

Problematic text in the manuscript	Source found in the internet	Suggested action
METHODOLOGY Background of the study area The study was conducted in Sagamu local government area (SLGA) Ogun state, which is located in the South Western part of Nigeria. Sagamu local government area is one of the 20 local government area in Ogun state. It was carved out of the former Ijebu Remo local government in 1991 and has a total land area of 68.03km². It is bounded on the west by the Obafemi Owode local government area, on the east by both Ikenne and Odogbolu local government area and also shares a boundary with Ikorodu local government area of Lagos state in the south. According to the 2006 census, the area has a population of 253,412 inhabitants which consists of mainly remo-speaking people of Ogun state. Other ethnic groups like the Hausas, Igbos and the Benue people are well represented. Most of the towns are either semi-urban or rural. Other major towns in the local government besides Sagamu include Ogijo, Sotubo, Ode-Iemo, Emuren and Simawa. The local government has 15 political wards, 12 of which fall within the Sagamu metropolis. This area is a major transit region between the southwest, southeast and the northern part of Nigeria. Study design This analytical cross-sectional study was conducted between April 22nd and 13th May, 2013. A multi stage cluster sampling technique was used to select the participants into the study. One participant per each household was selected into the study. A semi-structured questionnaire was used to collect relevant information. Sampling size The minimum sample size required for the study was 444 based on mammography awareness rate of 40.5%, using the formula for sample size determination for	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771409 http://www.biomedcentral.com/1472-698X/12/13 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2709903	Kindly take the reference of the source inside your paper to avoid plagiarism complain.----- -----THIS HAS BEEN DONE
who consented to take part in the study were interviewed using a structured questionnaire, which was administered by a trained interviewer. The interviewers were all medical students rotating through the Community Medicine and primary health care department of the Olabisi Onabanjo University Teaching Hospital during the period of the study and one resident doctor. All participants were interviewed individually over a 10 to 15minute period in a language they can understand. Completed questionnaires were scrutinized on the spot and at the end of the daily field sessions for immediate	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3771409 http://www.biomedcentral.com/1472-698X/12/13 http://www.researchgate.net/publication/51404426_Do_sociodemographic_characteristics_of_pregnant_wom...	DONE

correction of erroneous entry. The instrument used was a structured questionnaire consisting of 2 parts, namely sociodemographic section (Section A), and factors associated with breast cancer screening (Section B). Section A includes information on socio-demographic data such as age, marital status, religion, employment status, ethnic group and educational status. While section B includes information on detailed past medical history, family and social history and reproductive health issues and issues on awareness, attitude and practice regarding mammography for breast cancer screening. The questionnaire was pretested among 20 individuals in Ikenne local government, a nearby local government to the study area. Appropriate adjustments were then made to the questionnaire to improve its internal validity. Ethical consideration Ethical clearance was obtained from the Olabisi Onabanjo Teaching Hospital Ethics Board. Confidentiality on respondents' information was maintained. The purpose, general content and nature of the study were explained to each respondent to obtain verbal and written consent before inclusion into the study. Data analysis The data were coded and entered into a computer database using SPSS 15 statistical software. Percentages or means and standard deviation were computed for baseline characteristics of women interviewed. The data analysis focused on univariate frequency table and bivariate cross tabulations that identify important relationships between variables. Respondents were categorized into low and high socioeconomic status using location of resident as cut off. The relationships between variables were examined through bivariate analysis, by computing odds ratio at 95% confidence level and chi squared and t-tests where appropriate. Predictor variables were restricted to outcome measures that were statistically significant. A p-value ≤ 0.05 or confidence limits which did not embrace unity (1) was considered as statistical significance.		
This study concludes that investments should be made in improving women's awareness of and access to mammographic screening, as it is the only mode of screening that has been shown to reduce breast cancer mortality. Public education and awareness programs should be developed to promote earlier diagnosis using a multi-pronged approach that includes simple, cost-effective ways of disseminating the relevant information (such	http://www.dirjournal.org/text.php3?id=346	CONCLUSION HAS BEEN RE-WRITTEN

as through the mass media). The cost of screenings should be subsidized to make them affordable for all women.

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