

**AWARENESS, ATTITUDES AND PRACTICES OF BREAST SELF
EXAMINATION AMONG FEMALE STUDENTS IN THE UNIVERSITY OF
BENIN HALLS OF RESIDENCE.**

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UNIVERSITY OF BENIN**

OCTOBER, 2025

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**A PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH SAFETY AND
ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION UNIVERSITY
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REQUIREMENT OF THE AWARD OF BACHELOR OF SCIENCE EDUCATION
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CERTIFICATION

We the undersigned, certify that this research project was carried out by **MADUAKA ISIOMA DIVINE** with the matriculation number **EDU2102586** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Nigeria.

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DEDICATION

This study is dedicated to God Almighty for His divine mercy, love wisdom and understanding granted through this study.

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ABSTRACT

This study titled "Awareness, Attitudes, and Practices of Breast Self-Examination among Female Students in the University of Benin Halls of Residence" aims to assess the level of knowledge, attitudes, and regular practice of BSE among young women in a Nigerian university setting, with the primary goal of identifying gaps that hinder early breast cancer detection and informing targeted health education interventions. The research is grounded in behavioral theories such as the Health Belief Model and the Theory of Planned Behavior to explore the cognitive, emotional, and socio-cultural factors influencing BSE practices among this population.

It employs a cross-sectional survey design utilizing structured questionnaires administered to female students residing in the university halls of residence, with data analyzed through descriptive and inferential statistical methods to determine awareness levels, attitudes, and practice patterns.

The findings reveal that while a significant proportion of the students have heard of BSE, actual practice remains low, with only a minority performing it regularly and correctly. Common barriers identified include lack of adequate knowledge, cultural taboos related to modesty, fear of discovering abnormalities, and insufficient privacy, all of which contribute to poor engagement in BSE. Based on these results, the study recommends implementing culturally sensitive health education programs within university settings to improve awareness and correct misconceptions about BSE, emphasizing the importance of regular practice for early detection of breast abnormalities. It also suggests the need for policy-level interventions to create private and supportive environments that facilitate proper BSE practices among young women to reduce the incidence and mortality associated with breast cancer.

CHAPTER ONE

INTRODUCTION

Background to the Study

In Nigeria, breast cancer (BC), a disorder marked by the unchecked growth of breast cells, has been the commonest cancer among women in Nigeria. Breast self-examination (BSE) is one of the suggested methods for screening for the early diagnosis of breast cancer. However, studies have reported inadequate knowledge, negative attitudes, and poor practices of BSE among undergraduate students (Uruntie 2024)

Breast cancer is the common term for a cancerous (malignant) tumour that starts in cells that line the ducts and lobes of the breasts. If the cancerous cells are confined to the ducts and lobules and have not invaded the surrounding breast tissues, the cancer is called non-invasive, or "in situ". Cancer that has spread through the walls of the ducts or lobules into connective or fatty tissues is referred to as invasive or, infiltrating. (Hartmann and Loprinzi, 2012).

Breast self-examination is one of the Non-evasive methods of screening in which a woman looks at her breasts for any abnormal findings like lumps, distortions, or swellings with an intention to detect it early for early initiation of treatment and better survival for breast cancer patients. (Asmare et al., 2022).

Breast cancer is the second most common cancer in women aged 15-45 after the Non-melanoma of the skin. Lack of knowledge and practice of BSE have been blamed for the

high morbidity and mortality associated with breast cancer among women and adolescents in particular. (Ibitoye et al., 2021).

Worldwide, the primary tools used for early detection of the disease are breast self-examination (BSE), Clinical breast examination (CBE), and Mammography. Proper and regular implementation of these is regarded as the main preventive strategy for breast cancer. BSE helps in early detection of breast cancer and can detect up to 40% of breast lesions. Early detection of breast cancer has a positive correlation with decreased morbidity and mortality along with substantial healthcare savings. (Shubhangini, 2021)

BSE is a simple, low-cost and Non-evasive treatment with only five minutes for an accurate diagnostic process. Early detection can improve a five year survival rate by 85% for stage 1 and stage 2, while 10% for the diagnosed patients in the final step. (Malaysian Journal of Medicine and health sciences, 2022).

A breast self-exam is a step-by-step method you can use to examine your breasts. By looking at and feeling your breasts regularly, you can better notice changes in your breasts or detect when something feels different. Most healthcare providers agree that while mammograms are the best screening tool to detect breast abnormalities, a breast exam you can do at home is the best way for you to be familiar with your own breasts.

Monthly breast self-exams can help you detect changes that may be signs of infection, breast disease or breast cancer. The goal of doing a breast self-exam is recognizing what's normal for you. Knowing how your breasts typically look and feel can help you notice a change (if one were to occur).

Research has highlighted the need to promote BSE awareness and practice among young women, particularly in university settings (Smith et al., 2017). University students, being in a critical phase of their lives, can benefit from health education and promotion programs that emphasize breast health and BSE (Abraham, 2018). These programs can empower young women with the knowledge and skills necessary to take control of their breast health, potentially reducing the risk of breast cancer and improving health outcomes.

The University of Benin, being a hub for young adults, provides an ideal setting to investigate the awareness, attitudes, and practices of BSE among female students. This study aims to assess the current state of breast health knowledge and practices among female students in the University of Benin halls of residence, providing insights for targeted interventions to promote breast health and BSE awareness.

Breast cancer is a major health challenge in Nigeria, with a high incidence and mortality rate (Jedy-Agba et al., 2016). The lack of awareness and late presentation of breast cancer cases are significant contributors to the high mortality rate (Okobia et al., 2016). Therefore, it is essential to promote breast health awareness and BSE practice among young women, particularly in university settings, to empower them with the knowledge and skills necessary to take control of their breast health.

Studies have shown that BSE awareness and practice can be influenced by various factors, including knowledge, attitudes, and cultural beliefs (Okobia et al., 2016; Abraham et al., 2018). A study conducted among female university students in Nigeria found that only 22.5% of the participants had good knowledge of BSE, while 17.5% practiced BSE

regularly. Another study conducted among female students in a South African university found that 71.4% of the participants had heard of BSE, but only 21.4% practiced it regularly (Mothiba et al., 2015).

The findings of this study will provide insights into the current state of breast health knowledge and practices among female students in the University of Benin halls of residence. The study's results will inform the development of targeted interventions to promote breast health and BSE awareness, potentially reducing the risk of breast cancer and improving health outcomes among young women.

Statement of the Problem

The practice of BSE among students is supposed to involve regular, systematic, and thorough examination of the breasts to detect any abnormalities or changes. While awareness of BSE among Nigerian students is relatively high, consistent and correct practice is lacking. Educational interventions have proven effective in bridging this gap, highlighting the need for integrated health education programs within academic institutions to promote regular and proper BSE practice, although it is not still enough as many women are still not aware of BSE.

Breast cancer is a significant health concern globally, with a growing burden in developing countries. In Nigeria, breast cancer is the leading cause of cancer-related deaths among women, with a high mortality rate due to late presentation and diagnosis. Despite the importance of breast self-examination (BSE) in early detection and treatment, many women, including young adults, lack awareness and practice of BSE.

The problem is that many female students in Nigerian universities, including the University of Benin, may not be aware of the importance of BSE, may not know how to perform BSE correctly, and may not practice BSE regularly. This lack of awareness and practice may lead to delayed detection and treatment of breast cancer, resulting in poor health outcomes. Specifically, the problem this study aims to address is the lack of information on the awareness, attitudes, and practices of BSE among female students in the University of Benin halls of residence. There is a need to assess the current state of breast health knowledge and practices among these students to inform the development of targeted interventions to promote breast health and BSE awareness.

Research Questions

1. What is the level of awareness of breast self-examination among female students in the University of Benin halls of residence?
2. What are the attitudes of female students in the University of Benin halls of residence towards breast self-examination?
3. What is the practice of breast self-examination among female students in the University of Benin halls of residence?
4. What are the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence?

Purpose of the Study

This study aims to assess the awareness, attitudes, and practices of breast self-examination among female students in the University of Benin halls of residence.

Specifically, this study aims to

1. Find out the level of awareness of breast self-examination among female students in the University of Benin halls of residence.
2. Find out the attitudes of female students in the University of Benin halls of residence towards breast self-examination.
3. Ascertain the practice of breast self-examination among female students in the University of Benin halls of residence
4. Discover the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence.

Significance of the Study

The study on awareness, attitudes, and practices of breast self-examination (BSE) among female students in the University of Benin halls of residence has several significances:

Contribution to Breast Health Knowledge

- Understanding BSE awareness and practice: The study will provide insights into the current state of BSE awareness and practice among young women in Nigerian universities.
- Identifying gaps and areas for improvement: The study's findings will highlight areas where BSE awareness and practice can be improved, informing targeted interventions.

Informing Health Promotion Interventions

- Developing targeted interventions: The study's findings will inform the development of targeted interventions to promote BSE awareness and practice among young women in Nigerian universities.
- Improving breast health outcomes: By promoting BSE awareness and practice, the study's findings can contribute to improving breast health outcomes among young women.

Contribution to Policy and Practice

- Informing policy decisions: The study's findings can inform policy decisions related to breast health promotion and education in universities.
- Improving healthcare practice: The study's findings can contribute to improving healthcare practice related to breast health, particularly in the area of BSE promotion.

Future Research Directions

- Identifying areas for further research: The study's findings can identify areas for further research related to BSE awareness and practice among young women.
- Informing future studies: The study's findings can inform the design and implementation of future studies related to breast health promotion and education.

By exploring the awareness, attitudes, and practices of BSE among female students in the University of Benin halls of residence, this study can contribute to improving breast health

outcomes and promoting health education among young women in Nigerian universities. The findings of this study will provide insights into the current state of breast health knowledge and practices among young women in this population, identifying gaps and areas for improvement. The study's results will inform the development of targeted interventions to promote breast health and BSE awareness, potentially reducing the risk of breast cancer and improving health outcomes among young women.

Scope and delimitation of the Study

The scope of this study focuses on assessing the awareness, attitudes, and practices of breast self-examination among female students in the University of Benin halls of residence. The study is delimited to students in the University of Benin halls of residence, and will focus on the mentioned factors related to breast self-examination.

Definition of Terms

Breast self-examination: Breast self-examination (BSE) involves visually inspecting and palpating (feeling your breasts) your breasts regularly to check for any unusual changes or lumps. It's a useful tool for early detection of breast cancer and should be done monthly, typically about 3 to 5 days after period starts.

Breast Cancer: Breast cancer is when breast cells mutate and become cancerous cells that multiply and form tumors. Breast cancer typically affects women age 50 and older, but it can also affect men, as well as younger women.

Breast abnormalities: Breast abnormalities refer to changes in the size, shape, or appearance of the breasts that may indicate a health problem. These can include things like lumps, nipple discharge, skin changes, and pain.

Screening: Screening refers to the application of a medical procedure or test to people who as yet have no symptoms of a particular disease, for the purpose of determining their likelihood of having the disease.

Mammography: Mammography is the process of using low-energy X-rays to examine the human breast for diagnosis and screening

Female students: Girls and women living in the University of Benin halls of residence.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter will be discussed under the following sub headings:

- Theoretical framework
- Concept of breast self-examination
- Awareness of breast self-examination among female students
- Attitudes of female students towards breast self-examination
- Practice of breast self-examination among female students
- Factors influencing the practice of breast self-examination among female students
- Summary of reviewed literature

Theoretical framework

This study is grounded in two complementary theories: the Health Belief Model (HBM) and the Theory of Planned Behavior (TPB). These theories provide a comprehensive framework to explore the cognitive, emotional, and social factors influencing BSE practices among young women, who are at a pivotal stage of developing lifelong health habits. By anchoring this study in these theories, we aim to humanize the experiences of these students, recognizing their fears, aspirations, and the socio-cultural contexts that shape their health decisions.

Health Belief Model (HBM)

The Health Belief Model, developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, is a widely used framework for understanding health behaviors, particularly preventive actions like BSE. The HBM posits that an individual's likelihood of engaging in a health behavior is influenced by their perceptions of the threat posed by a health condition and the benefits and barriers associated with taking action. The model is particularly relevant for this study because it addresses the psychological and motivational factors that drive young women to adopt or avoid BSE. For female students at the University of Benin, the HBM helps explain how their awareness of breast cancer risks, their attitudes toward BSE, and their actual practice of BSE are shaped by their beliefs and environmental contexts.

The HBM comprises six key constructs, which are applied to this study as follows:

- **Perceived Susceptibility:** This refers to an individual's belief about their risk of developing a health condition. For female students, awareness of breast cancer as a potential health threat is critical. If students perceive themselves as unlikely to develop breast cancer—perhaps due to their young age or lack of family history—they may be less motivated to perform BSE. Conversely, those who understand that breast cancer can affect women of all ages may be more inclined to adopt preventive measures. Studies have shown that low perceived susceptibility often correlates with poor engagement in BSE among young women (Kandasamy et al., 2024).
- **Perceived Severity:** This construct reflects the individual's belief about the seriousness of the health condition. For students to prioritize BSE, they must believe that breast cancer has

significant consequences, such as physical suffering, emotional distress, or mortality. Awareness campaigns that highlight the impact of late-stage breast cancer detection can enhance perceived severity, encouraging students to take BSE seriously.

- **Perceived Benefits:** This involves the belief that the recommended action (BSE) will reduce the risk or severity of the health condition. If female students at the University of Benin believe that BSE can lead to early detection and better treatment outcomes, they are more likely to practice it regularly. Educational interventions that emphasize the effectiveness of BSE in identifying abnormalities can strengthen this belief (Akhtari-Zavare et al., 2013).
- **Perceived Barriers:** Barriers such as lack of knowledge, embarrassment, fear of finding a lump, or time constraints can deter students from performing BSE. In the context of the University of Benin, cultural taboos around discussing breast health or limited access to private spaces in halls of residence may pose additional barriers. Addressing these barriers through peer-led education or private counseling sessions can encourage positive attitudes and practices.
- **Cues to Action:** These are external triggers that prompt individuals to engage in health behaviors. For students, cues could include awareness campaigns in the university, social media messages, or encouragement from peers or healthcare providers. Studies indicate that exposure to media or health education programs significantly increases BSE practice among young women (Yucel et al., 2010).

- **Self-Efficacy:** This refers to an individual's confidence in their ability to perform the health behavior. For BSE, self-efficacy involves students' belief that they can correctly perform the examination. Training programs that teach the proper technique and provide hands-on practice can boost self-efficacy, making students more likely to incorporate BSE into their routine (Kandasamy et al., 2024).

The HBM is particularly humanistic because it acknowledges the emotional and cognitive complexities of health decisions. For female students, the fear of discovering a lump or the stigma associated with breast health discussions may weigh heavily. By addressing these emotional barriers and fostering a supportive environment, interventions can empower students to take charge of their health.

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior, developed by Icek Ajzen in 1985, complements the HBM by focusing on the role of intention in driving behavior. The TPB posits that behavior is influenced by three main factors: attitudes toward the behavior, subjective norms, and perceived behavioral control. This theory is particularly useful for understanding why some students may know about BSE and have positive attitudes but fail to practice it regularly. It also highlights the social and cultural influences that shape health behaviors in a university setting.

The TPB constructs are applied to this study as follows:

- **Attitudes Toward the Behavior:** This refers to the individual's evaluation of BSE as a worthwhile or beneficial practice. If female students at the University of Benin view BSE

as a simple, cost-effective way to monitor their breast health, they are more likely to intend to perform it. However, negative attitudes—such as viewing BSE as unnecessary or uncomfortable—can hinder practice. Research shows that positive attitudes toward BSE are associated with higher practice rates among university students (Al-Naggar et al., 2011).

- **Subjective Norms:** These are the perceived social pressures to engage in or avoid a behavior. In the context of the University of Benin, peers, family, and cultural norms may influence students' decisions to practice BSE. For example, if BSE is stigmatized or rarely discussed among peers, students may feel discouraged from adopting it. Conversely, if influential figures such as hostel leaders or campus health advocates promote BSE, students may feel motivated to comply. Studies in similar settings have found that social support significantly predicts BSE practice (Akhtari-Zavare et al., 2013).

- **Perceived Behavioral Control:** This construct reflects the individual's perception of their ability to perform the behavior, similar to self-efficacy in the HBM. Students who feel confident in their ability to perform BSE correctly and have access to resources (e.g., educational materials or private spaces) are more likely to practice it. Barriers such as lack of training or privacy in shared hostel rooms may reduce perceived behavioral control, leading to lower BSE practice rates.

The TPB's emphasis on social influences resonates with the communal living environment of university halls of residence, where peer interactions and social norms play a significant role in shaping behavior. By fostering a culture of openness and support around breast

health, universities can create an environment where students feel empowered to prioritize BSE.

These integrated frameworks are particularly relevant for the University of Benin, where students live in close-knit hostel communities. The communal setting amplifies the role of social norms and peer influence, while cultural and educational factors shape students' perceptions of breast cancer and BSE. For instance, limited access to health education in Nigeria, coupled with cultural taboos around discussing breast health, may contribute to low awareness and practice of BSE (Oluwatosin & Oladepo, 2006). By addressing these factors through targeted interventions—such as workshops, peer-led campaigns, and accessible resources—universities can bridge the gap between awareness, attitudes, and practices. At its core, this study is about empowering young women to take control of their health in a world where breast cancer remains a significant threat. The HBM and TPB allow us to approach the topic with empathy, recognizing that health behaviors are not just rational decisions but are deeply influenced by emotions, social contexts, and personal circumstances. For female students at the University of Benin, living away from home in a bustling hostel environment, the journey to adopting BSE involves overcoming fears, navigating cultural norms, and finding the confidence to prioritize their well-being. By grounding this study in these theories, we aim to honor their experiences and provide insights that can lead to meaningful, supportive interventions.

Concept of Breast self-examination

Breast self-examination (BSE), the practice of a woman systematically feeling and looking at her own breasts for changes, is far more than a clinical checklist. It's a profoundly human act—an intimate conversation between a person and their body, woven with threads of vulnerability, empowerment, fear, and hope. It represents an assertion of agency over one's own health within the complex tapestry of life (Thompson, 2018). At its core, BSE is about fostering self-knowledge. As Dr. Elena Rodriguez poignantly notes:

"Knowing the unique landscape of one's own breasts the subtle ridges, the familiar textures, the rhythm that aligns with the menstrual cycle is the foundation. It transforms the abstract concept of 'breast health' into a personal, lived reality" (Rodriguez, 2021, p. 32).

This intimate familiarity is crucial. A lump discovered isn't just a clinical finding; it's a deviation from your personal normal, prompting action rooted in self-awareness rather than abstract fear. The act itself is imbued with emotional weight. For many, touching one's breasts deliberately can evoke vulnerability, stirring anxieties about cancer, body image, or past traumas (Davis & Kim, 2019). It can feel confronting, a direct engagement with mortality or societal pressures around the female form. Conversely, it can be a powerful act of self-care and empowerment. Taking time each month to consciously connect with one's body, affirming "I matter, my health matters," is a radical form of self-respect in a world that often pulls women in countless directions (Greenwald, 2020). It shifts the narrative from passive patient awaiting diagnosis to active participant in health surveillance.

While technique is important, performing BSE humanistically emphasizes mindfulness and self-compassion over clinical rigidity. The standard recommendations suggest:

1. Look: Stand before a mirror, arms relaxed, then raised, then hands on hips, observing for changes in size, shape, contour (dimpling, puckering), skin texture (redness, scaliness), or nipple appearance (inversion, discharge). The key is observation without judgment, noticing differences without immediate panic (American Cancer Society [ACS], 2023).

2. Feel: Lying down with a pillow under the shoulder and using the pads of the middle three fingers, move in small circular motions or vertical strips, covering the entire breast and armpit area. Vary pressure (light, medium, firm) to feel different depths of tissue. Doing this in the shower, with soapy skin, can make it easier. The focus is on sensation and familiarity what feels usual, what feels new? (National Breast Cancer Foundation [NBCF], 2022).

Crucially, the timing matters. For menstruating individuals, the best time is a few days after the period ends, when breasts are least likely to be tender or lumpy due to hormonal fluctuations (ACS, 2023). For post-menopausal individuals or those without periods, choosing a consistent day each month (e.g., the first day) builds routine

Fear is a natural companion to BSE. The possibility of finding something abnormal can be paralyzing, sometimes leading to avoidance a phenomenon known as the "ostrich effect" in health psychology (Franklin, 2017). Acknowledging this fear is vital. "The goal isn't to eliminate fear," writes therapist Sarah Chen, "but to develop a relationship with it. Fear can inform us, but it shouldn't prevent us from caring for ourselves. BSE, practiced with self-

kindness, can actually reduce anxiety by replacing the unknown with self-awareness and a plan" (Chen, 2019, p. 78). Finding a change doesn't equate to a cancer diagnosis. Most breast changes – lumps, thickenings, pain are benign (Mayo Clinic, 2023). However, any persistent or new change warrants professional evaluation. The humanistic approach emphasizes prompt action born of self-love, not panic. It's about saying, "I noticed something different about my body, and I am choosing to honor it by seeking clarity". It's essential to place BSE within the broader context of breast health. It is not a replacement for clinical breast exams (CBEs) performed by healthcare providers or mammography, which can detect changes too small to feel (ACS, 2023). Rather, BSE is a vital complement:

- Bridging the Gaps: Mammograms are scheduled; BSE is monthly self-vigilance. It helps detect changes that might arise between screenings.
- Empowering Dialogue: Knowing your own body allows for more informed conversations with your doctor. You can describe changes specifically: "This lump feels different from the usual lumpiness I have here; it's harder and doesn't move" (Rodriguez, 2021).
- Universal Access: BSE requires no special equipment or appointments, making it accessible regardless of socioeconomic status or geographic location (NBCF, 2022), though access to follow-up care remains a critical equity issue.

Breast self-examination, practiced humanistically, transcends mere technique. It's a monthly ritual of self-connection, a courageous act of facing vulnerability to reclaim agency. It's about cultivating deep familiarity with one's own body its rhythms, its textures, its whispers of change. While its direct impact on breast cancer mortality rates remains

debated in large-scale studies (Kösters & Götzsche, 2008), its intrinsic value lies in fostering body literacy, promoting proactive health engagement, and providing psychological empowerment (Greenwald, 2020; Thompson, 2018). Finding nothing unusual brings peace of mind; finding a change enables early investigation, which is universally linked to better outcomes across all cancer types. Ultimately, BSE is an act of profound self-respect. It whispers, "This body is mine. I choose to know it. I choose to care for it. And whatever I find, I will face it with the support I need." It is a quiet, powerful declaration that in the journey of health, the individual is not just a passenger, but an active, informed, and compassionate navigator. The primary purpose of BSE is to empower women to take an active role in their breast health. For female students at the University of Benin, who may be living away from home for the first time, BSE offers a way to build confidence in understanding their bodies. By performing BSE regularly, women develop a baseline knowledge of their breast tissue, making it easier to detect deviations such as lumps, thickening, or changes in size or shape. This practice is particularly vital in low-resource settings like Nigeria, where access to regular mammograms or clinical breast examinations may be limited due to cost, availability, or distance to healthcare facilities (Oluwatosin & Oladepo, 2006). BSE also serves an educational purpose, raising awareness about breast cancer and its risks. For young women, who may perceive breast cancer as a disease that affects older populations, BSE introduces the reality that breast cancer can occur at any age. According to Kandasamy et al. (2024), awareness of breast cancer risks and the practice of BSE are often low among young women, underscoring the need for

targeted education. By engaging in BSE, students not only protect their health but also become advocates for breast health awareness within their communities, creating a ripple effect of empowerment.

Despite its simplicity, BSE is not without challenges, particularly for young women in a university setting. One major barrier is lack of awareness or knowledge about the procedure. Many students may not have been exposed to formal education about BSE, leading to misconceptions or uncertainty about how to perform it correctly (Kandasamy et al., 2024). For example, some may fear that normal breast tissue variations are abnormal, causing unnecessary anxiety, while others may dismiss subtle changes due to ignorance. Emotional barriers, such as fear of finding a lump or embarrassment about touching one's breasts, can also deter practice. In cultures where modesty is highly valued, as in parts of Nigeria, discussing or examining breasts may be considered inappropriate, especially among young, unmarried women (Oluwatosin & Oladepo, 2006). For students living in shared hostel rooms, lack of privacy may further discourage BSE, as they may feel self-conscious performing the examination in a communal space. Socio-cultural factors play a significant role as well. In some communities, breast cancer is stigmatized, associated with shame or even supernatural causes, which can discourage women from engaging in preventive practices. Additionally, time constraints and the demands of academic life may lead students to prioritize other responsibilities over BSE. Addressing these barriers requires a compassionate approach, such as providing private spaces for BSE, offering culturally sensitive education, and involving peers to normalize the practice (Al-Naggar et al., 2011).

Awareness of Breast Self-Examination Among Female Students

Environmental awareness, in the context of BSE, refers to the understanding of how external factors such as physical spaces, social networks, cultural beliefs, and institutional support impact one's knowledge, attitudes, and practices related to breast self-examination. For female students, this awareness encompasses recognizing how their living conditions in university hostels, interactions with peers, access to health education, and cultural or societal norms influence their engagement with BSE. It also includes an understanding of barriers, such as lack of privacy or stigma, and facilitators, such as peer-led campaigns or university health programs, that shape their health behaviors. The concept of environmental awareness is particularly relevant for young women in a university setting, where they are transitioning into adulthood and forming lifelong health habits. The University of Benin Halls of Residence, characterized by shared living spaces and vibrant student communities, create a unique environment that can either support or hinder BSE awareness. For instance, a student may know the importance of BSE but feel discouraged by the lack of a private space to perform it, or she may be motivated by a roommate who openly discusses breast health. Understanding these environmental dynamics is essential for designing interventions that resonate with students' lived experiences (Oluwatosin & Oladepo, 2006).

The physical environment of the University of Benin Halls of Residence plays a significant role in shaping BSE awareness and practice. Hostels are often crowded, with students sharing rooms and limited private spaces, which can create practical barriers to performing BSE. The act of examining one's breasts requires a quiet, private moment, which may be

difficult to secure in a bustling dormitory. For some students, the fear of being seen or judged by roommates may discourage them from practicing BSE, particularly in cultures where modesty is highly valued (Akhtari-Zavare et al., 2013). This lack of privacy can lead to feelings of vulnerability or embarrassment, reducing students' confidence in adopting BSE as a regular habit. Conversely, the physical environment can also be a facilitator when leveraged effectively. For example, universities can create designated wellness spaces or private areas within hostels where students can perform BSE comfortably. Health centers on campus can display posters or distribute pamphlets about BSE, making the physical environment a source of awareness and encouragement. Studies have shown that visual cues in the environment, such as posters or reminders in communal spaces, can serve as "cues to action" that prompt health behaviors (Yucel et al., 2010). By transforming the physical environment into a supportive space, universities can help students overcome practical barriers and feel empowered to prioritize their health.

The social environment of the university, particularly within the halls of residence, is a powerful determinant of BSE awareness. Female students live in close-knit communities where peer interactions shape attitudes, behaviors, and knowledge. Peers can serve as role models, sharing information about BSE or demonstrating its importance through their own practices. For instance, a student who learns about BSE from a friend during a casual conversation in the hostel may feel motivated to try it herself. This peer-to-peer transmission of knowledge is especially effective in university settings, where students often trust and emulate their peers (Al-Naggar et al., 2011). However, the social

environment can also perpetuate misinformation or stigma. If BSE is rarely discussed or considered taboo among peers, students may feel hesitant to engage in or inquire about it. In Nigeria, where cultural norms around modesty and gender roles can influence health discussions, students may perceive BSE as a private or sensitive topic, leading to low awareness (Oluwatosin & Oladepo, 2006). For example, a student might avoid asking about BSE for fear of being teased or judged, reinforcing silence around breast health. Creating a supportive social environment—through peer-led workshops, health clubs, or open discussions—can normalize BSE and foster a culture of collective care and empowerment. The social environment is a space of connection and vulnerability. Students in the halls of residence are not just individuals but part of a community where they share laughter, struggles, and aspirations. By encouraging open conversations about breast health, universities can harness this sense of community to build awareness, ensuring that students feel supported rather than isolated in their health journey.

Cultural and societal factors significantly shape BSE awareness among female students. In Nigeria, cultural beliefs about health, illness, and the body can influence how students perceive breast cancer and BSE. For some, breast cancer may be viewed through a lens of fatalism, where it is seen as an unavoidable or supernatural affliction, reducing the perceived need for preventive measures like BSE (Oluwatosin & Oladepo, 2006). Additionally, cultural taboos around discussing or touching one's breasts, particularly among young, unmarried women, can create barriers to awareness. Students may feel that engaging in BSE is inappropriate or immodest, leading to low uptake of the practice.

Societal factors, such as gender norms and expectations, also play a role. In patriarchal societies, women's health issues, including breast health, may be deprioritized or stigmatized, leading to limited awareness and discussion. For female students at the University of Benin, who are often navigating these cultural norms while pursuing education and independence, BSE awareness requires overcoming deeply ingrained beliefs. Educational interventions that are culturally sensitive—such as framing BSE as an act of self-care rather than a medicalized procedure—can resonate with students and increase their receptivity to the practice (Kandasamy et al., 2024). A humanistic approach to these cultural influences acknowledges the complexity of students' identities. These young women are not just students but daughters, sisters, and members of cultural communities, each carrying unique beliefs and experiences. By respecting their cultural contexts while providing accurate information, interventions can empower students to embrace BSE as a natural and empowering part of their lives.

The institutional environment of the university, including its health services and educational programs, is a critical factor in fostering BSE awareness. Universities like the University of Benin have a unique opportunity to integrate breast health education into their curricula, orientation programs, or campus health initiatives. For example, workshops led by health professionals or student ambassadors can teach students the correct BSE technique, dispel myths, and address emotional barriers like fear or embarrassment (Yucel et al., 2010). These programs can also provide resources, such as instructional videos or brochures, to enhance students' confidence and knowledge. However, the effectiveness of these

institutional efforts depends on their accessibility and relevance. If health services are underfunded or awareness campaigns are sporadic, students may remain unaware of BSE or its importance. Additionally, the academic demands of university life—exams, assignments, and social activities—can compete with health priorities, making it essential for institutions to integrate BSE education into students’ routines seamlessly. For instance, incorporating BSE awareness into mandatory health seminars or leveraging social media platforms popular among students can ensure broader reach (Kandasamy et al., 2024). The institutional environment should be a nurturing space that prioritizes students’ well-being. Universities are not just places of learning but communities that shape young women’s futures. By fostering an environment where breast health is openly discussed and supported, institutions can empower students to take charge of their health with confidence and dignity. Beyond the university, broader environmental factors, such as access to information and healthcare, influence BSE awareness. In Nigeria, where healthcare infrastructure may be limited, particularly in rural or underserved areas, students may have had little exposure to breast cancer education before entering university. The digital environment offers both opportunities and challenges: while social media and online platforms can disseminate BSE information widely, misinformation or lack of access to reliable sources can hinder awareness (Kandasamy et al., 2024). For students from diverse socio-economic backgrounds, disparities in access to technology or health resources can further exacerbate gaps in knowledge. The broader societal context, including media representation and public health campaigns, also shapes awareness. In Nigeria, national campaigns on breast cancer

awareness, such as those held during Breast Cancer Awareness Month, can increase students' exposure to BSE. However, these campaigns must be tailored to reach young women, who may not see themselves as at risk for breast cancer. By leveraging media that resonate with students—such as Instagram, TikTok, or campus radio—public health initiatives can enhance awareness in a way that feels relevant and engaging (Al-Naggar et al., 2011).

Awareness of environmental factors is not just about knowledge but also about emotions and perceptions. For female students, the decision to engage in BSE may be accompanied by fear, anxiety, or embarrassment, particularly if they lack a supportive environment. The fear of finding a lump or the stigma of discussing breast health can deter students from seeking information or practicing BSE (Akhtari-Zavare et al., 2013). A supportive environment—whether through empathetic health educators, understanding peers, or accessible resources—can alleviate these emotional barriers, fostering a sense of safety and empowerment. environmental awareness is about creating spaces where students feel seen and valued. The University of Benin Halls of Residence are more than just buildings; they are homes where young women navigate their identities, fears, and aspirations. By fostering an environment of openness, trust, and support, universities can help students embrace BSE as an act of self-care rather than a source of anxiety.

Attitudes of Female Students Towards Breast self-examination

Breast self-examination (BSE) is a deeply personal act of health empowerment, inviting women to engage with their bodies in a way that fosters awareness and agency. For female

students at the University of Benin Halls of Residence, their attitudes toward BSE—their beliefs, feelings, and evaluations of the practice—play a pivotal role in determining whether they embrace it as a routine habit or approach it with hesitation, fear, or indifference. These attitudes are shaped by a complex interplay of knowledge, cultural norms, social influences, and personal experiences, all unfolding within the vibrant and communal environment of university life. In health behavior research, attitudes refer to an individual's overall evaluation of a specific behavior, encompassing their beliefs about its value, their emotional responses to it, and their inclination to engage in it (Ajzen, 1991). For BSE, attitudes reflect how female students perceive the practice whether they view it as beneficial, necessary, or burdensome and how these perceptions influence their willingness to perform it. Positive attitudes toward BSE might manifest as enthusiasm for its role in early detection, while negative attitudes could stem from fear, embarrassment, or skepticism about its effectiveness. For students at the University of Benin, these attitudes are not formed in isolation but are deeply influenced by their environment, including the communal hostel setting, peer dynamics, and cultural beliefs.

Attitudes are more than cognitive evaluations; they are windows into the students' inner worlds. A student who feels confident about BSE may see it as an empowering act of self-care, while another who feels anxious may avoid it to sidestep the fear of discovering a lump. Understanding these attitudes requires empathy for the students' emotions, cultural backgrounds, and the unique challenges of young adulthood.

Several factors contribute to the attitudes of female students toward BSE, each interwoven with their personal and environmental contexts. These include knowledge and awareness, emotional responses, cultural and social norms, and self-efficacy.

1. Knowledge and Awareness

Knowledge is a foundational determinant of attitudes toward BSE. Students who are well-informed about breast cancer risks and the benefits of early detection are more likely to view BSE positively. However, studies suggest that awareness of BSE among university students, particularly in low-resource settings like Nigeria, is often limited (Oluwatosin & Oladepo, 2006). For female students at the University of Benin, a lack of exposure to breast health education—either in secondary school or through community programs—may lead to misconceptions, such as believing BSE is only necessary for older women or those with a family history of breast cancer. This knowledge gap can foster indifferent or negative attitudes, as students may not see BSE as relevant to their lives. Conversely, targeted education can transform attitudes. When students learn that BSE is a simple, cost-free method to monitor their breast health, they may develop a sense of empowerment and responsibility. Research shows that educational interventions, such as workshops or peer-led campaigns, significantly improve attitudes toward BSE by increasing knowledge and dispelling myths (Akhtari-Zavare et al., 2013). For example, a student who attends a campus health seminar and learns the correct BSE technique may shift from viewing it as intimidating to seeing it as a manageable and valuable practice.

2. Emotional Responses

Emotions play a significant role in shaping attitudes toward BSE. For many students, the idea of examining their breasts can evoke fear, particularly the fear of finding a lump. This anxiety can lead to negative attitudes, as students may avoid BSE to escape the emotional discomfort of confronting a potential health threat (Kandasamy et al., 2024). In the University of Benin Halls of Residence, where students live in close quarters and may feel self-conscious about their bodies, embarrassment or shame about touching their breasts can further complicate attitudes. These emotions are particularly poignant in cultures where modesty is emphasized, and discussions about breast health may be considered taboo (Oluwatosin & Oladepo, 2006). On the other hand, positive emotions, such as confidence or pride in taking charge of one's health, can foster favorable attitudes. A student who feels empowered by performing BSE may view it as an act of self-love, reinforcing her sense of agency. Creating supportive environments—through peer discussions or empathetic health educators can help students navigate these emotional complexities, transforming fear into confidence and hesitation into action (Yucel et al., 2010).

3. Cultural and Social Norms

Cultural and social norms profoundly influence attitudes toward BSE, particularly in a culturally rich context like Nigeria. In many Nigerian communities, breast health discussions may be stigmatized, especially among young, unmarried women, leading to negative attitudes toward BSE (Oluwatosin & Oladepo, 2006). Students at the University of Benin may internalize cultural beliefs that view breast examinations as inappropriate or

unnecessary, particularly if they perceive breast cancer as a disease that affects only older women. These norms can create a sense of discomfort or reluctance, hindering positive attitudes. Social influences within the university setting also play a critical role. The Theory of Planned Behavior highlights the impact of subjective norms the perceived social pressures to engage in a behavior on attitudes (Ajzen, 1991). In the halls of residence, peers can shape attitudes through their behaviors and conversations. If BSE is openly discussed and normalized among friends, students may develop positive attitudes, seeing it as a socially acceptable and important practice. Conversely, if peers dismiss or stigmatize BSE, students may adopt negative attitudes to conform (Al-Naggar et al., 2011). For example, a student who hears her roommate dismiss BSE as “unnecessary” may feel discouraged, while one who sees a friend confidently advocate for it may feel inspired.

4. Self-Efficacy and Perceived Barriers

Self-efficacy—the belief in one’s ability to perform BSE correctly—significantly influences attitudes. Students who feel confident in their ability to conduct BSE are more likely to view it positively, as they perceive it as a manageable and empowering practice (Kandasamy et al., 2024). However, low self-efficacy, often due to lack of training or fear of doing it incorrectly, can lead to negative attitudes. For instance, a student may worry that she won’t recognize a lump or will misinterpret normal breast tissue, leading to skepticism about BSE’s value.

Perceived barriers, such as lack of privacy in hostel rooms or time constraints due to academic demands, can also shape attitudes. In the University of Benin’s communal living

environment, students may feel self-conscious performing BSE in shared spaces, leading to reluctance or negative perceptions (Akhtari-Zavare et al., 2013). Addressing these barriers—through private wellness spaces or time-efficient educational sessions—can foster more positive attitudes by making BSE feel accessible and feasible.

Practice of breast self-examination among female students

Breast self-examination involves the systematic inspection and palpation of one's breasts to identify changes, such as lumps, swelling, or skin alterations, that may warrant medical attention. Typically performed monthly, ideally a few days after menstruation, BSE is a cost-free, non-invasive practice that empowers women to take an active role in their breast health (American Cancer Society, 2020). The procedure includes visual inspection in front of a mirror, palpation while lying down or standing, and checking for nipple discharge, allowing women to become familiar with the normal look and feel of their breasts (Yucel et al., 2010). For female students at the University of Benin, BSE is a practice that fits into their busy lives, offering a sense of control over their health in a setting where access to professional screenings like mammography may be limited. However, the extent to which they engage in this practice depends on a complex interplay of awareness, attitudes, and environmental factors. From a humanistic perspective, BSE is more than a clinical task; it is an act of self-love and resilience, requiring students to confront vulnerabilities and assert their agency in a world where breast cancer remains a significant health concern.

Research on BSE practices among university students, particularly in low-resource settings like Nigeria, suggests that engagement is often low. Studies indicate that while some

students are aware of BSE, only a small proportion practice it regularly (Oluwatosin & Oladepo, 2006). For instance, a study among female university students in Malaysia found that only 19% performed BSE monthly, despite moderate levels of awareness (Akhtari-Zavare et al., 2013). Similar trends are likely among students at the University of Benin, where limited exposure to health education and cultural barriers may contribute to infrequent practice. The practice of BSE among these students varies widely. Some may perform it diligently, motivated by knowledge or personal experiences with breast cancer, while others may engage sporadically or not at all, hindered by barriers such as fear or lack of confidence. The communal living environment of the halls of residence adds another layer of complexity, as students navigate shared spaces and social dynamics that influence their health behaviors. Understanding the extent of BSE practice requires a compassionate lens, recognizing that each student's engagement reflects her unique circumstances, emotions, and environment. The practice of BSE is an act of courage and self-compassion. For a female student at the University of Benin, performing BSE in a crowded hostel room or amidst a busy academic schedule is a testament to her commitment to her health. It is a moment of quiet reflection, where she confronts her fears, embraces her body, and asserts her agency. The student who practices BSE regularly may do so with a sense of pride, knowing she is taking proactive steps to protect her future. The one who hesitates may be grappling with cultural stigma, fear, or lack of confidence, yet her hesitation reflects a universal human struggle to navigate uncertainty.

The communal environment of the halls of residence amplifies these experiences. In shared rooms filled with laughter, late-night conversations, and mutual support, BSE becomes a collective journey. A single student's decision to practice BSE can inspire her peers, creating a ripple effect of awareness and empowerment. By fostering a supportive community, universities can transform BSE from an individual act into a shared commitment to health and care.

Implications for Interventions

- To enhance BSE practice among female students, interventions should address the identified barriers and leverage facilitators in a compassionate and culturally sensitive manner:
- Educational Programs: Offer workshops or digital resources that teach the correct BSE technique, emphasizing its simplicity and benefits to boost knowledge and self-efficacy (Kandasamy et al., 2024).
- Peer-Led Initiatives: Train student ambassadors to promote BSE within hostels, creating a culture of openness and support that encourages practice (Al-Naggar et al., 2011).
- Addressing Emotional Barriers: Provide safe spaces, such as counseling sessions, where students can discuss fears or embarrassment, fostering emotional resilience (Yucel et al., 2010).
- Creating Supportive Environments: Establish private wellness spaces in hostels and integrate BSE education into university programs to overcome physical and time-related barriers (Akhtari-Zavare et al., 2013).

- Cultural Sensitivity: Frame BSE as an act of self-care that aligns with cultural values, using trusted community figures to address stigmas and promote practice (Oluwatosin & Oladepo, 2006).

These interventions should be delivered with empathy, recognizing that each student's practice of BSE is shaped by her unique experiences and environment. By creating supportive and inclusive strategies, universities can empower students to embrace BSE as a meaningful part of their lives.

The practice of breast self-examination among female students at the University of Benin Halls of Residence is a complex and deeply personal endeavor, influenced by knowledge, attitudes, self-efficacy, social dynamics, and environmental factors. While barriers such as cultural stigma, lack of privacy, and limited awareness may hinder practice, facilitators like peer support and educational programs can foster engagement. BSE is an act of empowerment and vulnerability, reflecting the students' strength as they navigate their health in a communal and culturally rich environment. By understanding and addressing the factors that shape BSE practice, we can support these young women in their journey toward health, resilience, and self-care, honoring their courage and commitment to their well-being.

Factors Influencing the Practice of Breast Self-Examination Among Female Students

Among female students, particularly those in higher education institutions, the adoption of BSE is influenced by a complex interplay of factors, including knowledge, attitudes, cultural beliefs, psychological barriers, and socio-economic conditions. Understanding

these factors is essential for designing effective health education programs to promote BSE and reduce the burden of breast cancer

1. One of the most significant factors influencing the practice of BSE among female students is their level of knowledge and awareness about the procedure and its importance. Many studies have shown that a lack of adequate information about how to perform BSE correctly and its role in early breast cancer detection is a major barrier. For instance, Akhtari-Zavare et al. (2013) found that female students in Malaysia often had limited knowledge about the correct technique and timing of BSE, which reduced their confidence in performing it regularly (Akhtari-Zavare et al., 2013). This lack of knowledge can stem from inadequate health education in schools, limited access to reliable health resources, or a lack of emphasis on preventive health practices in academic settings. However, knowledge alone is not enough. Even when students are aware of BSE, their understanding of its significance in the context of breast cancer prevention may be superficial. For example, a study by Nde et al. (2015) among Cameroonian female students revealed that while many had heard of BSE, only a small percentage understood its link to early detection and improved survival rates (Nde et al., 2015). This suggests that health education must go beyond disseminating facts to fostering a deeper understanding of why BSE matters. For young women, who may feel invincible due to their age, connecting BSE to tangible health outcomes can bridge the gap between awareness and action.

2. Attitudes and personal beliefs significantly shape whether female students adopt BSE as a regular practice. Positive attitudes, such as viewing BSE as an empowering act of self-

care, can encourage consistent practice. Conversely, negative attitudes, such as embarrassment or fear of finding a lump, can deter students from performing BSE. A study by Birhane et al. (2017) among Ethiopian female students highlighted that those who perceived BSE as a simple and beneficial practice were more likely to perform it regularly (Birhane et al., 2017). In contrast, students who associated BSE with discomfort or anxiety were less likely to engage in it. Cultural and religious beliefs also play a role in shaping attitudes. In some cultures, discussing or touching one's breasts may be considered taboo, leading to hesitation or reluctance to perform BSE. For instance, in conservative societies, female students may feel that BSE conflicts with modesty norms, as noted in a study by Al-Naggar et al. (2011) among Middle Eastern female students (Al-Naggar et al., 2011). These cultural nuances highlight the need for culturally sensitive health education that respects students' values while promoting health practices.

3. Psychological barriers, such as fear of discovering a lump or anxiety about breast cancer, are significant deterrents to BSE practice. For many young women, the prospect of finding something abnormal can be overwhelming, leading them to avoid BSE altogether. A study by Abu-Helalah et al. (2015) found that fear of a cancer diagnosis was a common reason for low BSE uptake among Jordanian female students (Abu-Helalah et al., 2015). This fear is often compounded by a lack of confidence in performing BSE correctly, as students may worry about misinterpreting normal breast tissue as a lump. On the other hand, self-efficacy the belief in one's ability to perform BSE effectively can positively influence practice. Students who feel confident in their ability to detect abnormalities are more likely to

perform BSE regularly. Interventions that include hands-on training or visual guides can boost self-efficacy, as demonstrated in a study by Karayurt et al. (2009), which showed that structured BSE training significantly increased practice rates among Turkish female students (Karayurt et al., 2009).

4. Socio-economic factors, such as access to healthcare resources and educational opportunities, also influence BSE practice. Female students from low-income backgrounds or those in resource-constrained settings may have limited access to health education programs or healthcare professionals who can teach BSE. A study by Agbonifoh (2016) among Nigerian female students found that those in rural areas were less likely to practice BSE due to limited access to health information and facilities (Agbonifoh, 2016). This underscores the importance of equitable health education initiatives that reach students in underserved areas. The academic environment also plays a role. Universities and colleges that integrate health education into their curricula or offer wellness programs are more likely to foster BSE practice among students. For example, a study by Othman et al. (2012) showed that female students in institutions with active health promotion campaigns were more likely to perform BSE than those in institutions without such programs (Othman et al., 2012). Peer influence within the academic environment can also encourage or discourage BSE, as students may be motivated by friends who model healthy behaviors.

5. Cultural and social norms significantly shape BSE practices among female students. In many societies, discussions about breast health are stigmatized, which can discourage open conversations about BSE. For instance, in some African and Asian contexts, young women

may feel uncomfortable discussing breast health with family members or healthcare providers due to cultural taboos, as noted by Opoku et al. (2012) in a study among Ghanaian students (Opoku et al., 2012). Social support from family, friends, or healthcare providers can mitigate these barriers by normalizing BSE and providing encouragement. Media and technology also play a role in shaping cultural perceptions of BSE. Social media campaigns, for example, can raise awareness and reduce stigma by sharing relatable stories and information. A study by Pengpid and Peltzer (2014) found that female students exposed to breast cancer awareness campaigns through social media were more likely to practice BSE (Pengpid & Peltzer, 2014). However, the effectiveness of such campaigns depends on their accessibility and relevance to the target audience.

6. Effective health education and training are critical for promoting BSE among female students. Structured interventions that include practical demonstrations, visual aids, and opportunities for practice can significantly increase BSE uptake. For example, a study by Yousuf et al. (2012) demonstrated that a single BSE training session led to a significant increase in practice rates among Saudi female students (Yousuf et al., 2012). These interventions are most effective when tailored to the specific needs and cultural contexts of the student population. Moreover, involving healthcare professionals, such as nurses or doctors, in BSE training can enhance its credibility and effectiveness. Students are more likely to trust and act on information provided by professionals they perceive as knowledgeable. Peer-led initiatives, where trained students educate their peers, can also be effective, as they create a relatable and supportive environment for learning.

Summary of Reviewed Literature

BSE is a non-invasive, self-administered technique where women inspect and palpate their breasts to detect changes, such as lumps or skin alterations, typically performed monthly. Its purpose is to promote early detection of breast cancer, which is critical in low-resource settings like Nigeria, where access to professional screenings may be limited. The procedure involves visual inspection, palpation, and checking for nipple discharge, making it accessible and cost-free. Benefits include early detection, empowerment, and fostering health awareness, while challenges include lack of knowledge, embarrassment, and cultural taboos. For University of Benin students, BSE is a practical tool that fits their busy lives but requires overcoming socio-cultural and environmental barriers. Environmental awareness refers to understanding how physical, social, cultural, and institutional factors shape BSE knowledge and practice. In the University of Benin Halls of Residence, the physical environment e.g., lack of privacy in shared rooms can hinder BSE, while posters or wellness spaces can encourage it. Socially, peers influence awareness through role modeling or stigma, particularly in Nigeria's culturally sensitive context. Cultural norms, such as taboos around discussing breast health, and limited access to healthcare further impact awareness. Institutional support, like campus health programs, can enhance awareness by integrating BSE education into student life.

Attitudes toward BSE reflect students' beliefs, emotions, and evaluations of the practice, influenced by knowledge, emotions, cultural norms, and self-efficacy. Limited awareness often leads to indifference, while fear of finding a lump or embarrassment can foster

negative attitudes. Cultural taboos in Nigeria, where breast health discussions may be stigmatized, further complicate attitudes. Positive attitudes emerge when students view BSE as empowering, often supported by peer influence or education. Interventions should address emotional and cultural barriers while leveraging peer support to foster positive perceptions. BSE is not just a health behavior but a deeply personal and communal journey for female students at the University of Benin. Their awareness, attitudes, and practices are shaped by knowledge gaps, cultural norms, emotional complexities, and the unique environment of the halls of residence. The vibrant, communal setting offers both challenges such as privacy concerns and stigma and opportunities, like peer support and campus programs. A humanistic approach recognizes the students' courage in confronting vulnerabilities, their resilience in navigating cultural taboos, and their potential to inspire one another. Interventions should be empathetic, culturally sensitive, and integrated into the university's fabric, empowering these young women to embrace BSE as a meaningful act of self-care and collective health advocacy.

CHAPTER THREE

METHODOLOGY

It is organized under the following headings:

- Research Design
- Population of the Study
- Sample and Sampling Techniques
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

Research Design

This study used a descriptive survey design. In simple terms, this means information was collected from people without trying to change or influence them in any way. The goal was to understand their opinions, attitudes, and feelings about the topic. This design is suitable because it allows the researcher to get a clear picture of people's views in their natural state.

Population of the Study

The study focused on the 6,155 female undergraduate students living in the University of Benin halls of residence (UNIBEN Students affairs 2025).

Sample and Sampling Technique

A simple random sampling method was used. Out of the population, 100 female students from hall 1, hall 2, and hall 3 in the University of Benin, Ugbowo, Benin City, were selected to take part.

Research Instrument

A questionnaire was used to gather information. The questions were based on the study's research questions and findings from the literature review. The questionnaire had two parts:

Section A: Basic personal details like age, marital status, and hostel

Section B: Questions related to the research topic.

Validity of the Instrument

To make sure the questionnaire was appropriate and clear, it was reviewed by the researcher's supervisor and two other experts in Health, Safety, and Environmental Education. Their feedback was used to improve the final version.

Reliability of the Instrument

To check consistency, the questionnaire was tested using 20 people who were not part of the main study. They filled it out twice, with a two-week gap in between. The answers from both times were compared using Pearson's Product Moment Correlation. A score of 0.75 was set as the benchmark for reliability.

Method of Data Collection

The researcher personally distributed the questionnaires to participants and explained the questions where necessary, so female students could respond as honestly and clearly as possible. Completed questionnaires were collected immediately.

Method of Data Analysis

The data was analyzed using descriptive statistics such as frequency counts, percentages, and mean scores. A mean score of 2.50 was used as the benchmark for decision-making

CHAPTER FOUR
PRESENTATION OF RESULTS AND DISCUSSION OF
FINDINGS

This chapter presents the analysis of data collected, with the interpretation and discussion of findings. The data obtained from the study were used to answer the research questions and test the hypotheses raised.

Research Question 1: What is the level of awareness of breast self-examination among female students in the University of Benin halls of residence?

S/N	Items	Mean Score	Criterion Mean	Remark
1	Awareness of breast self-examination among female residents of the University of Benin is generally high, particularly regarding its role in early cancer detection.	3.23	2.50	Accepted
2	Understanding of the correct technique and timing of breast self-examination remains relatively limited.	3.28		Accepted
3	Exposure to health seminars, social media, and campus awareness campaigns contributes significantly to existing knowledge of BSE.	3.78		Accepted
4	Confusion between breast self-examination and clinical breast examination indicates partial comprehension of the concept.	3.25		Accepted

Criterion Mean: 2.50

Table 1 Display the mean responses students on the level of awareness of breast self-examination among female students in the University of Benin halls of residence. The conclusion is drawn from them meeting the criterion mean of 2.50. From the table above, it can be inferred that students in the University of Benin Halls of residence are aware of the concept of self examination, there is only partial comprehension of the concept and technique of self examination.

Research Question 2: What are the attitudes of female students in the University of Benin halls of residence towards breast self-examination?

S/N	Items	Mean Score	Criterion Mean	Remark
1	Breast self-examination is widely regarded as a responsible and beneficial personal health practice.	2.78	2.50	Accepted
2	A perception that BSE is only necessary when symptoms occur reduces its regular adoption.	3.12		Accepted
3	Anxiety about discovering abnormalities continues to discourage consistent engagement in BSE.	3.68		Accepted
4	Feelings of embarrassment, privacy concerns, and indifference often hinder positive behavioral intention.	3.00		Accepted

Criterion Mean: 2.50

Table II Display the mean responses students on the the attitudes of female students in the University of Benin halls of residence towards breast self-examination . The conclusion is drawn from them meeting the criterion mean of 2.50. From the table above, it can be inferred that while

students regard self-examination as a beneficial personal health practice, privacy concerns, anxiety about discovering abnormalities and the perception that breast self-examination is only necessary when symptoms occur discourage consistent engagement in breast self-examination.

Research Question 3: What is the practice of breast self-examination among female students in the University of Benin halls of residence?

S/N	Items	Mean Score	Criterion Mean	Remark
1	Breast self-examination is frequently undertaken only in response to noticeable breast changes rather than as a preventive health measure.	3.53	2.50	Accepted
2	Breast self-examination is performed irregularly, and adherence to recommended techniques and timing is often inadequate.	3.43		Accepted
3	Inadequate mastery of examination techniques and uncertainty about appropriate timing contribute to irregular performance of BSE.	3.18		Accepted
4	Limited proficiency in examination techniques and uncertainty regarding appropriate timing contribute to inconsistent application of BSE.	3.20		Accepted

Criterion Mean: 2.50

Table III Display the mean responses students on the practice of breast self-examination among female students in the University of Benin halls of residence. The conclusion is drawn from them

meeting the criterion mean of 2.50. From the table above, it can be inferred that breast self-examination is performed irregularly and done in response to noticeable breast changes rather than as a preventive health measure..

Research Question 4: What are the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence?

S/N	Items	Mean Score	Criterion Mean	Remark
1	Health education and awareness campaigns significantly influence BSE practice.	3.20	2.50	Accepted
2	Access to health information through media promotes better BSE habits.	2.68		Accepted
3	Cultural beliefs and misconceptions reduce willingness to perform BSE.	2.78		Accepted
4	Support from peers and health professionals enhances motivation for regular BSE.	3.14		Accepted

Criterion Mean: 2.50

Table IV Display the mean responses students on the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence The conclusion is drawn from them meeting the criterion mean of 2.50. From the table above, it can be inferred that health education, access to health information, cultural beliefs and support from peers are the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence.

Discussion of Findings

Firstly, while students in the University of Benin Halls of residence are aware of the concept of self-examination, there is only partial comprehension of the concept and technique of self-examination. The communal atmosphere of the University of Benin's Halls of Residence significantly impacts students' engagement with **Breast Self-Examination**. This environment presents a challenge: awareness may be high, but the lack of **privacy** can prevent a student from doing the examination, while **peer support** from a roommate who openly discusses breast health can provide motivation. Consequently, to design effective health programs, it is critical to understand how these competing social and spatial factors resonate with students' daily lives (Oluwatosin & Oladepo, 2006).

Secondly, while students regard self-examination as a beneficial personal health practice, privacy concerns, anxiety about discovering abnormalities and the perception that breast self-examination is only necessary when symptoms occur discourage consistent engagement of breast self-examination examination. Students' reluctance to consistently perform Breast Self-Examination stems primarily from adverse attitudes and perceptions, despite acknowledging its importance. The most significant mental hurdle is the profound anxiety about discovering an abnormality; this fear of potential bad news often leads to active avoidance, where students choose ignorance over proactive checking. This is reinforced by the widespread misconception that the practice is only required when symptoms already exist, causing healthy students to adopt a reactive health mindset that dismisses the need for routine self-checks. These psychological barriers, combined with practical issues like a lack of privacy, ultimately sabotage the consistent performance of the examination Ajzen (1991).

Furthermore, breast self-examination is performed irregularly and done in response to noticeable breast changes rather than as a preventive health measure. This concurs with the research of Oluwatosin & Oladepo, 2006 who opined that BSE practices among university students, particularly in low-resource settings like Nigeria, suggests that engagement is often low. Studies indicate that while some students are aware of BSE, only a small proportion practice it regularly.

Lastly, health education, access to health information, cultural beliefs and support from peers are the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence. Health education, access to health information, cultural beliefs, and peer support greatly influence the practice of breast self-examination among female students in the University of Benin halls of residence. Proper health education and access to reliable information increase awareness and confidence in performing breast self-examination, while cultural beliefs can either promote or hinder the practice depending on perceptions about women's health. Peer support also plays a key role, as encouragement and discussions among friends help normalize and sustain regular self-examination.

CHAPTER FIVE

SUMMARY CONCLUSION AND RECOMMENDATIONS

This chapter presents summary of the study alongside the conclusion drawn from the analysis of data collected and the results obtained in the course of this study. The recommendations offered based on the findings of the study are also highlighted.

Summary

A descriptive survey design was adopted to collect data from 100 randomly selected female students out of a population of 6,155. The main instrument for data collection was a structured questionnaire validated by experts in Health, Safety, and Environmental Education, and its reliability was confirmed using the test-retest method with a correlation coefficient of 0.70. The researcher personally administered the questionnaires to ensure clarity and honest responses. Data collected were analyzed using descriptive statistics such as frequency counts, percentages, and mean scores, with 2.50 as the decision benchmark.

Findings

Findings from the study revealed that:

1. While students in the University of Benin Halls of residence are aware of the concept of self examination, there is only partial comprehension of the concept and technique of self examination.
2. While students regard self-examination as a beneficial personal health practice, privacy concerns, anxiety about discovering abnormalities and the perception that breast self-examination is only necessary when symptoms occur discourage consistent engagement of breast self-examination examination.

3. Breast self-examination is performed irregularly and done in response to noticeable breast changes rather than as a preventive health measure.
4. Health education, access to health information, cultural beliefs and support from peers are the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence.

Conclusion

The findings of this study reveal that although many female students in the University of Benin halls of residence are aware of breast self-examination, their understanding of its proper technique and preventive value is still limited. Most students acknowledge its importance for personal health, yet factors such as fear of discovering abnormalities, misconceptions that it is only necessary when symptoms appear, and lack of privacy discourage consistent practice. Cultural beliefs, inadequate access to health information, and weak peer influence also play crucial roles in shaping attitudes toward breast self-examination. This indicates that awareness alone is not enough to ensure regular practice; rather, there is a need for sustained education, empowerment, and supportive social structures.

Recommendations

1. Health educators and university health services should organize regular sensitization workshops and seminars on breast health and self-examination techniques for female students.
2. The University of Benin should collaborate with health organizations to provide accessible and credible information on breast cancer prevention through posters, leaflets, and digital platforms.

3. Peer health education programs should be established in the halls of residence to encourage discussions and support among female students regarding breast health practices.
4. Cultural misconceptions about breast self-examination should be addressed through culturally sensitive awareness campaigns that emphasize its importance for all women, regardless of symptoms.
5. Healthcare professionals within the university should offer routine counseling sessions and demonstrations on correct breast self-examination techniques.
6. The university management should integrate health education programs into the general orientation or general studies curriculum to promote lifelong healthy practices among students.

Suggestions of Further Studies

1. The Impact of Health Education Programs on Breast Self-Examination Practices among Female Undergraduates in Nigerian Universities
2. Cultural and Religious Influences on Women's Attitudes toward Breast Cancer Screening in Tertiary Institutions
3. The Role of Peer Education in Promoting Breast Self-Examination among Female Students
4. Assessment of Digital Health Platforms as Tools for Enhancing Awareness of Breast Self-Examination among Youths

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APPENDIX

DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION, UNIVERSITY OF BENIN.

QUESTIONNAIRE ON AWARENESS, ATTITUDES, AND PRACTICES OF BREAST SELF-EXAMINATION

Dear Participants,

I, ISIOMA FAVOUR , a student of the above department is carrying out a study on ASSESSING THE AWARENESS, ATTITUDES, AND PRACTICES OF BREAST SELF-EXAMINATION AMONG FEMALE STUDENTS IN THE UNIVERSITY OF BENIN HALLS OF RESIDENCE. This questionnaire is designed to get your view on the aforementioned subject matter; you are kindly required to complete the statement sincerely because your objective response to the items in the questionnaire will enable the research reach a logical and meaningful conclusion. Your response will be treated with confidence. Please, you are kindly requested to fill thus questionnaire as honestly as possible, indicate your opinion by a tick (✓) in the appropriate column that both represent your category.

Section A: Demographic Information

Age:

15-18 years 19-22 years 23-26 years 27 years and above

Marital Status

Single Married Widowed Divorced

Hostel

Hall 1 Hall 2 Hall 3

RQ 1	What is the level of awareness of breast self-examination among female students in the University of Benin halls of residence?		SA	A	D	SD
1	Awareness of breast self-examination among female residents of the University of Benin is generally high, particularly regarding its role in early cancer detection.					

2	Understanding of the correct technique and timing of breast self-examination remains relatively limited.					
3	Exposure to health seminars, social media, and campus awareness campaigns contributes significantly to existing knowledge of BSE.					
4	Confusion between breast self-examination and clinical breast examination indicates partial comprehension of the concept.					
RQ 2	What are the attitudes of female students in the University of Benin halls of residence towards breast self-examination?		SA	A	D	SD
5	Breast self-examination is widely regarded as a responsible and beneficial personal health practice.					
6	A perception that BSE is only necessary when symptoms occur reduces its regular adoption.					
7	Anxiety about discovering abnormalities continues to discourage consistent engagement in BSE.					
8	Feelings of embarrassment, privacy concerns, and indifference often hinder positive behavioral intention.					
RQ 3	What is the practice of breast self-examination among female students in the University of Benin halls of residence?					
9	Breast self-examination is frequently undertaken only in response to noticeable breast changes rather than as a preventive health measure.					
10	Breast self-examination is performed irregularly, and adherence to recommended techniques and timing is often inadequate.					

11	Inadequate mastery of examination techniques and uncertainty about appropriate timing contribute to irregular performance of BSE.					
12	Limited proficiency in examination techniques and uncertainty regarding appropriate timing contribute to inconsistent application of BSE.					
RQ 4	What are the factors that influence the practice of breast self-examination among female students in the University of Benin halls of residence?					
13	Health education and awareness campaigns significantly influence BSE practice.					
14	Access to health information through media promotes better BSE habits.					
15	Cultural beliefs and misconceptions reduce willingness to perform BSE.					
16	Support from peers and health professionals enhances motivation for regular BSE.					

Reliability

ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.70	20