudayu, T. W., Abebe, A. S., Tarekegn, E. G., Abebe, S. K., Abduselam, M. A., Shiferaw, T. D., & Kebede, G. W. (2021). Knowledge and Practice on Breast Self-Examination and Associated Factors among Summer Class Social Science Undergraduate Female Students in the University of Gondar, Northwest Ethiopia. *Journal of Cancer Epidemiology*, *2021*, 1–9. https://doi.org/10.1155/2021/8162047

Nukpezah, R. N., Alenyorige, R. L., Abdul-Wahab, I., Asaana, F. M., Adinga, G., Nungbaso, A. M., & Dzantor, E. K. (2021). Knowledge and Practice of Breast Self-Examination among Undergraduate Midwifery Students of the University for Development Studies, Ghana. *Advances in Research*, 26–37. https://doi.org/10.9734/air/2021/v22i430308

Ossai, E., & Azuogu, B. (2020). *Predictors of Practice of Breast Self-examination: A Study among Female Undergraduates of Ebonyi State University, Abakaliki, Nigeria*. 9.

Rahman, S. A., Al–Marzouki, A., Otim, M., Khayat, N. E. H. K., Yousef, R., & Rahman, P. (2019). Awareness about Breast Cancer and Breast Self-Examination among Female Students at the University of Sharjah: A Cross-Sectional Study. *Asian Pacific Journal of Cancer Prevention : APJCP*, *20*(6), 1901–1908. https://doi.org/10.31557/APJCP.2019.20.6.1901

Sarker, R., Islam, Md. S., Moonajilin, Mst. S., Rahman, M., Gesesew, H. A., & Ward, P. R. (2022). Knowledge of breast cancer and breast self-examination practices and its barriers among university female students in Bangladesh: Findings from a cross-sectional study. *PLOS ONE*, *17*(6), e0270417. https://doi.org/10.1371/journal.pone.0270417

Udoh R. A., Amartey, H., & Mensah, E. E. (2020). Factors Influencing the Practice of Breast Self-Examination among Female Tertiary Students in Ho, Ghana. *Advances in Public Health*, *2022*, 1–9. https://doi.org/10.1155/2022/7724059

APPENDICES

QUESTIONAIRE

Dear respondent,

We are students of the Holy Family Nursing and Midwifery Training College, Berekum, conducting research on the topic "**Knowledge, attitude and practices on breast self-examination among women in the Biadan community**". All responses will be treated confidentially and will not in any way be linked to your identity. You are kindly requested to answer the questions below by indicating a tick or by writing the appropriate answer when needed. Your opinions are highly essential to improve upon nursing care to the patients as well as improving the conditions under which nurses and midwives work. You have the liberty to withdraw your participation at any time. Thank you.

Participant Consent: Yes [ ] No [ ]

Instruction: Please Tick [√] The Appropriate Box Where Applicable.

Section A: Demographic Data

1. Age

   (a) 18-25 years []

   (b) 26-35 years []

   (c) above 35 years []

2. Occupation

   (a) Employed []

   (b) Unemployed []

(c) Student []

3. Marital status

(a) Single []

(b) Married []

(c) Widowed []

(d) Divorce/Separated []

4. Educational background

(a) Basic/JHS []

(b) Senor High []

(c) Tertiary []

(d) None []

Section B: Knowledge on breast self-examination

5. Have you heard of breast self-examination?

a. Yes [] b. No []

6. If yes, where did you first hear about breast self-examination?

(a) Social media [] (b) Electronic media [] (c) Friend [] (c) Health care provider []

(d) other (specify): …….……

7. What is the essence of breast self-examination?

a. To increase breast size []

b. To detect breast cancer []

c. For self-pleasure []

d. Other (specify): ……

8. Do you know when to do breast self-examination?

   a. Yes [] b. No []

9. What is the best time for breast self-examination be done?

   a. One week after menses [] b. During menses [] c. Don't know []

10. How many times should breast self-examination be done?

    a. Daily [] b. Weekly [] c. Monthly [] d. Yearly [] e. Don't know []

11. Do you know how to perform breast self-examination?

    a. Yes [] b. No []

12. Indicate the most appropriate method used in breast self-examination?

    a. Inspection [] b. Palpation [] c. Inspection and Palpation []

Section C: Attitude towards breast self-examination

13. Have you examined your breast for an abnormality before?

    a. Yes [] b. No []

14. Are you interested in doing BSE?

    a. Agree [] b. Disagree [] c. Don't know []

15. BSE aids in finding lumps in the breast

    a. Agree [] b. Disagree [] c. Don't know []

16. Doing BSE is a waste of time

    a. Agree [] b. Disagree [] c. Don't know []

17. BSE is a disgraceful practice

    a. Agree [] b. Disagree [] c. Don’t know []

Section C: Factors influencing the practices of breast self-examination

18. Indicate factors that hinders practice of breast self-examination

    a. lack of knowledge on BSE []

    b. not at risk []

    c. busy schedule []

    d. afraid of finding a problem []

    e. others (specify): ……

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)
HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE
BEREKUM

IN GOD IS OUR HELP AND HEALTH

BANKERS:
Ghana Commercial Bank, Berekum
Agric Development Bank, Berekum
Fidelity Bank, Berekum

P. O. Box 21,
Berekum, B/A
Ghana, W/Africa
Tel. 0352222124
Fax: 0352222474

Our Ref. HFNMTC/GC/011/01302023

Your Ref. .....

January 30, 2023

Date .....

The Honorable Member
Biadan Community
Berekum Municipality
Berekum - Bono Region

Dear Honorable Member

PERMISSION TO CONDUCT RESEARCH

I wish to introduce to you the under listed names of final year students of the College:

1. **Agyapomaa Cynthia**
2. **Agyaa Anna**

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic '**Assessment on Knowledge of Women on Breast Self-Examination. A study at Biadan Community.**'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

.....
Eric Obeng
Supervisor

For: Principal

Website: nmtcberekum.edu.gh **E-mail.** nmtcberekum@yahoo.com, nmtcberekum@gmail.com