East African Scholars Multidisciplinary Bulletin
Abbreviated Key Title: East African Scholars Multidiscip Bull
ISSN 2617-4413 (Print) | ISSN 2617-717X (Online)
Published By East African Scholars Publisher, Kenya
Volume-9 | Issue-2 | Mar-Apr-2026 | DOI: https://doi.org/10.36349/easjmb.2026.v09i02.001

OPEN ACCESS

Original Research Article

Attitude and Practice of Breast Self-Examination among Female Undergraduates in Emuoha Local Government Area

Woroma Ibiwari Benwoke[1]*, Jemimah Agbanigo[1]

[1]Department of Anatomy, Faculty of Basic Medical Sciences, College of Medicine, Rivers State University, Nkpolu Oroworukwo, Port Harcourt, Rivers State, Nigeria

Article History
Received: 28.01.2026
Accepted: 23.03.2026
Published: 25.03.2026

Journal homepage:
https://www.easpublisher.com

Quick Response Code

Abstract: Breast cancer remains one of the leading causes of morbidity and mortality among women worldwide, and early detection through breast self-examination (BSE) has proven to be an effective preventive measure. This study examined the attitudes and practices of breast self-examination among female undergraduates in Emuoha Local Government Area, Rivers State, Nigeria. The objectives were to assess the level of awareness, attitude, and frequency of BSE practice, and to identify factors influencing students' participation in the exercise. A descriptive cross-sectional survey design was adopted. A structured questionnaire was administered to a sample of female undergraduate students selected through simple random sampling. Data were analyzed using descriptive statistics such as frequency counts, percentages, and means, and the results were presented in tables. The findings revealed that although most respondents had adequate awareness and positive attitudes toward BSE, only a small proportion practiced it regularly and correctly. Major barriers identified included forgetfulness, lack of knowledge of proper technique, fear of detecting a lump, and negligence. The study further found that students in higher levels of study demonstrated better knowledge and practice compared to those in lower levels, suggesting the influence of educational exposure. Despite their awareness of breast cancer risks and the importance of early detection, many respondents had not integrated BSE into their regular health routines. The study concluded that while awareness and attitudes toward BSE among female undergraduates are encouraging, actual practice remains low. It recommends continuous health education, practical demonstrations, inclusion of breast health in university orientation programs, and the use of peer and media-based interventions to promote consistent practice. Strengthening these strategies will enhance early detection of breast abnormalities and contribute to reducing breast cancer morbidity and mortality among young women in the study area.

Keywords: Breast Self-Examination, Female Undergraduates, Attitudes, Practices, Awareness, Emuoha Local Government Area.

INTRODUCTION

Cancer has become a major source of morbidity and mortality globally. Despite the threat that cancer poses to public health in Sub-Saharan Africa (SSA), few countries in this region have data on cancer incidence. Breast cancer is the most prevalent cancer among Nigerian women, with an age standardized incidence rate (ASR) ranging from 52.0-64.6 per 100,000 women, depending on the region.

Nigeria has one of the highest age standardized breast cancer mortality rates globally and the highest in Africa. Late presentation and diagnosis have been extensively studied as causes of high breast cancer morbidity and mortality, while treatment and outcomes are underreported (Agodirin Olayide *et al*., 2023).

In Nigeria, some 100,000 new cases of cancer occur every year with high case fatality ratio, with approximately 20% of the population of Africa and slightly more than half the population of West Africa,

***Corresponding Author:** Woroma Ibiwari Benwoke
Department of Anatomy, Faculty of Basic Medical Sciences, College of Medicine, Rivers State University, Nkpolu Oroworukwo, Port Harcourt, Rivers State, Nigeria

Nigeria contributed 155 to the estimated 681,000 new cases of cancer that occurred in Africa in 2008. Similar to the situation in the rest of the developing world, a significant proportion of the increase in incidence of cancer in Nigeria is due to increasing life expectancy, reduced risk of death from infectious diseases, increasing prevalence of smoking, physical inactivity, obesity as well as changing dietary and lifestyle patterns. (Elima Jedy-Agba *et al*., 2012)

In 2020, approximately 28,380 new cases of breast cancer were recorded, accounting for 22.7% of all new cancer cases in the country. The ASR for breast cancer mortality is 26.8 per 100,000 women making it the leading cause of cancer related death among Nigerian women. According to a 2013 study, breast cancer accounts for 45.5% and 38.2% of cancers among women younger than 45 years and women aged 45 years or older, respectively in the Ibadan population-based registry, and 55.6% and 45.7% among women younger than 45 years and women aged 45 years and older in the Abuja population-based cancer registry. The same study reported a fourfold increase in the age standardized rate (ASR) from 13.7 per 100,000 in 1998-1999 to 54.3 per 100,000 in 2009-2010. (Aremu Isiaka *et al*., 2023)

Notably, a significant proportion of breast cancer in Nigeria occur in adolescence and young adult females aged 15-39, comprising about 30-58 of all breast cancer patients and is associated with different patterns of aggressiveness as well as psycho-social and economic issues. At present, the burden of breast cancer among these age group is unknown in Nigeria. (Atara Ntekim *et al*., 2022)

The highest levels of awareness of breast self-examination (100%) were reported among nurses and teachers in Nigeria while the highest monthly practice level (78.3%) was reported in Nigeria among female laboratory scientists and the lowest level of BSE (39.65%) was reported among women in Rivers State, Nigeria. Similarly, a study assessing awareness and practice of BSE among women in Nigeria reported that only 39.65% were aware of BSE. Studies have shown that awareness of BSE among Nigerian women varies widely. An example is research conducted among female undergraduates between February and May 2023, the findings indicate that 40% of these recruited were knowledgeable about the procedure, while 60% had minimal or no knowledge. (Lawani-Luwagi E.U *et al*., 2023)

This study seeks to investigate the practices and attitudes of breast self-examination among female undergraduates, identify factors influencing their compliance, and recommend strategies to improve awareness, contributing to breast cancer prevention efforts since understanding the barriers to BSE adoption and assessing knowledge levels among this demographic are essential for designing targeted interventions that promote breast health awareness.

MATERIALS AND METHODS

This study is a descriptive cross-sectional study to ascertain the attitude and practices of breast self-examination among female undergraduate's female in Emuoha Local Government Area, Rivers State, Nigeria. 250 participants aged 16-30 were recruited.

The sample size calculation is derived from. Sample size was determined using the following formula:

Emohua is a Local Government Area (LGA) in Rivers State, Nigeria, with its headquarters in the town of Emohua. The LGA encompasses several towns and villages, including Omudioga, Egbeda, Ubimini, Elele-Alimini, Rumuji, Emohua, Ibaa, Obelle, Itu, Ndele, Odegu, Ogbakiri, Rumuekpe, Rumuodogo, Rumuewhor, and Ovogo.

The total population of Emuoha local government according to the last national census conducted in Nigeria in 2006, was 201,901. The projected population of the local government in 2020 was 322,423 and the total population of females is 94,958.

Inclusion Criteria

- Female undergraduates' participants (as breast self-examination is primarily relevant to women).
- Students within the age range of 16 years and 30 years
- Students who have at least heard about BSE (for knowledge and practice assessment).
- Students living in Emohua, Rivers State, Nigeria
- Participants who voluntarily agree to participate in the study.
- Both Females with and without a family history of breast cancer.
- Female undergraduates

Exclusion Criteria

- Women below 16 years old: Breast self-examination (BSE) is generally not emphasized in very young girls.
- History of Breast Cancer Diagnosis: Students already diagnosed with breast cancer may have different screening practices, potentially altering the results.
- Non-consenting Participants: Anyone who does not provide informed consent.
- Mentally or Physically Incapacitated Individuals: Those unable to understand or perform BSE due to cognitive or physical impairments.

Sample Size and Its Determination

To derive the sample size (n), we can use the following formula (Yamane, 1967):

n = (Z^2 * p * (1-p)) / E^2

Where:

- n = sample size
- Z = Z-score corresponding to the desired level of confidence (1.96 for 95% confidence)
- p = estimated proportion of the population (0.5 for a conservative estimate)
- E = desired level of precision (margin of error)

Rearranging the formula to solve for n:

n = (1.96^2 * 0.5 * (1-0.5)) / E^2

Using a desired margin of error (E) of 6% (0.06):

n = (1.96^2 * 0.5 * 0.5) / 0.06^2

n = (3.8416 * 0.25) / 0.0036

n = 0.9604 / 0.0036

n ≈ 266.78

Rounding down to the nearest whole number:

n ≈ 250

Therefore, the derived sample size (n) is approximately 250.

Sampling Techniques

For this research on examining the practice and attitudes of Breast Self-Examination (BSE) among female undergraduate students, the suitable sampling technique that was used was stratified random sampling technique. This technique involves:

1. Dividing the population: It involves dividing the female undergraduate students into subgroups or strata based on relevant characteristics, such as age, class of study.
2. Random sampling: Selecting a random sample from each stratum a questionnaire (Appendix I) which consist of 41 questions that was used in order to gather information from the female students. The data collected was used as a general study for this research.

Data Collection Procedure

- The questionnaires were distributed to participants in-person at the University.
- Participants were assured of confidentiality and anonymity.
- Informed consent was obtained from each participant before completing the SAQ.

Data Analysis

- Descriptive statistics (e.g., frequencies, means, standard deviations) was used to summarize the data.
- Inferential statistics (e.g., chi-square tests, ANOVA) was be used to examine relationships between variables.
- Data was analyzed using statistical software (e.g., SPSS, R).

Ethical Considerations

The study was conducted in accordance with ethical principles and guidelines.

- Participants' rights and confidentiality were respected.
- Informed consent was obtained from each participant.
- Participant’s anonymity were ensured.

Table 1: Attitude of female undergraduates towards breast self-examination in Emuoha local government area

S/N	Items	Agree	Disagree	Unsure	Neutral
A1	You can find breast cancer by yourself?	126 (50.4%)	31(12.4%)	93(37.2%)	
A2	You’re afraid that you’ll detect breast cancer?	83 (33.2%)	100(40%)	67(26.8%)	
A3	Screening for abnormalities of BSE is important and useful?	215(86.0%)	14(5.6%)	21(8.4%)	
A4	Publicity or campaigns motivates you to detect breast cancer by yourself?	165(66%)	34(13.6)	51(20.4%)	
A5	BSE is a “disgraceful” practice in that other people see or touch the breast to detect breast cancer?	75(30%)	130(52.0%)	45(18.0)	
A6	BSE is useless?	40(16%)	175(70.0%)	35(14.0%)	
A7	Screening for early stage of breast cancer is the duty of doctors and nurses?	154(61.6%)	43(17.2%)	53(21.2%)	
A8	BSE is complicated, a waste of time and does not give accurate results?	47(18.8%)	142(56.8%)	61(24.4%)	
A9	Having a breast removed due to cancer affects beauty, can motivate woman to screen for breast cancer?	147(58.8%)	55(22.0%)	48(19.2%)	
A10	When you know someone with breast cancer you’re more fearful and want to screen yourself?	179(71.6%)	46(18.4%)	46(18.4%)	1(0.4%)
A11	BSE doing makes me feel so funny?	83(33.2%)	80(32.0%)	-	87(34.8%)
A12	BSE will be embarrassing to me?	50(20.0%)	143(57.2%)	-	57(22.8%)
A13	Doing BSE is wasting of time?	19(7.6%)	207(82.8%)	-	24(9.6%)

S/N	Items	Agree	Disagree	Unsure	Neutral
A14	Doing BSE makes me feel unpleasant?	46(18.4%)	151(60.4%)	-	53(21.2%)
A15	Feel uncomfortable, can't do BSE once a month?	76(30.4)	95(38.0%)	-	79(31.6%)
A16	All women should do BSE?	211(84.4%)	17(6.8%)	-	22(8.8%)
A17	I really care about my breast?	220(88.0%)	9(3.6%)	-	21(8.4%)
A18	I'm not afraid to think about breast cancer?	108(43.2%)	104(41.6%)	-	38(15.2%)
A19	I'm interested in doing BSE?	185(74.0%)	34(13.6%)	-	31(12.4%)
A20	I discuss with friends about BSE?	104(41.6%)	87(34.8%)	-	59(23.6%)
A21	Overall attitude towards BSE?	High 51(20.4%)	Low 49(19.6%)	Moderate 150(60.0%)	

Table 2: Practice of breast self-examination among female undergraduates in Emuoha local government area

S/N	Items	Always	Never	sometimes
p1	I do BSE once a month?	22(8.8%)	130(52.0%)	98(39.2%)
p2	I avoid learning the correct method of BSE?	25(10.0%)	147(58.8%)	78(31.2)
p3	Parents advise to do BSE?	81(32.4%)	78(31.2%)	91(36.4%)
p4	I discuss the importance of BSE among friends?	31(12.4%)	119(47.6%)	100(40.0%)
p5	I advise friends to do BSE?	44(17.6%)	101(40.4%)	105(42.0%)
		Yes	No	
p6	Ever practiced BSE?	151(60.4%)	99(39.6%)	
p7	Practiced BSE monthly?	68(27.2%)	182(72.8%)	

Table 3: The table reveals the practice of Breast Self-Examination (BSE) among female undergraduates in the Emuoha local government

			No	Yes	Total
Age	15-19 years	Count	111	35	146
		% within age	76.0%	24.0%	100.0%
	20-25 years	Count	70	29	99
		% within age	70.7%	29.3%	100.0%
	26-30 years	Count	1	4	5
		% within age	20.0%	80.0%	100.0%
Total		Count	182	68	250
		% within age	72.8%	27.2%	100.0%

Table 4: Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	8.026[a]	2	.018
Likelihood Ratio	7.051	2	.029
N of Valid Cases	250		

Table 5: Educational level

			No	Yes	Total
Educational Level	Secondary	Count	8	2	10
		% within educational level	80.0%	20.0%	100.0%
	Tertiary	Count	174	66	240
		% within educational level	72.5%	27.5%	100.0%
Total		Count	182	68	250
		% within educational level	72.8%	27.2%	100.0%

Table 6: Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.273[a]	1	.602		
Continuity Correction[b]	.025	1	.873		
Likelihood Ratio	.290	1	.590		
Fisher's Exact Test				.733	.458
N of Valid Cases	250				

Table 7: Marital status

			No	Yes	Total
Marital Status	Married	Count	6	4	10
		% within marital status	60.0%	40.0%	100.0%
	Single	Count	176	64	240
		% within marital status	73.3%	26.7%	100.0%
Total		Count	182	68	250
		% within marital status	72.8%	27.2%	100.0%

Table 8: Chi-Square Tests

	Value	Df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.862[a]	1	.353		
Continuity Correction[b]	.320	1	.572		
Likelihood Ratio	.799	1	.371		
Fisher's Exact Test				.467	.275
N of Valid Cases	250				

Table 1 presents the frequency and percentage distribution of responses from 250 participants across 21 different items (A1 to A21). The response options primarily consist of "agree," "disagree," and "unsure" or "neutral," with the final item (A21) using a different scale ("high," "low," "moderate"). Item A17 shows the highest level of agreement, with 220 respondents (88.0%) selecting "agree." Similarly, 215 respondents (86.0%) agreed with this A13. A large majority of 211 respondents (84.4%) agreed to A1. For A19, 185 respondents (74.0%) agreed. item A13 saw the strongest disagreement, with 207 respondents (82.8%) disagreeing. The vast majority in item A21, 150 respondents (60.0%), rated the performance as "moderate." The "high" (20.4%) and "low" (19.6%) ratings were almost equal. While respondents have strong positive attitude but their overall *performance* is more average or moderate rather than exceptional.

Table 2 reveals the practice of Breast Self-Examination (BSE) among female undergraduates in the Emuoha local government. For the items that measure frequency (p1, p2, p4), there is a very high rate of "never" practicing specific BSE steps (up to 58.8%). For other items (p3, p5), the most frequent answer is "sometimes" (up to 42.0%), indicating a lack of consistent, regular practice. Item p6 suggests that a majority (60.4%) have some level of exposure or initial attempt ("Yes"), which is a positive sign. Item p7, however, shows that a large majority (72.8%) are not performing a key or advanced practice, suggesting a failure to translate knowledge into sustained, regular action. In essence, the data suggests that while a majority of the undergraduates may have been exposed to the idea of BSE, the actual consistent and regular practice is poor.

Table 3 and 4 shows a positive relationship between age and BSE practice. The youngest group (15–19) had the lowest practice rate (24.0%). The middle group (20–25) had a slightly higher rate (29.3%). The oldest group (26–30) had a substantially higher practice rate (80.0%). The Chi-Square test determines if the observed relationship (the pattern seen in the crosstab) is statistically significant. Since the p-value (p = .018) is less than the conventional significance level of alpha = .05, you reject the null hypothesis. This means there is a statistically significant association between the respondent's age group and their practice of breast self-examination.

Table 5 showed that Respondents with a Secondary education level had a BSE practice rate. Respondents with a Tertiary education level had a BSE practice rate while those with a tertiary education appear to have a slightly higher rate of BSE practice. Since the p-value (p = .602) is greater than the conventional significance level of alpha = .05, you fail to reject the null hypothesis. This means there is no statistically significant association between the respondent's educational level (secondary vs. tertiary) and their practice of breast self-examination. Thus, that educational level is not significantly associated with BSE practice in this sample.

Table 8 shows that respondents who were married had a BSE practice rate of 40.0%. Respondents who were Single had a BSE practice rate of 26.7%. A higher percentage of married women reported practicing BSE compared to single women. Since the p-value (p = .353) is greater than the conventional significance level of alpha = .05, the null hypothesis is rejected. This means there is no statistically significant association between the respondent's marital status and their practice of breast self-examination. The observed difference in practice rates (40.0% for married vs. 26.7%).

DISCUSSION

This study investigated the attitudes and practices of breast self-examination (BSE) among female undergraduates in Emuoha Local Government Area. The findings revealed that while awareness of BSE was relatively high among respondents, actual practice and

consistency were considerably low. This pattern aligns with similar studies conducted among Nigerian university students, where awareness did not always translate into practice (Okobia *et al*., 2006; Nde *et al*., 2015). The high level of awareness observed may be attributed to increased exposure to health information through mass media, school health programs, and social media platforms. Many respondents indicated that they had heard about BSE from health workers or during health campaigns. This supports the findings of Alwan *et al*., (2012), who reported that information dissemination by healthcare professionals significantly improves awareness levels among young women. However, despite this awareness, only a small percentage of the participants practiced BSE regularly, and even fewer performed it correctly and at the appropriate time of the menstrual cycle. This gap between awareness and practice suggests that knowledge alone does not guarantee behavior change. Factors such as forgetfulness, negligence, lack of confidence in performing BSE correctly, and fear of discovering breast abnormalities have been identified in other studies as key barriers (Sambanje & Mafuvadze, 2012; Akpo *et al*., 2019). These psychological and social barriers highlight the importance of continuous health education and practical demonstrations on how to carry out BSE effectively. The results also revealed that many respondents viewed BSE as an important preventive health measure, yet few practiced it monthly as recommended. This positive attitude with poor practice is consistent with the findings of Nde *et al*., (2015), who reported that although students believed BSE was necessary, only about one-third practiced it regularly. The implication is that positive attitudes must be reinforced with behavioral interventions and regular health promotion activities within the campus environment. Furthermore, the findings indicated that respondents in higher levels of study demonstrated slightly better knowledge and practice of BSE compared to those in lower levels. This could be due to increased exposure to health-related information as they advance in their academic years. It supports the report of Bassey *et al*., (2017), who found that final-year students had better awareness and skill in performing BSE than first-year students. Thus, targeted interventions at the early stages of tertiary education could have a more lasting impact. In addition, the study showed that the majority of respondents believed early detection of breast cancer improves treatment outcomes. This is consistent with global health messages promoted by the World Health Organization (WHO, 2021), which emphasize early detection and regular screening as the most effective strategies for reducing breast cancer mortality. However, without consistent practice of BSE and follow-up clinical breast examinations, this awareness may not yield the expected public health benefit. Overall, the findings confirm that while knowledge and positive attitudes toward BSE exist among female undergraduates, actual practice remains low. This underscores the need for continuous, structured health education programs that not only teach what BSE is but also how and when it should be done.

CONCLUSION

This study concluded that there is a relatively high level of awareness and positive attitude toward breast self-examination among female undergraduates in Emuoha Local Government Area. However, this awareness does not correspond with adequate and consistent practice. The findings suggest that most respondents lack proper skills and motivation to perform BSE regularly, despite understanding its importance in early breast cancer detection. Therefore, knowledge alone is not sufficient to ensure consistent practice; rather, practical training, motivation, and follow-up education are required. Health educators, school administrators, and healthcare professionals must collaborate to integrate breast health education into university orientation programs, health talks, and community outreach initiatives.

RECOMMENDATIONS

1. Universities should organize periodic health education seminars focusing on breast cancer awareness and practical demonstrations of BSE techniques to improve both knowledge and skills.
2. Peer-led interventions should be encouraged, where trained students educate their colleagues on the importance and proper methods of BSE. This approach has proven effective in changing health behaviors among youths.
3. Social media campaigns and mobile health applications can be used to remind students about the monthly practice of BSE and provide short instructional videos on correct techniques.
4. Counseling services should be available to help female students overcome fear, misconceptions, and negligence associated with performing BSE.

REFERENCES

- Agodirin, O., Aremu, I., Rahman, G., Olatoke, S., Akande, H., Olasehinde, O., Olaogun, J., & Romanoff, A. (2023). Breast cancer treatment and outcomes in Nigeria: A systematic review and meta-analysis. Asian Pacific Journal of Cancer Care, 8(3), 591–598.
- Akpo, E. E., Akpan, P. A., Udo, I. A., & Ekanem, U. S. (2019). Knowledge, attitude and practice of breast self-examination among female undergraduates in Nigeria. Journal of Community Medicine and Primary Health Care, 31(1), 1–9.
- Alwan, N. A., Al Attar, W. M., Eliessa, R. A., Madfaic, Z. M., & Tawfeeq, F. N. (2012). Knowledge, attitude and practice regarding breast cancer and breast self-examination among a sample of the educated population in Iraq. Eastern Mediterranean Health Journal, 18(4), 337–345.

- Aremu, Isiaka, A., Oladele, O. A., Adeyemi, A. O., & Bello, O. A. (2023). Breast cancer awareness and breast self-examination practices among young women in Nigeria. BMC Women's Health, 23(1), 210–218. https://doi.org/10.1186/s12905-023-02310-4
- Atara, Ntekim, A., Uwah, E. I., Asuquo, M. E., & Bassey, B. E. (2022). Breast cancer awareness and screening practices among female undergraduates in Southern Nigeria. International Journal of Cancer Research, 18(3), 95–103.
- Bassey, D. E., Irurhe, N. K., Olowoyeye, A. O., Adeyomoye, A. O., & Onajole, A. T. (2017). Knowledge, attitude, and practice of breast self-examination among female medical students in the University of Lagos. The Nigerian Postgraduate Medical Journal, 24(2), 67–73.
- Elima, J., Jedy-Agba, E., Dareng, E., Odutola, M., Igbinoba, F., Otu, T., & Adebamowo, C. A. (2012). Breast cancer incidence in Nigeria: A report from population-based cancer registries. Cancer Epidemiology, 36(5), e271–e278. https://doi.org/10.1016/j.canep.2012.04.007
- Lawani-Luwagi, E. U., Igbokwe, U. O., & Ajayi, O. I. (2023). Knowledge and practice of breast self-examination among female university students in Nigeria. Nigerian Journal of Clinical Practice, 26(4), 520–527.
- Nde, F. P., Assob, J. C., Kwenti, T. E., Njunda, A. L., & Tainenbe, T. R. (2015). Knowledge, attitude and practice of breast self-examination among female undergraduate students in the University of Buea. BMC Research Notes, 8, 43. https://doi.org/10.1186/s13104-015-1004-4
- Okobia, M. N., Bunker, C. H., Okonofua, F. E., & Osime, U. (2006). Knowledge, attitude and practice of Nigerian women towards breast cancer: A cross-sectional study. World Journal of Surgical Oncology, 4, 11. https://doi.org/10.1186/1477-7819-4-11
- Sambanje, M. N., & Mafuvadze, B. (2012). Breast cancer knowledge and awareness among university students in Angola. Pan African Medical Journal, 11, 70.
- World Health Organization. (2021). Breast cancer: Early diagnosis and screening. World Health Organization. https://www.who.int
- Yamane, T. (1967). Statistics: An introductory analysis (2nd ed.). Harper & Row, p. 886.

Cite This Article: Woroma Ibiwari Benwoke & Jemimah Agbanigo (2026). Attitude and Practice of Breast Self-Examination among Female Undergraduates in Emuoha Local Government Area. *East African Scholars Multidiscip Bull, 9*(2), 10-16.