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Barriers and challenges towards practicing regular breast self-examination among women aged 15-49 years in Ndejje village, Luweero district, Uganda. A cross-sectional study.

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Abstract

Background:

Breast cancer is among the leading causes of morbidity and mortality among women worldwide, and early detection through regular breast self-examination (BSE) plays a crucial role in improving survival rates. This study determined the barriers and challenges towards practicing regular breast self-examination among women aged 15-49 years in Ndejje village, Luweero district, Uganda.

Methodology:

A cross-sectional descriptive design was employed, and it used quantitative methods of data collections. This enabled the researcher to collect data from a large number of participants within a short period of time, with a study sample of 80 participants.

Results:

Majority 32 (40%) of the participants were Anglicans, (65%) of the study were married, 65 (81.25%) agreed that they were comfortable with discussing breast health and BSE with health workers, 47(58.75%) of the participants agreed to having had cultural/societal beliefs or taboos that influence performance of BSE and these included; BSE doesn't respect privacy, the examination may lead to breast cancer detection, taboo in some cultures to touch and discuss one's breasts, 16 (20%) reported fear to detect a breast cancer while, the majority 52 (65%) reported no skill to perform BSE, the least 12(15%) said they had no time to perform BSE.

Conclusion:

The established barriers were fear of detecting breast cancer, lack of skills to perform BSE, no time to perform BSE, and the influence of cultural/ societal beliefs on performing BSE.

Recommendation:

The community should partner with NGOs that support women's health to ease funding and support for the performance and practice of breast health.

Keywords: *Women aged 15-49 years, Ndejje village, Luweero district, Uganda, Barriers and challenges towards practicing regular breast self-examination.*
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Background

Breast cancer is among the leading causes of morbidity and mortality among women worldwide, and early detection through regular breast self-examination (BSE) plays a crucial role in improving survival rates. However, there is limited research on the barriers and challenges towards BSE among women in rural areas, such as Ndejje Village in Luweero District, Uganda. The problem lies in the inadequate understanding of the practices related to BSE among women aged 15 to 49 years in Ndejje Village. Limited awareness, cultural beliefs, and access to health care services in rural areas like Ndejje village may contribute to suboptimal utilization of BSE as a tool for early detection of breast cancer.

Without an in-depth understanding of the barriers and challenges faced by women in practicing BSE, appropriate interventions and educational programs cannot be developed to improve awareness and promote regular BSE practices. In addition, 831 incidences of breast cancer occurred between 2011 and 2015, representing a 37.6 per 100 000 incidence rate. Our prediction indicates that by 2030, its burden will have significantly increased to 48.4 per 100000 women annually. By 2030, there will be more than 48 cases of female breast cancer per 100,000 people in Uganda (Asasira et al., 2022).

lack of health insurance, inadequate knowledge of breast cancer screening, a lack of doctor recommendations, a lack of trust in hospitals and doctors, language barriers,

procedure fear, and lack of transportation are the most frequent barriers to breast screening among minority women, Additionally, socioeconomically disadvantaged areas with high rates of unemployment and crime make it difficult to focus on preventative treatment since they are more concerned with day-to-day survival (Castaldi et al., 2022).

According to the survey, just 24.9% of participants knew anything about BSE, and 75.1% had no knowledge about breast self-examination whatsoever. They primarily obtained their information from health professionals (47.5%), and electronic media (21.4%), and 76.5% did not engage in BSE. Additionally, roughly 77% of the responders mentioned a barrier of some kind to BSE practice. Based on three themes: "knowledge/awareness of BSE," "practice and appeal for intervention," and "misconceptions and fear of being diagnosed," the main obstacles to the practice of BSE are revealed (Hanson et al., 2019).

Understanding the barriers and challenges towards BSE among women in Ndejje Village will contribute to the existing literature on breast cancer awareness and prevention in Uganda, particularly in rural areas. The findings will be relevant not only to local health care providers and policy makers but also to international organizations and researchers interested in addressing the challenges of breast cancer prevention and control in resource-limited settings. This study determined the barriers and challenges towards practicing regular breast self-examination among women aged 15-49 years in Ndejje village, Luweero district, Uganda.

Methodology.

Study Design

The proposed study employed a cross-sectional, descriptive, and quantitative study design among women aged 15 to 49 years in Ndejje Village, Luweero District, Uganda. This design allowed for the collection of data at a specific point in time, providing a snapshot of the study population's characteristics, knowledge, attitudes, and practices related to BSE, as well as efficient data collection, as it does not require longitudinal follow-up, making it more feasible and practical for the research scope and available resources.

Study Area

This study was carried out in Ndejje village, which is found in Luweero district. Ndejje is located in Luweero District, approximately 42 kilometres (26 mi) by road, north of Kampala, Uganda's capital and largest city. This location lies approximately 8 kilometres (5.0 mi), by road, northwest of the town of Bombo, on the Kampala-Masindi Highway. The exact population of Ndejje is not known at this time. However, Barnabus Iga Matovu, a journalist from the area, in 2012, gave the estimated population of Ndejje as over 10,000 people.

Study Population

The population for this study was women of childbearing age, i.e., 15-49 years, and all pregnant mothers who lived in Ndejje village, Luweero district, from 1st of August 2023 to 31st October 2023. The study excluded women below the age of 15 years and above 49 years.

Sample Size Determination.

A sample size of 80 participants was determined using Cochran's formula."

$n = N(1+Ne^2)$

where,

n = Expected number of participants

N=the general population

e =Margin of error at 95%, which is 0.05

$n = 100/ [1+100*0.05^2]$

n=80

Therefore, the sample size enrolled in this study was 80.

Sampling technique

A simple random sampling technique was employed to select participants from Ndejje Village. This technique was implemented, hence the required variables used for the research were easily achieved, as each member of the target population had an equal chance to participate.

Sampling procedure

The researcher was able to access the eligible women required to obtain the sample size from those present in the particular household at the time of the survey, and was then invited to participate in the study. In the case of absentees, return visits were made to ensure participation from all eligible individuals within the selected households.

Data Collection Method

Data was collected using structured questionnaires that were administered through face-to-face interviews with the participants. The questionnaire was developed based on the study objectives and covered aspects such as knowledge of BSE, attitudes towards BSE, practices of BSE, and sources of information about breast cancer. The questionnaire was refined before the actual collection to ensure clarity and reliability of the data.

Data collection tool

A structured questionnaire was used in this study to collect data. It consisted of both closed-ended and open-ended questions, which contained socio-demographic characteristics, sources of information, as well as perceptions and practices, towards breast self-examination.

Data collection procedure

With an introductory letter obtained from Mildmay Institute of Health Sciences, the researcher obtained permission from

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the office of the Chairperson, Local Council 1. This was followed by obtaining consent from the respondents who were to be selected using simple random sampling. The respondents, with emphasis on their confidentiality, were provided with questionnaires to fill out. The data collection tools were administered to the participants, and they were informed about the purpose of the study as well as informed consent. Confidentiality, consistency, and accuracy were observed.

Study Variables

The study used independent variables such as age, educational background, awareness of breast self - examination, socioeconomic levels, cultural views, and access to healthcare to investigate perceptions and practices about breast self-examination (BSE). These variables affected the dependent variable, BSE behavior, which helped the researcher to comprehend how these variables are related to one another and how they affect BSE practices. These factors were examined by the researcher to learn more about how BSE affects many facets of life.

Quality Control

Training of research assistants

Tests were administered to assistants to ensure that they understood their responsibilities.

Pretesting of the research tool

A pilot study with a small sample of the population was performed to evaluate the validity and reliability. My supervisor then reviewed the questionnaire, and the changes were taken into consideration.

inclusion and exclusion criteria

Inclusion

Women aged between 15 and 49 years who were in Ndejje village at the time of the study, as well as those who were willing, took part in the study after obtaining their consent.

Exclusion

All women aged 15 to 49 years who did not consent to participate in the study.

Data Analysis and Presentation

Quantitative data collected from the questionnaire were analyzed using appropriate statistical software. Descriptive statistics such as percentages and frequencies were used to summarize the participants' characteristics, knowledge levels, attitudes, and BSE practices. The raw data obtained was processed and analyzed using the Microsoft Excel program. Tables, graphs, and pie charts presenting the findings according to the research questions were used.

Ethical Consideration.

Before the conduction of the study, written permission was provided by the Mildmay Institute of Health Sciences to the Chairperson of Local Council 1, Ndejje Village. An introductory letter from the Chairperson of Local Council 1 was then presented to the women eligible to participate so as to ease data acquisition.

Informed consent was obtained from all the participants so that they could understand the purpose of the study, their rights as participants, confidentiality, and anonymity of their responses.

The privacy and confidentiality were then strictly maintained throughout the study, and all collected data will be securely stored and only accessible to the research team.

All collected data was securely stored and accessible only to the research team. Participants were provided with information about breast health and available resources in case they required further assistance.

Results.

Demographic data of the participants (n=80)

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Table 1: Distribution by demographic data of the participants (n =80)

Variable	Parameter	Frequency (n=80)	Percentage (%)
Age	10-19	14	17.5
	20-29	32	40
	30-39	28	35
	40-49	06	7.5
Religion	Catholic	14	17.5
	Pentecostal	18	22.5
	Muslim	12	15
	Anglican	32	40
	Others	04	5
Marital status	Married	52	65
	Single	24	30
	widow	04	5
Level of education	Primary	19	23.75
	Secondary	44	55
	Tertiary	17	21.25

Table 1 shows that the majority, 32(40%), were aged between 20 and 29 years, and the least, 14(17.5%), were aged between 10 and 19 years. The study involved the majority, 32 (40%), who were Anglicans. The greatest percentage, 52 (65%) of the study participants were married, and 04 (5%) were widows. The majority of the participants, 44(55%), were at the secondary level of education, while the least, 17 (21.25%), were at the tertiary level of education.

Table 2: Distribution according to factors that make it challenging to perform regular BSE

Challenge	Number of participants	Percentages
Fear of detecting breast cancer	16	20%
No skill to perform BSE	52	65%
No time to perform BSE	12	15%

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16 (20%) reported fear of detecting breast cancer, while the majority, 52 (65%), reported no skill to perform BSE; the least, 12(15%), said they had no time to perform BSE

Figure 1: Distribution according to any cultural/ societal beliefs or taboos that influence the performance of BSE.

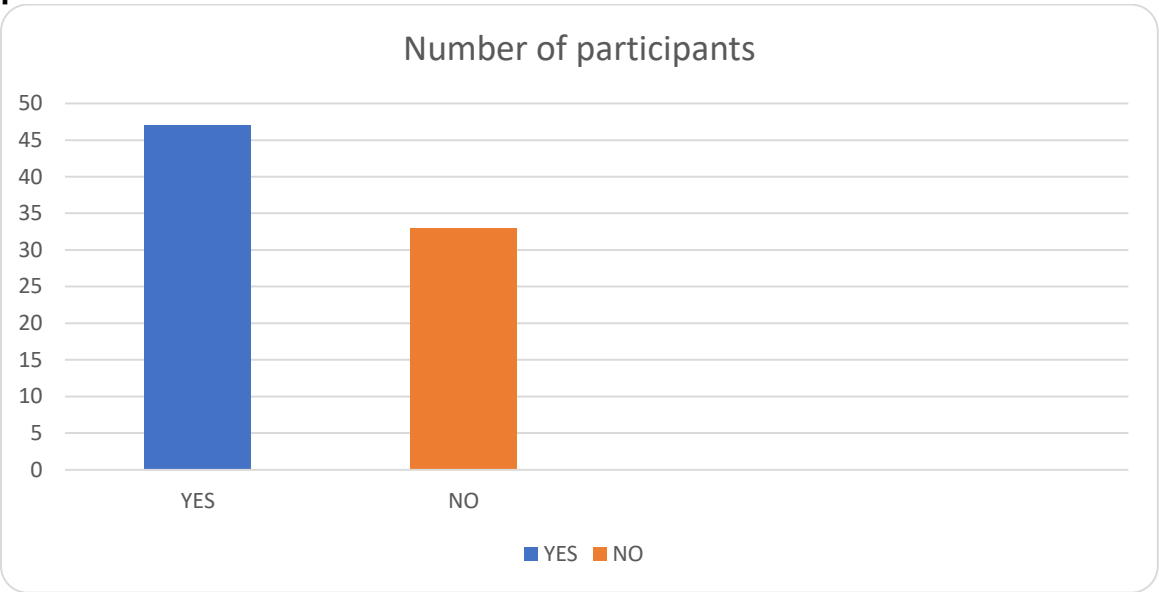

Figure 1 shows that 47(58.75%) of the participants agreed to having had cultural/societal beliefs or taboos that influence performance of BSE, and these included: BSE doesn't respect privacy, the examination may lead to breast cancer detection, and taboo in some cultures to touch and discuss one's breasts. However, 33(41.25%) said they didn't have any of the above factors influencing the performance of BSE.

Responses according to the participants' comfort to discuss breast health and BSE with health workers

Out of the 80 participants, 65 (81.25%) agreed that they were comfortable with discussing breast health and BSE with health workers, while 15 (18.75%) responded that they were not comfortable discussing breast health and BSE with health workers.

Discussion of results.

Barriers and Challenges Faced by Women in Practicing Regular Breast Self-Examination.

The objective of the study was to identify the barriers and challenges faced by women in practicing regular breast examination. Data analysis and interpretation revealed the following major findings under this objective;

This study showed that when the participants were asked whether they performed BSE regularly, the minority, 13(16.25%), responded positively by agreeing that they regularly performed BSE, while the majority, 67 (83.75%), responded negatively by disagreeing. This is most likely because of forgetfulness and negligence, lack of time, perception of invasion of privacy, sense of embarrassment, belief in no sickness, and hence disregarding the need for BSE. This study relates to (Balousha et al., 2020), where the Palestinian women from whom the study was carried out reported the same barriers towards BSE.

The study revealed that the biggest barrier reported was a lack of skills to perform BSE properly, cited by 65% of participants. Qualitative data revealed uncertainty about the right BSE techniques involving the use of a mirror, hand motions, and area coverage. The skill gap is consistent with studies in other African nations, like Ethiopia, where it was found that ignorance of proper technique was the top barrier (Tewelde et al., 2022). Beyond skills training, providing take-home resources like brochures, models, and health apps can enable practice

In this study, the greatest percentage, 65%, reported having no skill to perform BSE as their challenge. This is probably due to limited access to health workers to provide adequate information and skills to perform BSE. 20% also reported fear of detecting breast cancer as a key barrier, reflecting the stigma and fatalism associated with cancer in Uganda. This also agrees with (Sarker et al., 2022), which was done on university students in Bangladesh, where fear of cancer diagnosis was a barrier raised by the students. Counseling

services and testimonials from cancer survivors can help overcome such psychosocial barriers. These findings agree with (Castaldi et al., 2022), who revealed that inadequate knowledge and procedure fear were some of the most frequent barriers to breast screening among minority women in their study.

Cultural beliefs were an obstacle for 58.75%, including taboos about touching breasts. Though 81.25% were comfortable discussing BSE with health workers, only 16.25% performed it regularly. This highlights the need for socially-tailored education to address misconceptions, while leveraging trusted community health workers as change agents. Male partner sensitization is also critical, as women's health behaviors are influenced by spousal support (Dadzi & Adam, 2019). Tackling knowledge gaps, fears, and cultural barriers collectively can enable more women to practice BSE routinely.

Study Limitations

The researcher faced challenges of a language barrier since some participants were more familiar with the local language. There was also the challenge of non-response from some participants during data collection, and this was addressed by replacing them.

Conclusion.

The established barriers were fear of detecting breast cancer, lack of skills to perform BSE, no time to perform BSE, and the influence of cultural/ societal beliefs on performing BSE.

Recommendation

The community should partner with NGOs that support women's health to ease funding and support for the performance and practice of breast health.

The local government should organize routine health educational programs to teach women the proper techniques of breast self-examination, thereby encouraging them to attend the programs with ease.

The health professionals, in partnership with the local government, should also develop free clinical breast examination vouchers and training of village health teams, which can help transition sporadic practice into a monthly health-seeking behavior.

Acknowledgement

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I would also like to thank the Chairperson of Ndejje Village for granting me permission to conduct this research in the area. I also convey my sincere appreciation to the participants who voluntarily took part in the study.

All in all, I am so grateful for the support that God has rendered to be able to achieve the completion of this work.

LIST OF ABBREVIATIONS

BSE:	Breast Self-Examination
BC:	Breast cancer
BCIR:	Breast Cancer Incidence Rate
SSA:	Sub-Saharan Africa
Mi:	miles
NGO:	Non-Governmental Organization
SDGs:	Sustainable Development Goals

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Conflict of interest.

The authors declare no conflict of interest.

Author's biography.

Priscilla Abbo is a student of a diploma in Clinical Medicine and Community Health at Mildmay Institute of Health Sciences.

Jimmy Okwany is a research supervisor at Mildmay Institute of Health Sciences.

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