

## Media Campaign Strategies, Awareness of Breast Cancer and the Practice of Breast Self-Examination among Rural Women in Adamawa State, Nigeria

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**Abstract.** Breast Cancer has emerged as one of the major issues of public health all over the world. It has been identified as one of the most common cancers and a leading cause of deaths among thousands of women worldwide. The media is also assumed to be at the fore front in providing behavior change information. These, motivated this quantitative study, using descriptive survey research design. Anchored on Health Belief Model and Attitude Change theory, the study found that awareness about breast cancer and breast self-examination is high (95.7%) among rural women in Adamawa State, however, only 19.7% of the respondents indicated that they carry out breast self-examination regularly, whereas 50.5% said they do not carry out BSE regularly. This finding calls for concern as it defeats the main aim for which the media campaigns were launched in the first instance, which is to enhance the knowledge of rural women about breast cancer and breast self-examination as well as encourage them to practice breast self-examination as a cost effective and reliable method of early detection of breast cancer.

### 1. Introduction

The rising number of human mortality occasioned by the high incidence of cancer all over the world is disturbing. Humans face a daunting health challenge as a result of the increasing susceptibility to cancer. Incidentally, there appear to be no immediate solution in sight as the prevalence of different kinds of cancer have been linked with aging, growth of the population, unhealthy behaviours associated with lack of exercises, dieting, smoking, economic

development/underdevelopment and urbanization. Professionals in the health sector across the world suggest that the afore mentioned factors result in different types of cancers, such as cancer of the stomach, lungs, liver, uterus, kidney, blood cancer known as leukemia, sinuses and breast cancer.

In recent times, breast cancer has emerged as one of the major issues of public health importance all over the world. Apart from being a major health burden both in developed and developing countries, breast cancer has been identified as one of the most common cancer and a leading cause of cancer deaths among women worldwide, (Ojewusi, Obembe, Oyedunni & Olugbayela, 2016). Patience and Faith (2018) asserted that breast cancer is by far, the most commonly diagnosed cancer among women in Nigeria and the leading cause of cancer deaths in women in their prime, resulting in about 49,190 deaths in Nigeria, in 2016.

The International Agency for Research on Cancers (2012) report showed a high incidence, prevalence and mortality rates of cancers in 184 countries and provided statistics showing that breast cancer is affecting women in 145 countries including the US, UK, Australia, Canada and Denmark who were ranked higher than Asia and Africa. In Africa, however, cases of breast cancer have been in the ascendancy, although the belief before now has been that breast cancer cases are low in the region, however, available reports point to the contrary, with an estimated cases of 20.1 per 100,000 women per year in Sub-saharan Africa. (Samuel, Collin & Richard, 2018).

The situation in Nigeria is not different. According to World Health Organization, WHO (2014) data published, breast cancer deaths in Nigeria accounted for 13,264 or 0.70% of total deaths. The age adjusted death rate of 28.11 per 100,000 of population ranks Nigeria 4th in the world. Patience and Faith (2018) in agreement with the World Health Organisation (2014) stated that breast cancer is the most common cancer in Nigeria. Reports from cancer registries across the geopolitical zones in Nigeria show that in the North-east region, cancer of the breast is second only to cancer of the cervix. In the South-west region, the cancer registry at the University College Hospital (UCH), Ibadan, recorded cancer of the breast as the leading malignancy among women (Isara & Ojedokun, 2017; Olubanji, Ikeri, Uche, & Banjo (2018). Also, in the North-central geopolitical zone, breast cancer constitutes 22.41% of new cancer cases registered in 5 years and accounts for 35.41% of all cancers in women in that area (Fidelis & Manalo, 2013).

These high statistics of reported cases apart from being a source for concern, underscores the need for government, NGOs and stakeholders to pay attention to this development in order to come up with workable steps towards preventive measures that will include taking conscious proactive actions such as breast self-examination in order to avert or detect breast cancer early. Studies have shown that early detection of breast cancer is vital to not just the treatment of the disease but also in the determination of prognosis (Olubanji, *et al.*, 2018; Sagir, Jemal, & Ward, 2011). Ojewusi, Obembe, Oyedunni and Olugbayela (2016) found that some of the reasons that predict the difference in severity and survival rate are levels of awareness and attitudes or screening behaviours. In developing and low income countries such as Nigeria, breast cancer is often characterized by late clinical presentations or at advanced stages of the disease, when only chemotherapy and palliative care can be offered, with resulting high mortality (Olubanji *et al.*, 2018).

To this end, women who reside in areas with high incidence of breast cancer such as Nigeria, especially those between the ages of 16 to 65 are to imbibe the habit of breast self-examination, since according to research, it is usually within this age bracket that the risk runs higher. Ojewusi, *et al.*, (2016), noted that late diagnosis in breast cancer has been shown to impact differently on survival between affluent groups and those from socio-economically deprived backgrounds. This, they suggested, makes awareness and health seeking practices, which has been shown to be poor in many developing countries, vital.

In recent years, state governments in Nigeria in conjunction with different NGOs and other advocacy groups have intensified efforts at awareness creation about breast cancer through media sensitization and other action programmes. For example, in Adamawa state, media sensitization campaigns are ongoing on radio, television, billboards and other media channels as part of the state government's effort to educate women about the risk of breast cancer. In addition, advocacy groups are moving around the rural areas in the state, carrying out open air campaigns and town hall seminars educating rural women about breast cancer and stressing the need for early detection through breast self-examination. On their part, the federal government had before now set up early cancer diagnostic and screening services centres to ensure that immediate steps are taken early enough to guarantee positive prognostic outcomes. That effort was seen as a step in the right direction as health professionals are of the opinion that ensuring availability of early diagnostic and screening services and taking immediate steps are the two main strategies for warranting improvement in the prognostic outcome of breast cancer (Akinwale, Omoniyi, Foster & Abeer, 2016).

According to Ojewusi, *et al.* (2016), the establishment of cancer registries by Nigerian government is an attempt to curb the menace of breast cancer disease which started as far back as 1960 when the first registry was set up. These registries, serve as veritable tools for collecting accurate and complete information on cancer incidence, prevalence, and mortality in a given geographical location and such vital information can be used to conduct research, plan and implement cancer control, allocate resources for treatment and prevention, and other public health program planning. The cancer registry centers generate information that can contribute to cancer control policies and resource allocation. In addition to that, the Federal Ministry of Health set up a committee to draw a National Cancer Policy after the World Cancer Congress in 2006, titled "bridging the gap and transforming knowledge into action". Also, in 2008, the Federal Government established a 5-Year Nigeria Cancer Control Plan (2008-2013). However, despite all these efforts, the impact of advocacy, awareness creation, cancer prevention, early detection through regular screening and cancer management are yet not felt. As earlier stated, there are various comprehensive health policies aimed at coping with health care delivery services ongoing in some states of which breast cancer awareness campaigns are among. These campaigns are usually carried out through the media with professionals in the media industry designing appropriate information

dissemination strategies through which the people can be reached.

Although there is currently no clear cut national policy on cancer control in Nigeria; however, control of reproductive cancers is included in the national policy on reproductive health and strategic framework (WHO, 2014). As Okorie, (2013) observed, this absence of a national policy on cancer have made it somewhat difficult for any meaningful preventive or proactive measures targeted at curbing the menace of breast cancer in the country to be taken. This has left cancer patients basically on their own to carter for themselves. That, notwithstanding, media campaigns such as radio dramas and jingles, television advertorials and newspaper publications on breast cancer have been widely carried out, not just statewide but in Nigeria and the rest of Africa.

To bring the campaign against breast cancer closer to the people, step-down workshops at state levels developed by the wives of the governors of the 36 states of the Federation were organized as follow up on the action plan by the United Nations Population Fund (UNPF) in April, 2008 at the Federal Capital Territory Abuja. Since then, the need to preserve lives and ensure a steady decrease in the level of maternal mortality resulting from breast cancer through various media campaigns has been salient. To further intensify effort in the fight against breast cancer, the pet-project of Miss University Nigeria (MUN), which was an awareness and sensitization campaign against breast cancer, is being hosted in many states across the country since 2010. Also, the MTN Foundation has established and supported breast cancer screening centers located within Teaching Hospitals, Federal Medical Centers (FMCs) and state General hospitals across Nigeria (MTN Foundation, 2011 Report).

The media plays an important role when it comes to the dissemination of health information in every society. The media are veritable sources of health information and can help shape the way people act and react towards health issues. An important aspect is that the media help to create awareness and mobilize members of the public to cooperate with health authorities in the fight against epidemic at any given time. In 2014, during the scourge of Ebola epidemic, the media played a leading role in the fight against the disease through various awareness campaigns and sensitization programmes that helped in mobilizing the general public towards proactive preventive actions. Within four months of the disease' outbreak, it was successfully cubed without overwhelming casualties thanks to the role the media played. According to Adeyemi (2014), the media provided intensive awareness and enlightenment

publications during the outbreak of the virus and deserve an award for their role in the fight against Ebola. The media, is broadly classified into two – electronic or broadcast media and print media. Anyaoku and Nwosu (2017) observed that the media is explicitly involved in society's shared understanding and knowledge of health issues. Uwom and Oloyede (2014) noted that the media have the ability to effectively communicate health information and effective health information can affect individuals' awareness, attitudes and behaviour change.

In Adamawa state, government is making conscious efforts at helping women fight both breast and other types of cancers through various media such as radio, television, advocacy groups, use of bill board and pamphlets in both the city and rural areas and carrying out free examinations and surgeries to help reduce mortality rate traceable to breast and other cancers. However, despite these efforts by government and supporting organisations, the frightening threat of breast cancer cases, coupled with the lack of dedicated hospitals to tame the deadly disease, has left many women in the state in permanent fear and uncertain future as the death toll arising from cancer cases is distressing. It is evident that there is low awareness and poor support for victims. This lack of proper awareness especially in the rural areas of the state is the reason why a good number of the rural dwellers assume that anyone with cancer has suddenly suffered a spiritual attack or has been charmed. To help counter this notion, free cancer screening exercises for market and rural women are organized from time to time by the office of the wife of the state governor, while massive media campaign is constantly ongoing to enlighten women about breast cancer. The increasing number of victims being detected to have been affected by breast cancer in Nigeria and particularly Adamawa state is frightening. Therefore, the need for women to examine their breasts regularly and seek prompt medical attention in case of any abnormality in order to reduce the prevalence of breast cancer has heightened, as early detection is noted to be one of the preventive measures for cancer. Akinwale, Omoniyi, Foster & Abeer, (2016), pointed out that diagnosis of breast cancer during the early stage of the disease has been positively linked to a decrease in mortality, morbidity and effective cost of management of the illness. Adamawa state government took the initiative to launch a cancer media sensitization campaign to women in the state since 2012. This was after a survey by the World Health Organisation, WHO (2012) revealed that, by 2020, there would be 10 million new cases of cancer

every year in developing countries including Nigeria, out of which six million are likely to die. The campaign, which is ongoing are being carried out in both urban and rural areas, however, the problem of breast cancer has persisted, with many casualties recorded in different parts of the state. Research has shown that most patients with breast cancer in developing countries like Nigeria present for the first time at stages 2 and 3. This indicates a need for increased community awareness methods for early detection of the disease in localities of high prevalence.

Media sensitization and awareness messages about breast cancer and breast self-examination are being disseminated by Adamawa state government since 2012. In the rural areas where many women who can neither read nor write reside, advocacy groups use local dialects to conduct open air sensitization over loud speakers and organize town-hall seminars to educate rural women about breast cancer and to teach them the practice of breast self-examination in order to facilitate early detection and enhance the chances of prognosis. These exercises, which are mostly sponsored by NGOs and private organizations in collaboration with the state government has helped influence many of the rural women to present themselves for screening early and also to imbibe the habit of breast self-examination. They are also encouraged to be open and report to healthcare personnel as early as they detect any abnormal lump on or around their breasts. Radio broadcasts are also packaged in local dialects and aired at strategic times to consolidate on the effort of the groups. With these measures, Adamawa state government has successfully taken awareness messages about breast cancer and breast self-examination to the rural women in the state, however, the influence of these messages in the area of breast self-examination practice among rural women who are the recipient are yet to be ascertained. This study therefore is carried out to ascertain the influence of cancer media awareness messages on the practice of breast self-examination among rural women in Adamawa state. Since the commencement of various media campaigns on breast cancer and breast self-examination in Adamawa state, no previous research known to the authors has been done in this regard. The Health Belief Model (HBM), a social cognition model, developed by Irwin (1966) is the theoretical framework upon which this study is based. HBM is a health behaviour change and psychological model for

studying and promoting medical programmes which has also been used to highlight the role knowledge and perception can play in personal responsibility. Originally, the model was designed to predict behavioural response to the treatment received by chronically ill patients, but recently it has been used to predict more general health behaviours.

## 2. Research Hypotheses

The following hypotheses were tested at 0.05% level of significance.

**H<sub>1</sub>:** Breast cancer media campaign significantly influences awareness of breast cancer.

**H<sub>2</sub>:** Breast cancer media campaign significantly influences knowledge of breast self-examination.

**H<sub>3</sub>:** Awareness of breast self-examination significantly influences practice of breast self-examination.

## 3. Research Materials and Methodology

Structured questionnaire translated to local dialect (Hausa) and back translated to English Language was distributed to rural women in three selected local government areas (Demsa, Girie and Numan), one each from the three senatorial districts in the state where advocacy groups had visited in the past. The questionnaire was designed to elicit response from participants in the areas of awareness of breast cancer, knowledge of breast self-examination and the practice of breast self-examination among rural women in the state. A total of five hundred and ten (510) copies of questionnaire were administered on rural women with the help of three research assistants sourced from local communities to aid cordiality and enhance interpretation and understanding of questionnaire items. A response rate of 98% was recorded. The inclusion criterion was age. All women 18 years and above were eligible to participate in the study. 499 usable copies of the questionnaire were retrieved and analyzed using the Statistical Package and Product Solutions (SPSS, 22), while hypotheses were tested using multiple linear regression. In testing hypotheses, the pre-set level of significance for this study is 0.05. This implies that the hypotheses will be rejected if the P-value is less than or equal to 0.05, which is the pre-test level, ( $p \leq 0.05$ ) and will be accepted if the P-value is greater than 0.05.

### Test of Hypotheses

**H<sub>1</sub>:** Breast cancer media campaign significantly influences awareness of breast cancer.

**Table 1: Media campaign influence on awareness of breast cancer**

Model	Unstandardized Coefficients			Standardized Coefficients	T	Sig.
	B	Std. Error	Beta			
1	(Constant)	10.966	1.413		7.759	0.000
	<b>Breast Cancer Media Campaign</b>	1.076	.073	.757	14.766	<b>0.000</b>

Dependent variable: Awareness of breast cancer  
R Square = 0.531

**Interpretation**

Table 1 indicates that breast cancer media campaigns had a positive significant influence on awareness about breast cancer among rural women in Adamawa state ( $p < 0.05$ ,  $\beta = 0.757$ ). The regression model in the table points out that breast cancer media campaigns by Adamawa state government and other supporting agencies helped rural women in the state become more aware about the disease. This is also an indication that an increase in exposure to such media campaigns may likely result in proportionate increase in the awareness about breast cancer among Adamawa state rural women. The model could predict 53.1% of variation of influence on rural women’s awareness level about breast cancer. This suggests that breast cancer media campaigns significantly enhanced participants’ awareness about breast cancer, consequent upon which the hypothesis is accepted.

**H<sub>2</sub>:** Breast cancer media campaign significantly influences knowledge of breast self-examination.

**Table 2: Media campaign influence on knowledge of breast self-examination**

Model	Unstandardized Coefficients			Standardized Coefficients	T	Sig.
	B	Std. Error	Beta			
1	(Constant)	10.966	1.413		7.759	0.000
	<b>Breast Cancer Media Campaign</b>	1.076	.073	.657	14.766	<b>0.000</b>

a. Dependent variable: Breast cancer media campaigns  
R Square = 0.432

**Interpretation**

Regression analysis in table 2 points out that breast cancer media campaigns significantly influenced Adamawa state rural women’s knowledge about breast self-examination ( $p < 0.05$ ,  $\beta = 0.675$ ). The analysis indicates that breast cancer media campaigns had a positive significant influence on increased knowledge about breast self-examination among rural women participants. The linear regression model points out that breast cancer media campaigns explain 43.2% of the variation of influence on participants’ knowledge of breast self-examination. This analysis further suggests that Adamawa state rural women’s knowledge about breast self-examination was influenced to a high degree through respective media campaigns. Hence, the hypothesis is accepted.

**H<sub>3</sub>:** Awareness of breast self-examination significantly influences practice of breast self-examination.

**Table 3: Influence of breast self-examination awareness on the Practice of BSE**

Model	Unstandardized Coefficients			Standardized Coefficients	T	Sig.
	B	Std. Error	Beta			
1	(Constant)	4.935	1.681		2.936	0.000
	<b>Breast Cancer Media Campaign</b>	1.323	0.088	0.347	15.078	<b>0.000</b>

a. Dependent variable: Awareness of BSE  
R Square = 0.248

**Interpretation**

The regression table 3 depicts awareness of breast self-examination as having a significant negative influence on the practice of breast self-examination

among rural women in Adamawa state. This means that awareness of breast self-examination did not significantly influence the practice of BSE among study participants ( $p < 0.05$ ,  $\beta = 0.347$ ). This is therefore an indication that the practice of breast self-

examination among rural women in Adamawa state did not increase to level of awareness recorded. The model could predict a 24.8% of variation of influence on participants' practice of breast self-examination. This analysis suggests that participants' practice of BSE is not likely influenced significantly despite improved awareness of the benefits of BSE through breast cancer media campaigns. Further implications could be deduced that for whatsoever reason, an increase in breast cancer and breast self-examination media campaigns may not likely result to a significant improvement on the practice of breast self-examination. Consequent upon this, the hypothesis is rejected.

#### 4. Discussion of Findings

As pointed out, the main goal of public awareness is to facilitate behavioral change. Measuring awareness against itself or against knowledge and understanding gained in the process help in determining future strategies. However, a major determinant of the success or failure of public awareness efforts is in its ability to facilitate behavioral change. In the case of this research study, establishing the level to which the knowledge of rural women was enhanced regarding the practice of breast self-examination based on their awareness of breast cancer and their knowledge of breast self-examination is imperative. Therefore the establishment of respondents' awareness level regarding breast cancer and their level of knowledge about breast self-examination among other issues though germane to the whole idea behind this study was considered not enough to determine the level of success recorded by media campaign efforts. The research therefore went a step further to find out the percentage of respondents practicing breast self-examination as a result of knowledge gained from exposure to media campaigns on breast cancer and breast self-examination. Findings revealed that 63.2% of rural women studied agreed that they have been taught how to carry out breast self-examination on their own through various means. Among all, worthy of note is the 14.8% of respondents who indicated that they were taught to carry out BSE in the hospital by health professionals, as against 53.5% that disagreed with the notion. The development can imply that health workers in the rural areas are either not doing enough or that their efforts need improvement. It is important to highlight this fact because health workers are regarded as a primary source of knowledge concerning different health conditions and possible ways by which they can be prevented or cured.

Another finding that calls for immediate attention is that only 19.7% of respondents indicated as practicing breast self-examination regularly, whereas 50.5% said they do not practice BSE regularly. This could imply that the majority either practiced BSE at irregular intervals or perhaps do not practice BSE at all despite 97.8% of respondents agreeing that BSE can lead to early detection of breast cancer. On the overall, findings from this study points to the fact that respondents are aware about breast cancer and have been taught breast self-examination and its benefits in the early detection of breast cancer. However, findings suggest that many rural women participants in this study do not practice breast self-examination regularly. This calls for concern and in fact for urgent measures since awareness and knowledge about breast cancer and breast self-examination alone cannot be enough to attract the benefits to anyone unless the practice of BSE is imbibed. It remains to be established the point at which awareness and knowledge can translate to adoption of mediated ideas among study participants.

This finding corresponds with some studies done in the past by Kayode, Akande and Osagbemi (2005); Balogun and Owoaje (2005); Agboola, Oritogun, Deji-Agboola, Musa, Oyebadejo, and Ayoade, (2009) and Gwarzo, Sabitu and Idris (2009) which all showed a low level of practice of BSE among various subjects. Also, in similar studies in Brazil by Fidelis and Manalo, (2013) and in India by Doshi, Reddy, Kulkani and Karunakar, (2012), it was found that practice of BSE was generally low. The reason for this low practice as found in previous efforts was attributed to their focus on rural/market women who do not know the benefits of BSE. Whereas the finding from this study indicate a certain degree of knowledge about the benefit of BSE among rural women studied, it remains to be established why such knowledge does not automatically translate to the practice of BSE among rural women in Adamawa state.

#### 5. Conclusion

As seen in the result from this research, awareness of breast cancer and the knowledge of breast self-examination are high. However, majority of respondents do not practice breast self-examination regularly. This means that the major aim for the campaigns has only being achieved in part. It is common knowledge among communication specialists that campaigns are intentional strategies employed by programme planners to help bring about positive behavioural change in the attitudes of a target audience. Consequently, the campaign on

breast cancer and breast self-examination awareness in Adamawa state was not just to provide information about breast cancer and breast self-examination, but also to encourage women to practice breast self-examination as an effective and cheap means to early detection and successful prognosis of breast cancer. However, there are indications that the margin of rural women who practiced BSE regularly is inconsistent with the percentage of subjects that are aware of its benefits in helping to detect breast cancer early. Also, awareness and knowledge of study participants were significantly enhanced through media campaigns on breast cancer and breast self-examination, however, there are no guarantees that the practice of breast self-examination will improve with an increased exposure to breast cancer media among Adamawa state rural women. In other words, while the indication of increased awareness and knowledge about breast cancer and breast self-examination was positive, the indication of the regular practice of breast self-examination among the rural women was negative.

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**Appendix I**

**Questionnaire**

**Section A: Demographic Characteristics**

Please tick (✓) as appropriate

- D1 Age: (a) 18-27 ( ) (b) 28-37 ( ) (c) 38-47 ( ) (d) 48-57 ( ) 58-65( )  
 D2 Marital Status: (a) Single ( ) (b) Married ( )  
 D3 Academic Qual.: (a) FSLC ( ) (b) WASSC ( ) (c) NCE/OND ( )  
 D4 Occupation: (a) Trader ( ) (b) Farmer ( ) (c) Housewife ( ) Teaching ( )  
 D5 Religion: (a) Christianity ( ) (b) Islam ( ) (c) Traditional Religion ( )

**Section B Media Strategies Used**

**SA= Strongly Agree, A = Agree, SD = Strongly Disagree, D = Disagree, U = Undecided,**

		SA	A	SD	D	U
M1	Information about breast cancer is high on television					
M2	A lot of information on BSE are shared over the radio					
M3	Discussion about breast cancer on radio is rare					
M4	There are documentaries on TV about BSE					
M5	Information about breast cancer are rarely shared on TV					
M6	There are posters with messages about BSE around my area					
M7	Flyers with BSE information are share in my area often					
M8	Newspapers publish messages on breast cancer frequently					

**Section C: Appropriateness of Media Messages (medium, language and timing)**

**SA= Strongly Agree, A = Agree, SD = Strongly Disagree, D = Disagree, U = Undecided,**

		SA	A	SD	D	U
A1	There is always enough time for me to view and understand TV messages on breast cancer					
A2	Information on radio about breast cancer is aired at odd time so I hardly can listen					
A3	Radio messages are preferable by me because it is shared in the language I understand					
A4	Majority of the messages are shared in English language which I understand very well					
A5	Messages are usually aired in English which majority of the people does not understand					
A6	Both TV and radio programmes are not interactive					
A7	Messages about breast cancer creates fear in my mind					
A8	I prefer messages on radio in drama form about breast cancer					
A9	Billboard/pamphlets messages are preferable by me because of the demonstration in them.					
A10	I need someone to interpret the messages on the bill board to me because I do not know how to read.					
A11	I do not collect fliers containing BC messages because I cannot read.					

**Section D Awareness about Breast Cancer**

**VH = Very High, H = High, VL = Very Low, L = Low, U = Undecided,**

		VH	H	VL	L	U
A1	I know that breast cancer is a terminal disease					
A2	I know that breast cancer can kill					
A3	I know that dieting can lower my susceptibility to BC					
A4	I know that exercise can also lower my susceptibility to BC					
A5	I know that eating meals rich in calories and fat increases my susceptibility					
A6	I know that BC can be prevented and my action plays a vital role					
A7	I know that taking too much alcohol is not good for me					
A8	I know that BC is not a respecter of age ,color or status					
A9	I have seen poster with information about breast cancer					
A10	I heard about breast cancer on the radio					
A11	I know someone who suffered breast cancer					
A12	I heard about breast cancer in the school					
A13	My relation sister/aunty/mother/daughter suffered cancer					
A14	I heard about breast cancer over loud speakers					
A15	I don't know anything called breast cancer					

**Section E Knowledge about Breast Self-Examination (BSE)**

**SA = Strongly Agree, A = Agree, SA = Strongly Disagree, D = Disagree, U = Undecided,**

		SA	A	SD	D	U
K1	I believe BSE is good for every female between age 16 and above					
K2	I believe that BSE is a useful tool for early detection of breast cancer?					
K3	I believe media awareness about BSE over the radio is good					
K4	I believe poster demonstrations of how BSE is done is important					

K5	I believe watching video demonstrations of how BSE is done is good					
K6	I believe more campaign on BSE should be done massively					
K7	I believe older women should teach BSE to younger ones					
K8	I believe health workers can go to schools to teach girls about BSE					
K9	I believe BSE can be taught at the hospitals					
K10	I believe more awareness about BSE can be created on television					
K11	It is not clear to me what BSE is all about					
K12	Government campaign about BSE did not get to my area					
K13	I know someone who always practiced BSE					
K14	I believe pamphlets on BSE can be shared for awareness					
K15	I have not heard about BSE before now					

**Section F Practice of Breast Self-Examination (BSE)**

**SA = Strongly Agree, A = Agree, SA = Strongly Disagree, D = Disagree, U = Undecided,**

		SA	A	SD	D	U
P1	I have been taught how to carry out BSE					
P2	My mother taught me how to carry out BSE					
P3	My friend taught me how to carry out BSE					
P4	I was taught in the hospital by health professionals					
P5	BSE is done by inspecting the breast in the mirror					
P6	During pregnancy is the best time to carry out BSE					
P7	BSE is done by feeling the breast with hands					
P8	BSE is best done monthly					
P9	BSE is done to be familiar with breast texture					
P10	I do BSE regularly					
P11	I do not see the usefulness of BSE					
P12	I prefer that someone else help me perform BSE					
P13	I rather go for clinical breast examination or mammography than to perform BSE					
P14	My religion is against practices such as BSE					
P15	BSE can lead to early detection of breast cancer					