

Original Research Article

SYMPTOMS AND PREDISPOSING FACTORS OF BREAST AND CERVICAL CANCER AMONG WOMEN EMPLOYEE IN A SOUTH WEST NIGERIAN UNIVERSITY

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Abstract

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The leading cause of mortality among women has been identified as breast and cervical cancer in Nigeria. The objective of the study identified the symptoms and predisposing factors associated with breast and cervical cancer among the participants. A cross-sectional design and convenience sampling technique were used to recruit 460 women within the age of 18-60 years in a south western Nigerian university. Chi-square analysis revealed that bleeding per vagina after intercourse ($X^2 (4) = 28.0590, p < 0.00$), vagina discharge ($X^2 (14) = 20.3584, p < 0.00$), painful intercourse ($X^2 (4) = 10.8698, p < 0.03$), genetic inheritance ($X^2 (4) = 12.6040, p < 0.01$) were significant among the symptoms and predisposing factors of cervical cancer. However, family history, cigarette smoking, consumption of fatty diets, environmental factors and age were significant ($X^2 (12) = 38.9467, p < 0.00$) for breast cancer.

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Keywords: breast cancer, cervical cancer, morbidity

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Introduction

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Cancer is a rebellious cell that divides itself and multiplies rapidly to overcome the normal cell in the body. The cause is not known, neither has any drug yet been found for the cure of cancer, however it is a well established fact that early detection diagnosis and well-informed management will be full blown cancer and reduce morbidity as well as mortality, significantly.

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For more than 50 years in Nigeria, cancer was not recognized as a disease of the black race, but ravages of cancers are visible and recent trends appears to contradict the belief, with so many black women suffering and dying from cancers of breast and cervix. Edington and MacLean [1] published the first cancer rate survey in Nigerians using data from the Ibadan cancer registry. The pattern of cancers diagnosed in Nigerian women has been changing steadily since this report. In Abioye's 20 year survey (1960-1980) published in 1981, age specific incidence of cancer in women ranged from 8.18 per 100,000 (age group 20-24 years) to a high 373.75 per 100,000 (age group 60-64 years) [2].

Breast and cervical cancers are the twin malignant tumours that are dealing a severe blow to women. In Nigeria today, cancer patients present themselves late, almost always in final stages at the hospital. The most important risk factor for development of breast cancer is being a female due to the estrogen hormones produced by women. The age of the patient and family history of breast cancer also predisposes a woman to develop the disease. Early menarche, late age of first birth, nulliparity and late menopause are the predisposing factor to the developing of

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breast carcinoma. There are others which include obesity, alcohol consumption, use of exogenous estrogen, radiation exposure and previous history of breast disease and ovarian cancer. The reason for late presentation includes denial, ignorance, religious considerations and wrong diagnosis. Breast cancer can be detected by women accidentally or during self breast examination (SBE). It can also be discovered by husbands, boyfriends, family doctor, or gynecologist during clinical breast examination (CBE) and by screening mammography. The early detection of tumours is necessary for prompt treatment. Cervical cancer, a preventable disease is the commonest genital cancer in Nigeria. In northern Nigeria, it is the commonest in women, while in the south it is the second to breast cancer. According to the American cancer society [3], over 500,000 new cases are reported each year with 80% from the developing countries. Approximately 10,000 women are diagnosed with cervical cancer with over 23.7% present with cervical HPV the main cause of cervical cancer[4]. In Nigeria, the population of women above 15 years who are potentially at risks of developing cervical cancer is estimated at 40.43 million[5]. Women with cervical cancer die 18 years earlier due to a pre-invasive stage, which takes an average of 10-15 years to develop into cancer.

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These two tumours, together with death associated with pregnancy and childbirth and those resulting from the new scourge of HIV/AIDS, are reckoned to account for more than two-thirds of all death occurring in Nigerian women [6]. Breast cancer is extremely rare before age of 20 and relatively uncommon before age of 30. However, the incidence rises rapidly with age till about 50 years and less. This incidence pattern is a strong indication of the influence of the reproductive factors. The reproductive risk factors include early menarche, short menstrual cycles, and ovulatory infertility. Nulliparity, late first pregnancy, obesity, waist-hip ratio, post menopausal hormone use, oral contraceptive use, spontaneous and induced abortions have adverse effect on the risk of developing breast cancer. Cervical cancer is the commonest genital cancer in women in Nigeria. In northern Nigeria it is the commonest in women, while in the south it is second to breast cancer. It is an important cause of death in women aged 45-65 years. Most of the risk factors are linked with sexual activity; early age of sexual debut, early age at first birth, multiple births and having partner with multiple sexual partners. Majority of women with cervical cancer die painful, miserable and undignified death. Breast and cervical cancers mainly affect women (mothers) who form a large proportion of the working population. They are also found on the farms in the rural areas. They therefore provide added income for their family. Most of these women die of these diseases and without a mother the health of the family especially young children are drastically compromised. The economic costs of these cancer includes out of pocket medical expenses, time lost to hospital admission and follow up, job loss disability, loss of family, abandonment and gradual deprivations.

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METHODS

RESEARCH DESIGN

A cross-sectional descriptive survey design was adopted. The socio-demographic variables were age, marital status, religion, level of education, occupation and monthly income.

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PARTICIPANTS

The participants consisted of 460 women ages ranged from 18 to 60 years old. They were recruited from the university campus which comprising of 40 teaching staff, 120 non- teaching staff and 300 students.

PROCEDURE

The convenience sampling technique was used for the teaching and non-teaching staff. These comprised of 40 teaching and 120 non- teaching staff. This involved stratification of women according to their job description and random selection of respondents from their job descriptions. Multistage sampling technique was used to select female students.

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Table 1. Epidemiological study results

VARIABLES	LEVELS	FREQUENCY	PERCENTAGES
AGE	Less than 25	263	57.2
	25-30	57	12.4
	31-40	62	13.5
	41-50	53	11.5
	51-60	24	5.2
	No response	1	0.2
	Total	460	100.0
MARITAL STATUS	Single	318	69.1
	Married	133	28.9
	Divorced	2	0.4
	Widowed	7	1.5
	Total	460	100.0
RELIGION	Christianity	408	88.7
	Islam	48	10.4
	Traditional	2	0.4
	No response	2	0.4
	Total	460	100.0
LEVEL OF EDUCATION	Primary	9	2.0
	Secondary	67	14.6
	Tertiary	367	79.8
	No response	17	3.7
	Total	460	100.0
OCCUPATION	Students	300	65.2
	Teaching Staff	40	8.7
	Non- Teaching staff	120	26.1
	Total	460	100.0
MONTHLY INCOME	Less than N2,000	29	6.3
	N2,000-N3,999	41	8.9
	N4000-N9999	71	15.4
	N10,000 and above	197	42.8
	No response	122	26.5
	Total	460	100.0

RESULTS

Table 2. Symptoms and predisposing factors of cervical cancer sample (n=460)

Variables	Students (N=300)	Teaching (N=40)	Non Teaching (N=120)
Symptoms of cancer of the cervix			
<i>Bleeding per vagina after intercourse</i>			
Yes	85(28.3%)	13(30.0%)	26(21.7%)
No	13(4.3%)	-	22(18.3%)
Don't know	202(67.3%)	27(67.5%)	72(60.0%)
$X^2 (4) = 28.0590, p < 0.00)^*$			
<i>Vagina discharge</i>			
Yes	85(28.3%)	12(30.0%)	22(18.3%)
No	18(6.0%)	1(2.5%)	22(18.3%)
Don't know	197(65.7%)	27(67.5%)	76(63.3%)
$X^2 (14) = 20.3584, p < 0.00)^*$			
<i>Painful intercourse</i>			
Yes	81(27.0%)	15(37.5%)	23(19.2%)
No	22(7.3%)	-	15(12.5%)
Don't know	197(65.7%)	25(62.5%)	82(68.3%)
$X^2 (4) = 10.8698, p < 0.03)$			
<i>Infertility</i>			
Yes	61(20.3%)	5(12.5%)	15(12.5%)
No	31(10.3%)	3(7.5%)	20(16.7%)
Don't know	208(69.3%)	32(80.0%)	85(70.8%)
$X^2 (4) = 7.8047, p > 0.10)$			
<i>Blood in urine</i>			
Yes	35(11.7%)	7(17.5%)	11(9.2%)
No	28(9.3%)	4(10.0%)	16(13.3%)
Don't know	237(79.0%)	29(72.5%)	93(77.5%)
$X^2 (4) = 3.3433, p > 0.50)$			

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Table 3. Predisposing factors / causes for students, teachers and non teaching staffs

Variables	Students (N=300)	Teaching (N=40)	NonTeaching (N=120)
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Predisposing factors / causes <i>Impairment in body system</i>			
Yes	62(20.7%)	11(27.5%)	18(15.0%)
No	27(9.0%)	1(2.5%)	15(12.5%)
Don't know	211(70.3%)	28(70.0%)	33(27.5%)
$\chi^2 (4) = 6.0926, p > 0.19$			
<i>Natural occurrence</i>			
Yes	43(14.3%)	7(17.5%)	8(6.7%)
No	35(11.0%)	3(7.5%)	17(14.2%)
Don't know	222(70.3%)	30(75.0%)	95(79.2%)
$\chi^2 (4) = 6.3072, p > 0.18$			
<i>Genetic inheritance / family History</i>			
Yes	71(23.7%)	10(25.0%)	11(9.2%)
No	25(8.3%)	2(5.0%)	13(10.8%)
Don't know	204(68.0%)	28(70.0%)	96(80.0%)
$\chi^2 (4) = 12.6040, p < 0.01$ *			
<i>One's carelessness</i>			
Yes	43(14.3%)	6(15.0%)	7(5.8%)
No	33(11.0%)	2(5.0%)	14(11.7%)
Don't know	224(74.7%)	32(80.0%)	99(81.7%)
$\chi^2 (4) = 7.4509, p > 0.11$			
<i>God's Punishment</i>			
Yes	19(6.3%)	1(2.5%)	3(2.5%)
No	56(18.7%)	6(15.0%)	19(15.8%)
Don't know	225(75.0%)	33(82.5%)	98(81.7%)
$\chi^2 (4) = 4.2667, p > 0.37$			
<i>Sexual practices</i>			
Yes	75(25.0%)	11(27.5%)	17(14.2%)
No	21(7.0%)	3(7.5%)	13(10.8%)
Don't know	204(68.0%)	26(65.0%)	90(75.0%)
$\chi^2 (4) = 7.302, p > 0.12$			
<i>Lack of Good Hygiene</i>			
Yes	46(15.3%)	7(17.5%)	15(12.5%)
No	37(12.3%)	1(2.5%)	11(9.2%)
Don't know	204(68.0%)	32(80.0%)	94(78.3%)
$\chi^2 (4) = 4.8118, p > 0.31$			
<i>Attack of witches/evil/ spirits</i>			
Yes	16(5.3%)	1(17.5%)	3(2.5%)
No	55(18.3%)	3(7.5%)	21(17.5%)
Don't know	229(76.3%)	26(65.0%)	96(80.0%)
$\chi^2 (4) = 5.2365, p > 0.26$			
<i>Age</i>			
Yes	32(10.7%)	6(15.0%)	7(5.8%)
No	24(8.0%)	-	15(12.5%)
Don't know	244(81.3%)	34(85.0%)	98(81.7%)
$\chi^2 (4) = 9.0856, p > 0.06$			

Chi square test ($p < 0.05$)

Table 4. Symptoms and predisposing factors of breast cancer (n=460)

Variables	Students	Teaching	Non Teaching
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	(N=300)	(N=40)	(N=120)
<i>Symptoms of Breast cancer</i>			
Painful Breast swelling	112(37.3%)	9(26.5%)	31(25.8%)
Breast ulcer	30(10.0%)	2(5.9%)	5(4.2%)
Nipple Retraction	31(10.3%)	3(8.8%)	8(6.7%)
Breast Nodules	34(11.3%)	2(5.9%)	13(10.8%)
Weight loss	4(1.3%)	1(2.9%)	1(0.8%)
Breast Discharge	16(5.3%)	3(8.8%)	-
General Body weakness	4(1.3%)	-	3(2.5%)
All of the above	37(12.4%)	14(33.0%)	16(13.3%)
Don't know	32(10.7%)		43(35.8%)
$X^2 (24) = 68.3546, p < 0.00$ *			
<i>Predisposing factor (causes) of Breast Cancer</i>			
Family History/ Inheritance	83(27.7%)	15(46.9%)	22(18.3%)
Cigarette Smoking	31(10.3%)	3(9.4%)	11(9.2%)
Consumption of fatty diets	15(5.0%)	5(15.6%)	7(5.8%)
Environmental factors	42(14.0%)	2(6.2%)	9(7.5%)
Age	30(10.0%)	-	6(5.0%)
All of the above	30(10.0%)	7(21.9%)	10(8.3%)
Don't know	69(23.0%)	-	55(45.8%)
$X^2 (12) = 38.9467, p < 0.00$ *			

Chi square test (p<0.05)

DISCUSSIONS

Based on the findings of this study, majority of the respondents do not know the symptoms of cervical cancer, 28.3% (85) of the students' respondent knew bleeding per vagina after intercourse as part of symptoms while 67.3% (202) do not know. 21.7% (26) of the non teaching staff knew while 60.0% (72) do not know. These was similar to all the other symptoms such as vagina discharge, 65.7% (197) of students respondent do not know, 67.5% of the teaching staff and 63.3% of the non-teaching staff. For painful intercourse, 65.7% of students do not know, 62.5% (27) of teaching staff and 63.3% (76) of the non-teaching staff, pain. For infertility, 69.3% (208) of students respondents do not know, 80.0% (32) of teaching and 70.0% (85) of non – teaching do not know that it was part of the symptom. Among the students respondents 79.0% (237) do not that blood in the urine was part of the symptom while 72.5% (29) of academic staff and 77.5% (93) of non teaching staff do not know as well. Among the students' respondents, 70.3% (211) reported that they do not know that impairment or dysfunction the body system was part of predisposing factors / causes of cervical cancer while 70.0% (28) of the teaching and 72.5% (33) of the non teaching staff admitted that they do not know. Genetic inheritance / family history, 68.0% (204) of the students' respondents, 70.0% (28) of teaching staff and 80.0% (96) of non teaching staff reported they do not know, likewise one's carelessness, 74.7% (224) of students, 80.0% (32) of academic staff and 81.7% (99) of non teaching staff do not know. Among the student's respondents, 25.0% (75) admitted that sexual practices were predisposing factor while 68.0% (204) reported that they do not know. While 27.5% (11) of teaching staff reported that sexual practices were predisposing factor 65.0% (26) do not know. Among the non- teaching staff, 14.2% (17) reported that sexual practices were predisposing factor while 75.0% (90) do not know. A few respondents admitted that lack of good hygiene and age was a predisposing factor for cervical cancer. Among the student respondent, 68.0% (204) reported that they do not know if lack of good hygiene was a factor. 80% (32) of the teaching staff and 78.3% (94) of the non teaching staff admitted they do not know. Among the students, respondents, 81.3% (244) do not know that age was part of the predisposing factor. While 85.0% (34) of the teaching and 81.7% (98) of the non teaching staff respondents do not know that age was part of the predisposing factor. Unlike cancer of the cervix, respondents were aware of the symptoms of breast cancer such as painful breast swelling, breast ulcer, nipple retraction, breast nodules, weight loss, breast discharge and general body weakness. Among the students' respondents, 10.7% (32) were not aware of the symptom while 35.8% (43) of the non-teaching staff was unaware. The academic staff knew part of the symptoms of breast cancer. 23.0% (69) of the students' respondents and 45.8% (55) of the non- teaching staff do not know the predisposing factors/ cause of breast cancer as family history, cigarette smoking, consumption of fatty diets and environmental factors.

CONCLUSION

There is need for sensitization of the female community on the symptoms and predisposing factors of breast and cervical cancer. The importance of screening and establishment of screening centers for earlier detection among the target groups should not be underestimated.

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