

#### ABSTRACT

**Background:** Breast malignancies are the leading cause of death due to cancer among women around the world. Picking the lesions enables women to have better treatment choices and a better prognosis. Examining one's own breast on a monthly basis increases the possibility of detecting such lesions early. This study is designed to assess Knowledge, Attitude, and Practice of Breast self-examination (BSE) among female students of the University of Ghana as well as barriers to practice.

**Methodology:** A cross-sectional quantitative study which employed Multistage sampling technique was conducted. A total of 343 women studying at the University and residing on campus were randomly selected to be the respondents. The collected data from structured questionnaires were entered into Microsoft Excel and migrated to STATA version 15.0 for statistical analysis. Means, frequencies, tables, and charts were used to present findings. Simple and multiple logistic regression models were done reporting crude and adjusted odds ratio with significance level fixed at  $p \leq 0.05$ .

**Results:** Prevalence of BSE practice was 61% ( $p = 61\%$ ; 95% CI = 53.7% – 68.6%) with only 16.9% reported practice of BSE every month. The mean age of the respondents was 20.6±2.5years. Almost all respondents had heard about breast cancer (97.9%), and the percentage of respondents with adequate knowledge of the malignancy was 64 based on the scores on risk factors and signs and symptoms. Nearly ninety out of every hundred females at the University of Ghana had heard of BSE but only 30.9% of them knew BSE should be performed monthly. Twenty percent knew the correct procedure for practicing BSE. They predominantly got their information on BSE from the Media and health professionals. Majority of them (81.4%), strongly agreed that BSE needs to be performed by all females and 76% were strongly

in agreement that BSE was important to determine breast cancer. Most of the respondents (72.9%), strongly agreed that early detection prevents breast cancer. Majority of the females (96.9%) indicated reporting to a health facility as the action they would take if they detected a lump in the breast and also 59.3% of the respondents would seek help in less than a month if they detected any abnormalities with their breasts. In multiple response questions on perceived barriers to BSE practice, 43.3% indicated that they had no reason, 42.5% due to lack of knowledge, 37% attributed non-practice of BSE to forgetfulness, whilst 11% feared they would find a mass. Age (AOR =1.2; 95% CI = 1.002 – 1.4) and knowing procedure for performing BSE (AOR = 2.0; 95% CI = 1.06 – 3.9) were significant predictors of BSE practice.

**Conclusion:** There adequate knowledge of BC but not how to carry out BSE. About one-third of them had ever carried out BSE. The likelihood of performing BSE is explained by knowledge of BSE procedure and age. Health education on BSE practice is lacking and the knowledge deficit can contribute negatively to early detection of breast cancer and compound late detection. Interventions should go beyond just campaigns on awareness creation but to ensure young females know the procedures involved BSE.