Attitudes towards Breast Cancer in Nigeria: The Way Forward

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Paper Presented at the 20th Anniversary of the
Breast Cancer Association of Nigeria (BRECAN)
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BRECAN – A SOCIAL COLOSSUS OF OUR TIME

- Congratulations to BRECAN for this achievement

- An example of what NGOs can achieve for integrated national development if we positioned

BRECAN: National Ambassador for Breast Cancer Reform

Also called a lumpectomy, an open biopsy is a surgical procedure in which all or part of a lump is removed and tested for malignancy
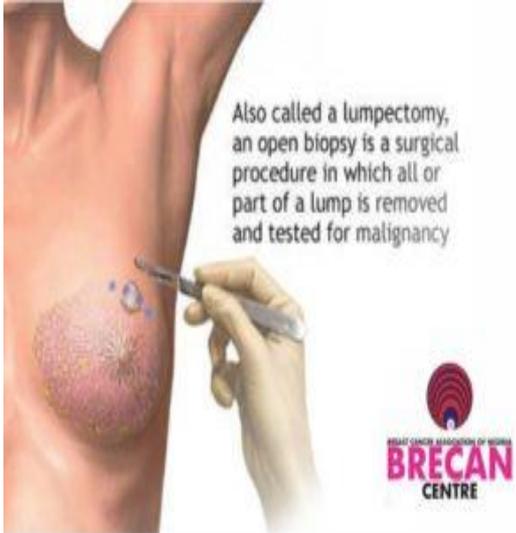
BRAVO TO HER EXCELLENCY

Arabirin Betty Anyanwu-Akeredolu, we salute you for your sagacity, tenacity and determination for being the soldier in the frontline of the fight against breast cancer in Nigeria

Presentation Outline

- Statistics on breast cancer in Nigeria
- Review of attitudes and perceptions about breast cancer in Nigeria
- Intersection data on evidence-based methods of prevention and treatment of breast cancer
- Recommendations
- Conclusion

Breast Cancer Stats in Nigeria

- The World Health Organization estimates that about 250,000 cases of breast cancer are seen each year in Nigeria.

- Of these, nearly 10,000 deaths occur annually

- Nigeria has the highest numbers of death from breast cancer in Africa

Trend in breast cancer incidence

- Whereas incidence of breast cancer is declining in many parts of the world, it seems to be on the increase in Nigeria

- Case-fatality rates (Number of deaths per treated cases) are higher in Nigeria as compared to more developed countries

- Five years survival from breast cancer is 85% compared to only 10% in Nigeria

Reasons for poor outcome of BC in Nigeria

- Inadequate integration of BC screening into Nigeria's healthcare system

- Low utilization of available screening methods

- Delay in treatment seeking

Why delay occur in treatment seeking for BC

Poor knowledge, perceptions about disease, low self-assessment of risk

☐

Wrong notions of disease causation

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Delay in treatment seeking or use of ineffective/harmful treatment methods

Stats on Delay in BC treatment

- Primary delay in treatment seeking is defined as an interval greater than 3 months from the time of detection to time of effective treatment

- This period is associated with increased tumor size, and poor long-term survival of patients.

Delay in BC treatment in Nigeria

- About 20-30% of women in the UK wait for at least 3 months before they seek treatment.

- By contrast, up to 70% of Nigerian women wait for periods exceeding 3 months before they seek treatment.

Further Thoughts on Delays in BC treatment

- Breast cancer often presents most commonly as a *painless breast lump,* and in a few cases as *non-lump symptoms.*

- Because in most cases, the breast lumps are not painful, women are likely to ignore the disease at the early stages until it progresses to an advanced stage.

Early Signs of Breast Cancer

© Yvonne Walston, CMI, 2003

Categories of Prevention of Breast Cancer

Primary Prevention: Preventing BC from occurring in the first place

Secondary Prevention: Screening for the early detection and treatment of BC

Tertiary Prevention: Treatment of BC at the late stage of the disease

Research into perceptions of breast cancer in Benin City

Okobia MB, Bunker CH, Okonofua FE, Osime U. Knowledge, attitude and practice of Nigerian women towards breast cancer: a cross-sectional study. World Journal of Surgical Oncology. 2006, 4:11. Doi: 10.1186/1477-7819-4-11.

Benin Study: Research Methodology

- 1000 randomly selected women were interviewed with a structured questionnaire

- Responses were analyzed quantitatively.

Knowledge of Breast Cancer from the Benin Study

Known Risk factors for breast cancer

- Family history
- Older age of women
- Exposure to harmful chemicals
- Being over-weight
- Lack of physical exercise
- Smoking,
- Eating unhealthy foods
- Not breast-feeding during the reproductive years.

Benin City Results

- On a scale of 0-100%, the women scored 42.3% on knowledge.

- Only 229 of the 1000 women (22.9%) scored 50% and above in knowledge of breast cancer

Knowledge of Breast Cancer

- 67% of the respondents knew that breast cancer is the most common cancer in women
- 25% agreed that breast cancer occurs in older people
- Only 24% agreed that breast cancer can be inherited
- Up to 40% reported that BC is caused by evil spirits
- Only 21% reported that BC often starts as a painless breast lump.
- Up to 46% of the women reported that BC is NOT curable.

Attitudes towards BC treatment in Benin City

Known BC treatment methods

- Mastectomy

- Chemotherapy

- Radiotherapy

Attitudes to treatment in Benin

- 87% had had information on Mastectomy

- Women with higher education and who scored high in knowledge of BC were more likely to accept mastectomy

Delayed/untreated Breast Cancer
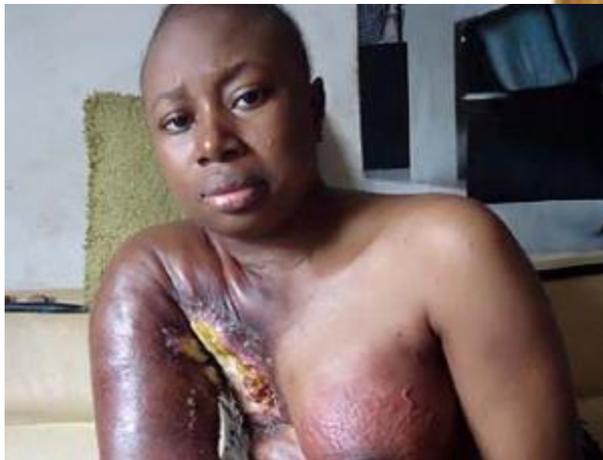
Mastectomy as method of breast cancer treatment

- A breast diseased by cancer is not useful and should be removed if necessary

- Breast cancer often starts in one breast, but could spread to the other breasts

- The earlier a breast diseased by BC is removed the better to prevent spread to the other breasts

- If one breast is removed and the woman is well, she can still get pregnant and use the other breast for breastfeeding.

Example of bilateral mastectomy

Breast Cancer Prevention: Practices of Women in Benin

Screening methods for BC

- Breast self-examination (BSE)

- Clinical breast examination by a medical practitioner (CBE)

- Mammography

Use of Screening methods in Benin

There was generally low knowledge and poor use of BSE, CBE and Mammography by the women

Recommendations on Screening for Breast Cancer

- CBE and mammography are effective in diagnosing breast cancer at the early stages.
- The American Cancer Society recommends that women aged between 40 and 49 years should undergo a CBE and mammography every one or two years.
- Women older than 50 years should undergo annual CBE and mammography.
- There is littler evidence that these recommendations are being used on a regular basis in Nigeria.

Practice of BSE

- 35% practice BSE

- Of these, 70% do so monthly and 24% 3-5 times yearly

- However, no evidence that they did BSE correctly

Breast Self-Examination

1. Examine your breasts in the shower.
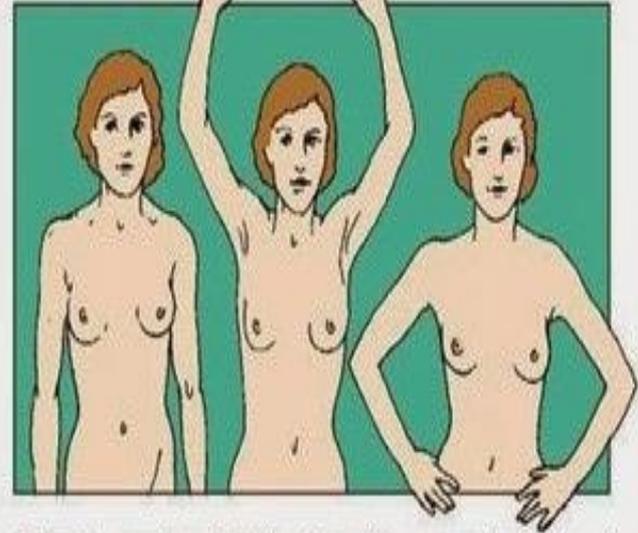
2. Examine your breasts in the mirror with your arms down, up, and on your hips.

3. Stand and press your fingers on your breast, working around the breast in a circular direction.

4. Lie down and repeat step 3.

5. Squeeze your nipples to check for discharge. Check under the nipple last.

blog.child-abuse-effects.com

Attitudes towards BSE

Sources of Information on BSE

- Television - 31%
- Publications - 27%
- Medical doctors - 21%
- Churches/religious groups 8%
- Women organizations - 7%
- Nigerian Cancer Society Programs 6%

Reasons for not doing BSE, n=651

- Not having any breast problem 50%
- Not believing they should do it 24%
- Believing that only doctors and nurses should do it 3%
- Don't know (8%).

Clinical Breast Examination

91% of the women reported not ever doing Clinical Breast Examination (CBE)

Reasons given by women for not doing CSE

- Not having breast problem - 63%

- Not knowing that it should be done - 32%

- Don't know 5%

# Health workers' knowledge and practice of Mammography

- Akhigbe AO, Omuemu VO. Knowledge, attitudes and practice of breast cancer screening among female health workers in a Nigerian urban city. BMC Cancer 2009; 9: 203. Doi: 10.1186/1471-2407-9-203.

- Odusanya OO, Tayo OO. Breast cancer knowledge, attitudes and practice among nurses in Lagos, Nigeria. Act Oncologia 2001, 40: 7844-848. Doi: 10.1080/0284186052703472.

- Oche MO, Ayodele SO, Umar AS. Breast Cancer and mammography: current knowledge, attitudes and practice of female health workers in a tertiary health institution in northern Nigeria. Public Health Research. 2012; 2(5): 114-119. Doi: 10.5923ij.phr.2012025.01

Knowledge and practice of mammography by health workers

- Although health workers have good knowledge of mammography, only a few have ever used it:

- 3.1% in Benin City

- 8% in Lagos State

- 9% of female health workers in Sokoto State.
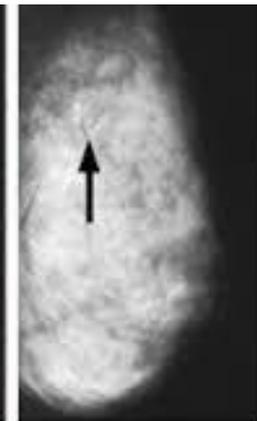
Malignant lump   Microcalcifications   Benign lump

Global literature on perceptions of BC by Black women

- Jones CEL, Maben J, Jack RH et al. A systematic review of barriers to early presentation and diagnosis with breast cancer among black women.

- A systematic review of results of 18 studies published in English in developed countries.

Global literature review: Categories of Barriers to BC care

- Knowledge

- Empowerment and confidence

- Trust in health care system

- Quality of relationships with health care professionals

- Practical service barriers

Global Literature: Knowledge Domain

- Low awareness of cancer symptoms and/or personal risk

- Poor symptom awareness and knowledge of risk factors/personal risk

- Not recognizing significance of cancer symptoms.

Women's awareness and confidence

- Women not making time to check for and/or present with symptoms
- Lack of partner support, or wrong advice from partners
- Stigma, taboo and fear
- Religiosity

Trust in the Healthcare system

- A large proportion of black women believing that breast cancer can be easily treated, women use inadequate treatment such as antibiotics

- Some women are often afraid of the conventional types of treatment - mastectomy, etc.

Quality of relationships with healthcare professionals

- Concerns by women about interactions with doctors

- Lack of confidence women in dealing with healthcare professionals.

Practical and service barriers

- Financial burdens

- Perceptions of access to healthcare services

Summary of Recommendations

- Awareness Creation and Information Dissemination
- Training of religious leaders
- Training of health workers
- Improved breast cancer screening services
- Improved breast Cancer curative services

Need for Awareness creation on breast cancer

- Need for more champions and advocates

- Traditional media

- Social media

- Need to carry the message to hard-to-reach women

Training of Religious Leaders

- Training on counseling of women about the disease.

- Integration of religion into the disease management

- Prayers should be included but not exclusively used as it is commonly said that "Heavens help those who help themselves".

Training of health workers

- On patients' counseling and CBE

- Advocacy and public health education

- Clinical care to build patient's confidence in the health care system

Improved Breast Cancer screening

There is need for a purposely designed breast cancer screening program in Nigeria – as it now the case in many developed countries

Improved treatment services for breast cancer

- Improved surgical skills and training of breast cancer surgeons
- Improved radiotherapy facilities
- More drugs for chemotherapy
- Better counseling and rehabilitative care

TREATED WITH SURGERY OR RADIATION, NOT CHEMOTHERAPY
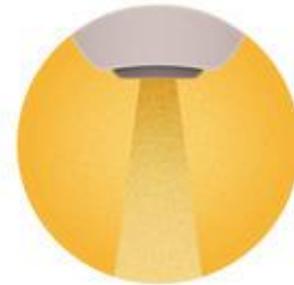
SURGERY   RADIATION   CHEMOTHERAPY

Conclusion

- It is evident that there is currently extremely low level of awareness of breast cancer in Nigeria.

- This is due to the inadequate knowledge of breast cancer by vulnerable women, and the poor integration of breast cancer prevention and treatment into Nigeria's health care delivery system.

- Whereas death from breast cancer has declined in many parts of the world, death rate from the disease has continued to rise in the country

Conclusion

- As the right to health is a fundamental right of all citizens, this presentation is a call to action to all Nigerian governments to take steps to reverse the trend.

- I commend the pioneering efforts of BRECAN for championing the cause of breast prevention and treatment in Nigeria over these past years. I wish the organization happy 20th birthday and a most eventful future.

THANK YOU VERY MUCH