
Awareness and Use of Information for Breast Cancer Prevention among Female Senior Staff of Two Universities in Ibadan, Nigeria

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Abstract

Breast cancer is a major public health concern among women globally. Due to the influence of various psychological, social and cultural factors on breast cancer, women are reluctant to screen their breast cancer symptoms at the early stages when treatment is most expected to be successful. Observation showed that some factors such as illiteracy, lack of education and information about breast cancer led to death of great numbers of women in the society. Therefore, this study investigated the awareness and use of information for breast cancer reduction by female senior staff in two Universities in Ibadan. The study adopted a descriptive survey design. The study population comprised two hundred and fifty eight (258) female senior non-teaching staff: two hundred and fifty one (251) and seven (7) in University of Ibadan and Lead City University. The result revealed that the level of information awareness about breast cancer among female senior staff of University of Ibadan and Lead City University were high with mean value of 2.95 and percentage range of 73.4%. The major challenges to the use of information for breast cancer reduction are poor treatment compliance, lack of education on breast cancer and low health literacy with 74.56%.

Keywords

Breast cancer, Awareness, knowledge, university staff.

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INTRODUCTION

The information awareness and use of the women is very important if the cardinal goals of reducing breast cancer among female senior staff in the University of Ibadan and Lead City University would be achieved. The University of Ibadan and Lead City University female senior staff deserve to be aware and be informed of sources of information on breast cancer. Lack of accurate, timely and current information to women on breast cancer may have adverse effect on their job performance. Olorode (2006) opined that the paramount goal of human services is to enable people to live more satisfying, more autonomous, and more productive lives, through the utilization of society's knowledge resources and technological innovations

The University of Ibadan and Lead City University female senior staff comprises the category of women from CONTISS 6 and above. These categories of women are the senior staff categories, performing supervisory jobs. They include Administrative staff, accountants, technologies, nurses, technical staff, registrar, paraprofessional and professional staff in libraries etc. These groups of people are in the high level man power in the country. Therefore, their health status is very important as mothers at home, leaders in the society, leaders and mentors in the university etc. Attention therefore must be given on their health especially in the area of breast cancer which must be taken seriously. They therefore need to be aware, access and utilize timely, accurate and current information to reduce and prevent this deadly diseases called breast cancer. The present study seeks to examine the information awareness and use as a tool for the prevention of breast cancer among female senior staff of University of Ibadan and Lead City University, Nigeria.

THE STATEMENT OF PROBLEM

Breast cancer is regarded as significant problem in developing countries such as Nigeria. The effect of breast cancer in women leads to untimely death, economic lost, financial burden on the family, income lost due to cancer related morbidity and treatment. In addition it also brings psychological, physiological and motional concerns for women. Aside from physiological concerns women also experience social consequences of breast cancer, just as various forms of treatment for breast cancer can have potentially disfiguring effects in the physical sense. Breast cancer may also affects their level of productivity in the immediate organization and the

nation at large. These problems could be prevented if timely, accurate and current information are provided. The female senior staff of the University of Ibadan and Lead City University like their counterparts worldwide needs information awareness on how to prevent and manage breast cancer. Provision of this information enhances prevention in breast cancer among female senior staff in University of Ibadan and Lead City University in particular and the Nigerian women as a whole. Accessing information on breast cancer and awareness of its deathly effects on the patients should be identified and then health care authorities should establish strategies to overcome them.

RESEARCH QUESTIONS

The following research questions are drawn from the objectives to guide the study. These questions include:

1. What is the level of information awareness about breast cancers among female senior staff of University of Ibadan and Lead City University?
2. What are the sources of information used for breast cancers among female senior staff of University of Ibadan and Lead City University?
3. What is the frequency of use of information on breast cancers among female senior staff of University of Ibadan and Lead City University?
4. What are the challenges to the use of information for breast cancer prevention among the female senior staff of University of Ibadan and Lead City University?

Scope of the Study

This study revolves around the information awareness and use for breast cancer among the female senior staff of the University of Ibadan and Lead City University. The female senior staff of the University of Ibadan and Lead City University are spread over three faculties in the Universities. The study therefore intends to cover all the female senior staff in all this faculties.

Significance of the study

This study is significant to female senior staff of the university of Ibadan and Lead City University, Information professionals, health professionals and government. It is significant to women because it will enlighten them of the preventive measures, create awareness and exposes the various methods of treatment. To the information professionals the study is significance because it will enable them to access

the level of awareness about breast cancer among the women. To the health professionals the study will highlight the degree of the spread of breast cancer among female staff of the University of Ibadan and Lead City University. To the government it is hope that the outcome of this study will ginger the federal government to adopt stringent method of disseminating information on breast cancer in other to reduce or eradicate if possible this deathly disease that ravage the life of women folk. The general public will also benefit from this study because it will reveal the effect of the diseases call breast cancer to the women. It is in the light of this that this study is undertaken.

LITERATURE REVIEW

Women's health can be negatively affected by lack of education, inadequate information and lack of awareness of the factors contributing to the disease (Luddy, 2007). Nielsen-Bahlman et al, (2004) as cited b Packer (2004) reported that low health literacy contributes to poor treatment compliance, uncontrolled chronic disease, and high health care utilization. In many health care settings, the emerging trend is for involvement of patients in the management of their illness and thus it is important for them to have access to essential information to assist with decision making (Rees and Bath, 2000)' Lam et al; (2007). Health people (2010) reported that Health literacy research has focused on patients' ability to obtained and understand information and services relevant to appropriate health decision making. Past studies established that adequate, relevant information helps to facilitate decision making, coping and psychological adjustment (Lam et al, 2007) and was a key reason for the variation in survival rate. Thus women newly diagnosed with breast cancer need to know the characteristics of their breast cancer to assist decision regarding treatment options. Stein (2011) in Barriers to breast cancer screening, reported that socio-ecological context, such as , individual barriers, interpersonal barriers, community barriers, societal barriers and global barriers serves as challenges to use of information for breast cancer by women. Socio-Ecological Context: Many factors play a role in determining whether a woman seeks mammography screening for breast cancer. Challenges to use of information faced on individual interpersonal, organizational, community, societal and global levels act as hurdles to be overcome before screening can occur. These challenges are neither linear nor stable, as every woman juggles multiple life roles at any given time.

Medline plus (2007) as cited by Stein (2011) found out that access issues remain a major challenge. While the issue of access may appear to exist at the personal level (i.e. due to illness, disability, language barrier or other challenge). He further reported that challenges are mirrored at the organizational, community, societal and global level. This is also true in the case of income-based barriers. Demographic barriers such as income overlap and play a role in breast cancer screening rate. Researchers in a 2004 Toronto study, found that despite the fact that mammography is covered by health insurance in Canada, lower rate of screening were found in women with low socio economic status (Ghazier et al, 2003). The implication of this is that correlates of this socio economic category are acting as challenges to use of information for Breast cancer screening. For those living in poverty, simply surviving day-to-day is likely to take priority over seeking out cancer screening. Simply attempting to differentiate between ethnic groups (thus their different behaviour constraints) is challenging. A literature of research studies on breast cancer screening among Asian Americans acknowledge the tendency of researchers to lump together what's actually more than 25 separate ethnicities. The authors observed that this is short sighted, as each group has its own unique language culture and beliefs surrounding health (Lee-Lin & Menon, 2005).

Interpersonal Barrier: Lack of family history of breast cancer, need for partner (family support, misconceptions of family and friends, cultural/religious beliefs and practices, lack of child care and inability to arrange time off work with employer. Cultural norms and beliefs may also act as challenge to breast cancer screening. Epidemiological evidence, breast cancer rates of immigrant population's coverage with that of the host country over time.

Organizational Barriers: Long wait times for appointments, pink fund raising campaigns, family doctors as referral gatekeepers, intimidating health care system. Community Barriers: Societal norms, lack of community support, cultural community barriers, lack of accessible screening sites, lack of community initiatives and lack of visible role models, to encourage screening. Societal Barriers: Screening not on the radar of new immigrants, no allotment of time off work/childcare /transportation, time constraints, funding constraints and legislative failures. Northhouse (2004) reported the result of a study based on review of literature. During the initial

phase of cancer, family members felt excluded from care, had difficulty communicating with staff and experience considerable emotional tension. In the adaptation phase family members had problems with lifestyle changes, meeting the needs of well family members and living with uncertainty. In the terminal phase family members experienced role strain, communication problems on the subject of death and feelings of loss. Intervention strategies that have been used to assist family members to cope with the cancer experience are also reviewed. As per the study, the strongest predictor of the impact of the cancer experience appears to be the quality of the relationship women enjoyed with their partners before diagnosis and treatment. Breast cancer and its treatment affect not only the patient, but also her intimate partner and their relationship, including their communication, sexual relationship, and role identities. Both positive and negative effects of the experience have been identified. Another study based on review of articles which examined the impact of breast cancer and its treatment on patient's marital relationship was published by O'Mahoney and Carroll (2007). The study reports that breast cancer and its treatment affect not only the patient, but also her intimate partner and their relationship, including their communication, sexual relationship, and role identities. Both positive (physical closeness and increased communication) and negative effects (increased symptoms of depression, anxiety, and psychosomatic complaints) of the experience have been identified. Predictors of marital adjustment following breast cancer are also reviewed, including demographic factors, illness factors, and characteristics of the couple. Quality of premorbid relationship is a major influencing factor. Those in good relationships appear often to experience improvements in the relationship, especially in areas of closeness and communication. As pointed out by Mehrotra (2008), it was surprising that since the family forms the backbone of support, there existed a scarcity of research in this field. The subjective interpretation of the support received from the family members especially from partners and children, provided the live experience of women in the families. The most prevalent cancer in the world is that of breast being responsible for 10.4% of the global burden. Scholars have carried out studies on breast cancer globally such as American cancer society, Breast Health Global Initiative, Targeting Health Disparity in Breast Cancer, Barriers to Breast Cancer Screening Behaviour on Nursing Research, Health Promotion in the Pacific. Most of the research focused little on awareness, barriers and

mostly on knowledge. From the above finding of different research, it is clear that breast cancer is not only a medical disease of a woman, but also psychological as well as social. She is not alone in the experience, rather she is surrounded by her family, the primary social institution. Her breast cancer experience is profoundly shaped by the culture of the society in which she lives. More studies are needed to uncover the entire span of cancer trajectory starting from the symptom stage, engaging in screening, diagnosis, active treatment, remission, survivorship, recurrence and beyond. Such studies also need to focus in-depth on the role of psychological and social factors that impact the well being of individuals during the cancer trajectory. The present study seeks to examine the information awareness and use as a tool for the prevention of breast cancer among female senior staff of University of Ibadan and Lead City University, Nigeria. This is the gap this study wants to fill.

Research Design

This study will adopt descriptive survey research design. This is because descriptive research survey provides solutions to a practical problem or an immediate problem. It tries to improve a process or a product. It is also that process that is concerned with characterizing the features of situation, object or practices and it deals with the current situation of things. Furthermore it is suitable and efficient for studying large populations as it allows a sample population to be used to represent the entire population. The fact that this study is concerned with population of female senior staff of the University of Ibadan and Lead City University, Nigeria, it makes the descriptive design to be the most suitable for the study.

Population of Study

The target population of this study consists of two hundred and fifty eight (258) female senior non-teaching staff of the University of Ibadan and Lead City University, in which two hundred and fifty one (251) female senior non-teaching staff are in University of Ibadan, while seven (7) female senior non-teaching staff are in Lead City University, (Management Information System (MIS) Units of the University of Ibadan, 2013 and Human Resource Manager Lead City University, 2013). The total population (258), of female senior non-teaching staff for the two Universities was used.

Table 1.1: Population and Sample Size of the Study

S/N	Faculties/Units	University of Ibadan	Lead City
1.	Education	33	1
2.	Science	23	1
3.	Social Science	13	1
4.	Bursary	67	2
5.	Registry	115	2
Total		251	7
Ground Total		258	

Methods of Data Analysis

For the purpose of this study, the questionnaire was coded and analysed using percentages (%), frequency distribution and SPSS version. The results of the analysis were presented in tables and charts.

Questionnaire Administration and Response Rate

A total of two hundred and fifty eight (258) questionnaire were distributed to respondents who were female senior non-teaching staff of the University of Ibadan and Lead City University under five (5) faculties / units to the above mentioned University. Two hundred (200) questionnaires were retrieved from the respondents giving a response rate of 77.5%

Table 2.1 reveals the respondents from the departments of registry from university of Ibadan had the overall sample population of (52%) while the respondents from Lead City University, science, education and social science had equivalents respondent's rates of (14.3%) which is the lowest in the distribution.

Table 2.1: Distributions of Respondents by Departments

S/N	Faculties/Units	University of Ibadan		Lead City		Response rate %
		N	%	N	%	
1.	Education	23	11.9	1	14.3	100
2.	Science	15	7.8	1	14.3	100
3.	Social Science	8	0.4	1	14.3	100
4.	Bursary	54	27.9	2	28.6	100
5.	Registry	93	52	2	28.6	100
Ground Total		193	100	7	100	77.5%

Table 2.3: Showing the level of information awareness about breast cancer.

Options for Responses: Very Highly Aware, Highly Aware, Aware and Not Aware

S/N	Statement	VHA		HA		A		NA		Mean	St.Dev
		N	%	N	%	N	%	N	%		
1	Health literacy about breast cancer	49	24.6	108	45.2	40	20.1	20	10.1	2.84	.911
2	Policy for cancer prevention	49	24.6	64	54.3	28	14.1	14	7.0	2.97	.818
3	Smoking can cause lung cancer	59	29.6	80	32.2	54	27.1	22	11.1	2.80	.988
4	Knowledge about breast self examination	26	13.1	85	40.2	62	31.2	31	15.6	2.51	.909
5	Adopting a physically active life style	47	23.6	61	42.7	63	31.7	4	2.0	2.88	.788
6	Early menarche and late menopause	41	20.6	124	30.7	77	38.7	20	10.1	2.62	.923
7	In service education about breast cancer	22	11.1	68	62.3	53	26.6	-	-	2.93	.859
8	Signs and symptoms associated with breast cancer e.g lump in the breast and unusual discharge from the nipple	32	16.1	94	34.2	88	44.2	11	5.5	2.61	.820
9	Health care utilization	47	23.6	108	47.2	58	29.1	-	10.1	2.95	.726
10	Access to essential information on breast cancer	22	11.1	124	62.3	53	26.6	-	-	2.84	.595
11	Maintaining a healthy weight throughout life	70	35.2	85	42.7	44	22.1	-	-	3.13	.747
12	Knowledge awareness from health professional's e.g gynaecologist	46	23.1	102	51.3	51	25.6	-	-	2.98	.699
13	Knowledge on health diet for breast cancers prevention	52	26.1	116	58.3	31	15.6	-	-	3.11	.638

Table 2.4: Showing the sources of information used for breast cancers.

Options for Responses: SA=Strongly Agree, A=Agree, D=Disagree SD= Strongly Disagreed

S/N	Statement	SA		A		D		SD		Mean	St.Dev
		N	%	N	%	N	%	N	%		
1	News paper/ Magazines	80	40.2	81	40.7	23	11.6	15	7.5	3.14	.897
2	Journals	79	39.7	67	33.7	39	19.6	39	19.6	3.06	.935
3	Radio	83	41.7	88	44.2	22	11.1	6	3.0	3.25	.769
4	Television	32	16.	119	59.8	48	24.1	-	-	2.92	.631
5	Leaflets	11	58.8	48	24.1	34	17.1	-	-	3.42	.767
6	Friends/ colleagues	7	28.6	82	41.2	50	25.1	10	5.	2.93	.859
7	Family physicians	11	5.5	12	61.3	66	33.2	-	0	2.726	.559
8	Internet	22	11.1	150	75.4	20	10.1	7	-	2.94	.592
9	Religious organization (church, mosques)	96	48.2	71	35.7	32	16.1	-	-	3.33	.737
10	Video/films	134	67.3	9	4.5	42	21.1	14	7.0	3.32	1.03
11	Non government organizations	15	7.5	113	56.8	71	35.7	-	-	2.72	.596
12	Relatives	44	22.1	94	47.2	50	25.1	11	5.5	2.86	.823
13	Books	9	4.5	117	58.8	53	26.6	20	10.1	2.58	.734
14	Conferences/ workshops	21	10.6	76	38.2	89	44.7	13	6.5	2.53	.771
15	Photographs	61	30.7	40	20.1	87	43.7	11	5.5	2.76	.955
16	Health professionals	71	35.7	85	42.7	31	15.6	12	6.0	3.08	.867

Table 2.5: Showing the use of information on breast cancers.

Options for Responses: D = Daily, W= Weekly, TM= Twice a month, M=Monthly, O = Occasionally, N= Never

S/N	Statement	D		W		TM		M		N		Mean	St.Dev
		N	%	N	%	N	%	N	%	N	%		
1	News paper/ Magazines	74	37.2	66	33.2	43	21.6	7	3.5	9	4.5	3.94	1.06
2	Journals	53	26.6	54	27.1	65	32.7	23	11.6	4	2.0	3.64	1.05
3	Radio	56	28.1	73	36.7	55	27.6	13	6.5	2	1.0	3.84	.943
4	Television	82	41.2	70	35.2	30	15.1	13	6.5	4	2.0	4.07	1.00
5	Leaflets	77	38.7	28	14.1	39	19.6	34	17.1	21	10.6	3.53	1.42
6	Friends/ colleagues	50	25.1	80	40.2	61	30.7	2	1.0	6	3.0	3.83	.919
7	Family physicians	54	27.1	36	18.1	34	17.1	41	20.6	34	17.1	3.17	1.46
8	Internet	70	35.2	65	32.7	52	26.1	3	1.5	9	4.5	3.92	1.04
9	Religious organization (church, mosques)	76	38.2	63	31.7	33	16.6	7	3.5	20	10.1	3.84	1.264
10	Video/films	125	62.8	29	14.6	25	12.6	10	5.0	10	5.0	4.25	1.16
11	Non government organizations	96	48.2	57	28.6	25	12.6	9	4.5	12	6.0	4.08	1.15
12	Relatives	78	39.2	53	26.6	38	19.1	8	8.0	14	7.0	3.82	1.23
13	Books	74	37.2	81	40.7	32	16.1	16	4.0	4	2.0	4.07	.934

Table 4.6: Showing the challenges to the use on information for breast cancers prevention.

Options for Responses: SA - Strongly Agreed, A - Agreed, D- Disagreed SD - Strongly Disagreed

S/N	Statement	SA		A		D		SD		Mean	St.Dev
		N	%	N	%	N	%	N	%		
1	Low health literacy	69	34.7	73	36.7	45	22.6	12	6.0	3.00	.904
2	Inadequate information on breast cancer	78	39.2	48	24.1	67	33.7	6	3.0	2.99	.923
3	Lack of awareness of the factors contributing to breast cancer	73	36.7	62	31.2	51	25.6	13	6.5	2.97	.942
4	Lack of health education	47	23.6	107	53.8	40	20.1	5	2.5	2.98	.734
5	Lack of access to information on breast cancer	13	6.5	122	61.3	38	19.1	26	13.1	2.61	.795
6	Lack of education on breast cancer	63	31.7	100	50.3	33	16.6	3	1.5	3.12	.728
7	Inadequate funding	37	18.6	96	48.2	54	27.1	12	6.0	2.79	.812
8	Poor treatment compliance	96	48.2	44	22.1	44	22.1	15	7.5	3.11	.998
9	Misconception of family and friends	52	26.1	70	35.2	70	35.2	7	3.5	2.83	.855
10	Cultural/religious beliefs and practices	20	10.1	110	55.3	57	28.6	12	6.0	2.69	.732
11	Poverty	14	7.0	144	72.4	21	10.6	20	10.1	2.76	.724
12	Communication barrier	46	23.1	108	54.3	30	15.1	15	7.5	2.92	.825

Discussion of Findings

Some previous studies have reported that the level of information awareness about breast cancer among female are very high despite this, some women

disregards the information but the levels of such information is in a high magnitude across. The study further divulges that there is a functional need of information dissemination among women in life time disease. According Okwilagwe (2009) who established that information is the knowledge

accumulated by people in different forms and from various sources. It can be used in making rational decision by people, groups of individuals, civil servants, governments, etc. This result corroborates the idea of Aina (2004) and Mabawonku (2004) regarded information and basic awareness as critical resource of production when utilized, it enables individuals and organization to solve personal or corporate problems and consequently take the right decision especially among women in such a critical situation.

The sources of information used for breast cancers among female senior staff of University of Ibadan and Lead City University are very encouraging and appreciated. This could arise as a result of the levels of education attained and various sources of information available to them. This result is in line with findings of Adetoro (2010) established that internet utilization is a positive and complementary uses of the internet for general information sourcing, education and learning, social networking, professional information exchange, business transactions, etc. Internet use is becoming more and more mandatory for all and sundry especially in searching for the best forms of knowledge in curbing diseases such as breast cancer and other forms of diseases that could easily affect women in the society. Dulle (2011) viewed access to information in the digital ages as open access which is an alternative form of scholarly communication that has emerged from the traditional business mode of scholarly publishing. The basic concept of open access is the online at no charge and without technical barriers. Easy accessibility and utilization of information is very crucial; to information dissemination and utilization on breast cancer prevention and cure.

The frequency of use for information on breast cancers among female senior staff of University of Ibadan and Lead City University is significantly high among the respondents. From the diverse perception among previous studies that the spread of information is sectional to those literates who work in health centre either private or public in the society of ours. This finding supports Loh et al (2009) who reported in a study that out of 147 women, not a single woman was found to know all six basic characteristics of their breast profile at baseline. Most women were unaware of one or more of the six characteristics of their breast cancer profile due to lack of frequency of information about breast cancer. The most common areas of knowledge were the stage, type, size and grade of breast cancer.

However, over 50% did not know their breast cancer profile, and no even one of them was aware of the full 6 basic characteristics of their cancer profile at baseline. In respect to information awareness on Breast Cancer by women, Erbay (2006) who found in his study that 76.7% of the women reported that they had heard or read about breast cancer, while 51.6% of the women had significant knowledge about breast cancer. The same study review that 95% women reported having heard of breast cancer and that overall awareness was only 52%. Similarly, 72.1% of the women reported having knowledge about Breast self-examination (BSE) practice only 40.9% of the women of the study group ever indicated practicing BSE in the previous 12 months. The study also review that lesser number of women had heard of BSE (62%), and only 12% were regular while 23% were irregular performers. In support of this claim, with breast cancer being the most common cancer among women in Nigeria, even more common than cancer of the cervix, Abimbola and Oladapo (2006) reported from their study carried out to assess the knowledge of breast cancer and its early detection measures among 420 randomly selected rural women in two health district in Akinyele Local Government Area, that respondents overall lacked knowledge of the vital issues of breast cancer and its early detected methods with only 13.3% of the women claiming to have ever heard of breast self-examination.

It was discovered that there are challenges to the use on information for breast cancers prevention among female senior staff of Universities among the studied domains respectively. It was greatly accessed by peoples opinion that women are having difficulty with their health due to lack of improper way of treatment on timely basis. To further understand women and cancer, women health can be negatively affected by lack of education, inadequate information and lack of awareness of the factors contributing to the disease (Luddy, 2007). Low health literacy contributes to poor treatment compliance, uncontrolled chronic disease, and high health care utilization (Nielsen-Bohlman, Panzer, Kindig, 2004). Treatment decision difficulties, defined as difficulty in making decision about treatment, have been shown to predict persistence of psychological morbidity following breast cancer surgery (Lam Fielding & Ho 2005; Law Chan, & Hung Fielding 2007).

Nzelu (2012) reported that, cancer is pandemic, not just in Nigeria, but across the whole world. He further mentioned that 100,000 people are diagnosed of cancer yearly and 80,000 of them die. What that means is that 10 Nigerians die of cancer

every hour and every day. According to the World Health Organization (WHO) (2012), most of these cancers are preventable, one-third of cancer cases could be treated effectively if diagnosed early. And the last one-third could be given good quality of life. Cancer at the late stage could be terrible, but if there are good and first class facilities, reasonable care will be given to cancer patients. According to the NCI (2014), cancer is a term use for diseases in which abnormal cells divide without control and have the ability to invade nearby tissues. Cancer cells can also spread to other parts of the body through the blood and lymph systems. Breast cancer, in particular, is a specific type of cancer that occurs in both men and women although breast cancer occurring in males is extremely rare (NCI, 2009).

Summary of Findings

This study focuses on information awareness and use for breast cancer prevention among female senior staff of two Universities in Ibadan, Nigeria among the University include University of Ibadan and Lead City University as the target group. On this account four research questions were raised and answered through the use of structured questionnaires. The data collected were analysed using percentage frequency table to draw inference.

1. It was discovered that the roles and responsibilities of a hospital management board is to measure the performance of patient needs, manage the women who are basically infected due to lack of information or to teach and developed and implement within good practice standards to educate the women.
2. Both the literate and illiterate women for the care of their breast for a healthy living, facilitates consultant participation in hospital planning and decision making, represent the interests of the hospital to the funding system in order to access the resources necessary to deliver services to women generally.
3. To ensure that all staff have the skills necessary to fulfil their roles within the hospital and allocate resources efficiently and according to an agreed set of criteria towards the prevention of breast cancer among women.
4. It was found that the frequency use of information on breast cancer is given a great recognition in the both sampled Universities in Oyo state, Nigeria. Basically, the study

reveals those who assess frequency use of information on breast cancer on weekly, twice weekly and monthly are of greater percents when compared to occasionally and never among the female senior staff of the above Universities.

5. Training and re-training as priority in hospitals also to all government and non-government parastatal and the organization of women in the community to be sanitized through this campaign for effective prevention of breast cancer in the society.
6. It was the opinion of the respondents that larger percentages of the respondents have access to information use for breast cancer among female senior staff of the above University in the study.
7. It was discovered that a greater proportion of the sampled population are facing one challenge to the other such as lack of education on breast cancer, communication barrier and finally, lack of access to information on breast cancer etc. among many other challenges the women faces in the society.

Recommendation

Based on the findings of this study, the following are recommended

1. The group that made-up the management board in terms of information awareness and use for breast cancer should be revisited to see if they are truly capable to drive the organization forward.
2. Federal government is enjoined to raise a follow up team or body to see how far they could curb the killer disease breast cancer among women in Nigeria
3. The Federal Government could also campaign or stage national seminar on the improvement women health issues against this syndrome.
4. Improve could also be attained if women are abreast with information that could make them to quickly detect and report the occurrence of this disease to the government thereby staging frequent seminars and national lectures on Breast cancer prevention and total cure.
- 4 Public health education is a factor that impacts on young women's knowledge and understanding of breast cancer. Based on these young women's responses, it has been concluded that current public health

education is either not communicating its message or failing to reach enough women, resulting in confusion and misinformation.

- 5 Based on the above assumption as well as the knowledge that most breast awareness campaigns are aimed at older women, it is recommended that an important improvement may be to target women at young ages to educate them about what is normal and abnormal and what they should know and be aware of (Vahabi, 2005).
- 6 The campaigns also need to continue exploring the young women's current knowledge and involving them in breast health education programmes. In order to make Breast Self Examination a habit, education about Breast Self Examination ought to be started for girls at school age before growing to adulthood.

Conclusion

Consequently, small scale approaches for breast cancer detection such as compulsory and free mammogram for low socioeconomic status women seem to be practical initiative to identify breast cancer and decrease in the number of late stage tumours among women. In sum, the aim of this study is to highlight factors influencing breast cancer screening among women by assisting the with information that would lead to greater awareness that would led to the prevention of the diseases. The above mentioned factors showed how psychosocial and individual determinants can be used to explain and predict individual health promoting behaviour. Many of the examples covered in this study concern personal and community development strategies. It is through understanding the psychological and demographic barriers to screening, a more affirmative action through appropriate strategies can be developed to change the human's (women) attitudes, broaden their knowledge, and enhance their awareness about the disease. All this effort is about promoting health and well-being, which is parcel of community development endeavour.

Based on the interest to investigate on information awareness and use for breast cancer prevention among female senior staff of Universities in Nigeria. It has been discovered that information awareness and use for breast cancer prevention among women is not enough to cater for the nature of this diseases that affects women across the country and across the world. However a major challenge such as interdepartmental conflict, low levels of education

and lack of vision among senior staff has been obstructive.

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