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Impact of Breast Cancer Awareness on the Prevention of Breast Cancer among Women attending Adunni Olayinka Clinic of Ekiti University Teaching Hospital

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Abstract

The impact of breast cancer awareness on the prevention of breast cancer among women focuses on enhancing knowledge, attitudes, and preventive practices to reduce the disease's prevalence and severity. This study investigated the effect of breast cancer awareness on prevention among women attending Adunni Olayinka Clinic of Ekiti University Teaching Hospital. A total of 205 respondents were selected using simple random sampling, and a descriptive survey design was employed. Data were collected through a validated questionnaire with a reliability index of 0.87 and analyzed using frequency distribution tables, with hypotheses tested using chi-square in SPSS version 25 at a 0.05 significance level. Results indicated no statistically significant relationship between breast cancer awareness and preventive practices, confirming the hypothesis. Nevertheless, findings revealed that women with breast cancer awareness demonstrated better health outcomes, with respondents acknowledging that awareness campaigns reduced stigma, encouraged early medical consultation for breast abnormalities, and improved overall community health. Additionally, participants noted that regular awareness programs helped reduce fear associated with diagnosis. The study underscores the importance of understanding the local context before implementing cancer control programs. Based on these findings, the study recommends effective strategies for promoting breast cancer awareness and prevention, including regular community-based education, the use of social media platforms, organizing free screening programs, conducting workshops and seminars, and involving breast cancer survivors in awareness campaigns. These interventions are essential for improving early detection, encouraging preventive

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behaviors, and ultimately reducing the burden of breast cancer in the community.

Keywords: Impact, Breast cancer, Awareness, Prevention, Women,

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Introduction

Breast cancer remains a major public health concern worldwide and continues to pose a significant threat to women's health, particularly in developing countries. It is the most commonly diagnosed cancer among women globally and a leading cause of cancer-related morbidity and mortality. Early detection and effective preventive strategies are widely recognized as critical determinants of improved survival outcomes, reduced disease burden, and enhanced quality of life (Gbenga-Epebinu et al., 2022). Central to these strategies is breast cancer awareness, which plays a pivotal role in promoting early presentation, uptake of screening services, and adoption of preventive practices (Anyanwu, 2019).

Globally, more than one million new cases of breast cancer are diagnosed annually, accounting for over one-third of the estimated 4.7 million cancer diagnoses in females. Breast cancer is the most frequently occurring cancer in women and the second most common tumor after lung cancer in both sexes (WHO, 2022). In addition to its high incidence, breast cancer is associated with substantial mortality. In 2022 alone, the disease was responsible for approximately 670,000 deaths worldwide, with a global mortality rate of 13.6 deaths per 100,000 population (Adebamowo & Helewa 2020). While incidence rates are highest in industrialized nations such as Belgium, the Netherlands, Luxembourg, France, and Denmark, some low- and middle-income countries, including Barbados, Jamaica, Fiji, the Bahamas, and Papua New Guinea, record disproportionately high mortality rates, reflecting inequities in access to early detection and effective treatment (Adebamowo, 2020).

The burden of breast cancer is particularly severe in sub-Saharan Africa, where survival rates are estimated at about 40%, compared to over 90% in most high-income countries. This stark disparity is largely attributable to late-stage diagnosis, limited awareness, inadequate screening facilities, and constrained healthcare resources. Between 1990 and 2019, the incidence of breast cancer in sub-Saharan Africa increased by 247%, with Nigeria recording the highest incidence in the region. Breast cancer is now the most common cancer among women in sub-Saharan Africa, accounting for approximately 25% of all new cancer cases (Tomas, 2022). In Nigeria specifically, Fredman and Parkin (2023) reported about 100,000 new cancer cases annually, with projections suggesting a sharp rise to nearly 500,000 new cases by 2020. While the five-year survival rate for breast cancer in the United States is approximately 85%, the corresponding rate in Nigeria is alarmingly low at about 10%, underscoring the critical challenges associated with late presentation and limited access to quality care (Olodepo, 2019).

Historical trends in Nigeria further highlight the growing prominence of breast cancer. Although cervical cancer previously had a higher prevalence (19.9%) compared to breast cancer (11.2%), data between 1981 and 1995 indicate that breast cancer overtook cervical cancer as the leading malignancy among women, with a prevalence of 25.7% compared to 22.7% for cervical cancer (Adebamowo & Ajayi, 2021). Notably, most breast cancer cases in Nigeria occur among premenopausal women, with mean ages at diagnosis ranging between 43 and 50 years, and cases reported in adolescents as young as 16 years in Lagos State. These patterns have significant implications for women's productivity, family stability, and national development. Several authors have consistently reported inadequate awareness regarding breast cancer detection, prevention, and intervention techniques, further exacerbating poor outcomes (Ferlay et al., 2019; Desantis et al., 2019).

At the subnational level, breast cancer represents a major health challenge in Ekiti State. Available evidence indicates that the breast is the most commonly affected site of cancer in

the state, with 14.6% of all cancer patients diagnosed with breast cancer, and women accounting for 67.6% of cancer cases (Denamar, 2019). Adenocarcinoma is the predominant morphological type, accounting for 8.5% of cases. Sociodemographic analyses reveal that most cancer patients in Ekiti State are Christians (93.5%), married (86.6%), and possess varying levels of education, including tertiary (47.4%), secondary (30.2%), and primary education (15.2%), while 7.2% have no formal education (Saludeen, 2019). Despite relatively high educational attainment among many patients, studies by Okobia et al. (2021) confirm persistent late presentation, often driven by cultural beliefs, fear, stigma, and what Deaton et al. (2022) describe as a "conspiracy of silence" surrounding cancer diagnoses.

Breast cancer screening and early detection practices, such as breast self-examination, clinical breast examination, and mammography, are well established in developed countries and have contributed significantly to declining mortality rates. However, their utilization remains low in Nigeria and other developing countries, largely due to cost, limited availability, and poor awareness (Egwuonwu et al., 2022). Evidence suggests that breast screening reduces breast cancer–related morbidity and mortality, enhances early detection, increases the likelihood of successful treatment, and reduces the need for invasive interventions (Ayoade, 2021; Chen et al., 2022). Ensuring access to early diagnostic services and promoting timely health-seeking behavior are therefore regarded as key strategies for improving prognostic outcomes (Azubuike, 2023).

Despite numerous awareness campaigns, the level of breast cancer knowledge and preventive practices among Nigerian women remains suboptimal. Several studies have documented low awareness and poor screening practices among different population groups, including rural women, secondary school teachers, and market women (Oluwatosin, 2020). While these studies provide important insights, they are often limited in scope, focus on specific subpopulations, and inadequately explore the relationship between awareness and actual preventive behaviors, particularly within tertiary healthcare settings.

Against this backdrop, this study seeks to investigate the impact of breast cancer awareness on the prevention of breast cancer among women attending the Adunni Olayinka Clinic of Ekiti University Teaching Hospital. Specifically, it aims to assess levels of awareness, knowledge, and preventive practices, and to examine the relationship between awareness and prevention behaviors. By focusing on women accessing care in a tertiary healthcare institution, this study intends to address existing gaps in the literature and generate evidence that can inform targeted interventions to strengthen breast cancer prevention, promote early detection, and ultimately improve survival outcomes in Ekiti State and Nigeria at large.

The main objective of this study is to investigate the impact of breast cancer awareness on the prevention of breast cancer among women attending the Adunni Olayinka Clinic of Ekiti University Teaching Hospital. Specifically, the study seeks to assess the level of breast cancer awareness among these women, examine the impact of breast cancer awareness on breast cancer incidence and mortality rates, and identify effective strategies for promoting breast cancer awareness and prevention within this population.

Methods and Materials

This study adopted a descriptive survey research design to collect data from the study population and draw inferences on the impact of breast cancer awareness on prevention practices. The research was conducted at the Adunni Olayinka Clinic of Ekiti University Teaching Hospital, a reputable tertiary healthcare facility located in Ado-Ekiti, Ekiti State, Nigeria. The study population comprised women aged 18–65 years attending the obstetrics

and gynecology department or breast clinic, including those undergoing breast cancer screening or who had received breast cancer awareness education. Participants were required to provide informed consent, reside within the hospital's catchment area, and communicate in English or local languages. Excluded from the study were men, women outside the specified age range, those unable to give consent, non-clinic attendees, women with prior breast cancer treatment or surgery, and individuals unable to communicate effectively.

Sample Size Determination was done Using the Taro Yamane formula:

n = N / (1 + N(e^2))

Where:

n = sample size

N = population size (470)

e = margin of error (usually 0.05 or 5%)

Plugging in the values:

n = 352 / (1 + 352(0.05^2))

= 352 / (1 + 352(0.0025))

= 352 / (1 + 0.875)

= 352 / 1.875

= 187

So, the sample size would be approximately 187.

Considering a non-response rate of 10%, add 10% to the sample size: 187 + 18 = 205

The study adopted a stratified systematic random sampling procedure to ensure a representative sample of women attending the Aduni Olayinka Clinic. Clinic attendance registers and appointment lists were first stratified based on age, educational level, and geographical location to capture key demographic variations within the population. From each stratum, respondents were selected using systematic random sampling by recruiting every fifth eligible individual until the desired sample size of 205 participants was achieved. This sampling approach enhanced the representativeness, validity, and generalizability of the findings. Data were collected using a structured questionnaire specifically designed to assess the impact of breast cancer awareness on prevention. The instrument comprised four sections: respondents' socio-demographic characteristics, level of breast cancer awareness, the impact of awareness on preventive behaviors, and effective strategies for promoting breast cancer awareness and prevention.

A pilot study was conducted among 20 women with similar characteristics at the Federal Teaching Hospital, Ido-Ekiti, representing approximately 10% of the total sample size, to refine the instrument. Validity was ensured through expert review of the questionnaire items, while reliability was established using the test–retest method, confirming the clarity and consistency of the instrument. Following ethical approval, the researcher personally administered the validated questionnaires, explained the study objectives, and ensured confidentiality, with immediate retrieval to prevent data loss. Data analysis was performed using descriptive and inferential statistics, including percentages, means, and chi-square tests, to address the research questions and test hypotheses. Ethical considerations were strictly observed through informed consent, anonymity, confidentiality, and respect for participants' rights, with approval obtained from the relevant hospital authorities and ethics committee

Results

Table 1: Showing socio demographic characteristics N= 205

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–30	38	19
	31–40	129	63
	41–50	30	17
	51 and above	3	1
Marital Status	Single	70	34
	Married	130	63
	Divorced/Widowed	5	3
Educational Level	Tertiary	170	83
	Secondary	27	13
	Primary	8	4
Occupation	Working	102	50
	Self-employed	93	45
	Not working	10	5
Religion	Christian	140	68
	Muslim	65	30
	Traditionalist	5	2
Years of Post-Registration Experience	1–5	15	14
	6–10	40	38
	11–15	35	33
	16–20	10	10
	21 and above	5	5
Years of Work Experience	1–5	27	26
	6–10	35	33
	11–15	23	22
	16–20	17	16
	21 and above	3	3

Table 1 Show socio demographic characteristics which indicate that38 respondents at (19%) were within the age bracket of 18-30 year, also 129 respondents at (63%) were within the age limit of 31-40 Years, Likewise 30 respondents at (17%) were with 41-50 Years , 3 respondents at (1%) 51 above, the above table show marital status of respondent s which indicate that 70 respondents at (34%) were single, also 130 respondents at (63%) were married and 5 respondents at (3%) were divorced. The educational distribution revealed that 170 respondents at (83%) were degree holders, while 27 respondents at (13%) were secondary school leaving certificate holders, as 8 respondents at (4%) has obtained their first school leaving certificate

Table 2: Level of breast cancer awareness among women

S/N	Awareness Item	Response	Frequency	Percentage (%)
1	Have you ever attended a breast cancer awareness program?	Yes	195	95
		No	10	5
2	Have you heard about breast cancer before?	Yes	198	96
		No	7	4
3	Are you aware of self-breast examination as a preventive measure?	Yes	202	98
		No	3	2
4	Do you know that early detection improves survival rates?	Yes	197	96
		No	8	4
5	Have you heard about mammography as a screening tool?	Yes	201	98
		No	4	2
6	Do you know the common risk factors for breast cancer?	Yes	185	90
		No	20	10
7	Are you aware that family history can increase the risk of breast cancer?	Yes	166	91
		No	39	9
8	Do you know that maintaining a healthy lifestyle can reduce the risk of breast cancer?	Yes	145	70
		No	60	30
9	Do you believe that breast cancer awareness campaigns are effective?	Yes	183	89
		No	22	11
10	Are you aware of the symptoms of breast cancer?	Yes	171	83
		No	34	17

Table 2 shows level of breast cancer awareness among women which indicate that 195 respondents at (95%) agree that they attended a breast cancer awareness program while 198 respondents at (96%0 agree that they heard about breast cancer before also 202 respondents at ((8%) posit that they are aware of self-breast examination as a preventive measure, the study revealed that 197 respondents at (96%) agree that they know that early detection improves survival rates also 201 respondents at (98%) agree that they Have heard about mammography as a screening tool. furthermore, 185 respondents at (90%0 agree that they know the common risk factors for breast cancer also 166 respondents at (91%) were of the opinion that they are aware that family history can increase the risk of breast cancer

likewise 145 respondents at (70%)agree that they know that maintaining a healthy lifestyle can reduce the risk of breast similarly , 183 respondents at (89%) were of the opinion that they believe that breast cancer awareness campaigns are effective and 171 respondents at (83%) agree that the aware of the symptoms of breast cancer which implies that majority of the respondents agree that have full awareness of breast cancer .

Table 3: Impact of breast cancer awareness on breast cancer incidence and mortality rates

Impact of Breast Cancer Awareness on Incidence and Mortality Rates	Response	Frequency	Percentage (%)
Breast cancer awareness programs have motivated women to perform self-breast examinations	Yes	196	96
	No	9	4
Increased awareness has led to early detection of breast cancer	Yes	203	98
	No	2	2
Women with breast cancer awareness have better health outcomes	Yes	183	89
	No	22	11
Awareness campaigns have reduced the stigma associated with breast cancer	Yes	184	90
	No	21	10
More women now seek medical advice for breast abnormalities due to awareness	Yes	199	97
	No	6	3
Breast cancer awareness has improved the overall health of women in the community	Yes	198	96
	No	7	4
Regular awareness programs reduce the fear associated with breast cancer diagnosis	Yes	198	96
	No	7	4
Awareness encourages women to adopt healthier lifestyles	Yes	185	90
	No	20	10
Breast cancer education has empowered women to educate others	Yes	184	90
	No	21	10
Overall, breast cancer awareness has significantly reduced the prevalence of late-stage diagnoses	Yes	183	89
	No	22	11

Table 3 show impact of breast cancer awareness on breast cancer incidence and mortality rates among women which reflect that 196 respondents at (96%) agree the fact that

Increased awareness has led to early detection of breast cancer. Also 203 respondents at (98%) posit that Women with breast cancer awareness have better health outcomes also 184 respondents at (90%) agree that awareness campaigns have reduced the stigma associated with breast cancer while 199 respondents t (97% agree that More women now seek medical advice for breast abnormalities due to awareness, the above table also shows that 198 respondents at (90%) agree that breast cancer awareness has improved the overall health of women in the community and 198 respondents at (96%) were of the opinion thatregular awareness programs reduce the fear associated with breast cancer diagnosis, furthermore, 185 respondents at (90%) support the motion which posit that awareness encourages women to adopt healthier lifestyles as 184 respondent at (90%) were of the opinion that breast cancer education has empowered women to educate others and 183 respondents at 89% agree that breast cancer awareness has significantly reduced the prevalence of late-stage diagnoses. Which implies that majority of the respondents that there is tremendous impact of breast cancer awareness on breast cancer incidence and mortality rates among women

Table 4: Effective strategies for promoting breast cancer awareness and prevention

Effective Strategies for Promoting Breast Cancer Awareness and Prevention	Response	Frequency (N=205)	Percentage (%)
Is regular community-based education effective in creating awareness?	Yes	183	79
	No	22	21
Can social media platforms improve breast cancer awareness?	Yes	203	98
	No	2	2
Do you believe that organizing free screening programs increases awareness?	Yes	194	90
	No	11	10
Are workshops and seminars on breast cancer helpful?	Yes	171	68
	No	34	32
Can involving breast cancer survivors in campaigns increase awareness?	Yes	166	63
	No	39	37
Do you think educating young women in schools is an effective strategy?	Yes	198	93
	No	7	7
Are visual aids like posters and pamphlets effective for creating awareness?	Yes	183	79
	No	22	21

Table 4 show effective strategies for promoting breast cancer awareness and prevention among women which indicate that 183 respondents at (79%) agree that one of the strategies

is regular community-based education effective in creating awareness and 203 respondents at (2%) agree that social media platforms improve breast cancer awareness while 194 respondents at(90%) posit believe that organizing free screening programs increases awareness, the above table show that 171 respondents at (68%) agree that workshops and seminars on breast cancer helpful and 168 respondents at (63%) agree that involving breast cancer survivors in campaigns increase awareness, furthermore 198 respondents at (93%) posit that educating young women in schools is an effective strategy while 183 respondents solely agree that visual aids like posters and pamphlets effective for creating awareness. This therefore implies that majority of the respondents agree the fact that effective strategies for promoting breast cancer awareness and prevention among women

Table 5: Correlation between breast cancer awareness and breast cancer prevention practices among women

Variables	Breast Cancer Awareness	Breast Cancer Prevention Practices	N
Breast Cancer Awareness	1	0.780**	205
Breast Cancer Prevention Practices	0.780**	1	205
p-value	–	0.000	–

The correlation between breast cancer awareness and breast cancer prevention practices among women has shown a strong positive relationship, t r= 0.780 and p <0.01. This result shows a strong positive correlation. This implies that there is significant relationship between breast cancer awareness and breast cancer prevention practices among women

Discussion of Findings

The socio-demographic characteristics of the respondents revealed significant insights into the study population. Among the 205 participants, 38 respondents (19%) were aged 18–30 years, 129 respondents (63%) were aged 31–40 years, 30 respondents (17%) were aged 41–50 years, and only 3 respondents (1%) were above 51 years. Marital status distribution showed that 70 respondents (34%) were single, 130 respondents (63%) were married, and 5 respondents (3%) were divorced. Educational attainment was notably high, with 170 respondents (83%) holding degrees, 27 respondents (13%) having secondary school certificates, and 8 respondents (4%) possessing first school leaving certificates. These findings indicate a largely educated and married population within the reproductive and productive age group, providing a relevant context for assessing breast cancer awareness and preventive practices.

The level of breast cancer awareness among respondents was generally high. Approximately 195 respondents (95%) reported attending a breast cancer awareness program, while 198 respondents (96%) had prior knowledge of breast cancer. Awareness of preventive measures was also notable, with 202 respondents (98%) acknowledging self-breast examination and 201 respondents (98%) aware of mammography as a screening tool. Most respondents understood the benefits of early detection, with 197 (96%) recognizing its role in improving survival rates. Additionally, 185 respondents (90%) were aware of common risk factors, 166 respondents (91%) acknowledged the impact of family history, and 145 respondents (70%) recognized the role of a healthy lifestyle in risk reduction. Overall, 183 respondents (89%) believed awareness campaigns were effective, and 171 respondents (83%) were familiar

with the symptoms of breast cancer, suggesting a generally high level of knowledge in line with findings by Rasheed and Adetifa (2019).

The impact of breast cancer awareness on incidence and mortality was also evident. Most respondents, 196 (96%), agreed that increased awareness has led to early detection, while 203 respondents (98%) noted that awareness contributes to better health outcomes. Awareness campaigns were credited with reducing stigma (184 respondents, 90%) and encouraging women to seek medical advice promptly (199 respondents, 97%). Additionally, 198 respondents (96%) believed that regular awareness programs reduce fear of diagnosis, and 185 respondents (90%) indicated that awareness promotes healthier lifestyles. Empowerment through education, enabling women to educate others, was affirmed by 184 respondents (90%), and 183 respondents (89%) observed a reduction in late-stage diagnoses. These findings corroborate previous studies, including Kayode et al. (2020) and Salem and Hassan (2021), emphasizing the significant positive impact of awareness on prevention and outcomes.

Respondents also identified effective strategies for promoting breast cancer awareness and prevention. Regular community-based education was supported by 183 respondents (79%), while 203 respondents (99%) agreed that social media platforms enhance awareness. Free screening programs were endorsed by 194 respondents (90%), workshops and seminars by 171 respondents (68%), and involvement of breast cancer survivors by 168 respondents (63%). Educating young women in schools was considered effective by 198 respondents (93%), and visual aids such as posters and pamphlets were affirmed by 183 respondents (89%). These findings highlight the multifaceted approaches needed to promote awareness effectively and are consistent with Irurhe, (2020), who demonstrated that combined educational interventions and visual aids improve knowledge retention and engagement in preventive practices.

In summary, the findings indicate that the study population is predominantly educated, married, and within the productive age group, with a high level of awareness regarding breast cancer, its risk factors, preventive measures, and screening tools. Breast cancer awareness has demonstrably influenced early detection, reduced stigma, improved health outcomes, and encouraged healthier lifestyles. Furthermore, respondents identified a range of effective strategies, including community education, social media engagement, free screening programs, school-based education, and visual aids, to sustain and enhance awareness (Pearson et bal., 2020; Onyewenyi et al., 2020). Collectively, these results underscore the critical role of awareness in promoting preventive behaviors and reducing the incidence and mortality associated with breast cancer.

Conclusion

This study highlights that awareness and knowledge of breast cancer, its symptoms, and risk factors exist among rural women, yet breast self-examination is rarely practiced despite a high willingness to learn. The rising incidence of breast cancer underscores the need for government-led initiatives to promote early detection and health-seeking behavior. Positive attitudes toward screening present an opportunity for healthcare professionals to encourage cost-effective methods like self- and clinical breast examinations. Delays in diagnosis and treatment, driven by misdiagnosis, late referrals, and high costs, remain critical barriers, emphasizing the need to strengthen the efficiency of the healthcare system across the continuum of care.

Recommendations

Based on the findings of this study the following recommendations are made:

1. Health workers should embark on intensive breast cancer education programmes with emphasis on early detection of symptoms and personal risk assessment through the instrumentality of health care providers and through community based organizations like women associations.
2. There is also need to maximize the use of the mass-media in the dissemination of cancer education especially through radio andtelevision which enjoy higher listenership.
3. Programmes for breast cancer education should be mounted for women in the state to improve their knowledge especially for rural women, women with non-formal level of education as well as olderwomen (44 years and above). This can be achieved by designing programmes which specifically target these disadvantage segments of society.
4. Government should sponsor the integration of breast cancer education into the health education curriculum from an early stage ofeducation and at every level of education to improve the knowledge of the masses through the educational system

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