

KNOWLEDGE, ATTITUDE AND PRACTICES OF PAKISTANI WOMEN REGARDING BREAST CANCER

Riffat Sultana, Sadia Tahir, Dilshad Ali

Armed Forces Institute of Radiology and Imaging/National University of Medical Sciences (NUMS) Rawalpindi Pakistan

ABSTRACT

Objective: To assess the knowledge, attitude and practices of Pakistani women about breast cancer.

Study Design: Descriptive cross-sectional study.

Place and Duration of Study: Pak Emirates Military Hospital Rawalpindi, from Sep 2012 to Feb 2013.

Material and Methods: Two hundred adult female patients and their accompanying attendants were randomly selected (Those with breast complaints were excluded) in outpatient department of military hospitals and were interviewed. In order to gather data patients were asked to reply through a questionnaire along with their demographic profile structure questionnaire, comprising of 28 questions (included both open and closed ended), was used to collect data which was analyzed in the end with the help of SPSS version 15.

Results: Mean age of participants was 37.5 ± 7.5 years. Majority were married (87%), housewives (89%) with average family income of Rupees 15000 (53%). Majority 94% (n=188) had heard about breast cancer. Questions regarding knowledge showed that participants awareness about relationship of breast cancer with obesity, smoking and increasing age was more than 50%. Up to 70% women had knowledge of breast lump as main symptom of breast cancer. Knowledge regarding diagnostic modalities was very poor. Only 16% knew about FNAC/Biopsy and 7.5% about mammography. A large majority (90%) showed positive attitude and were ready to see a doctor immediately in case they felt a lump in breast but practices of breast self-examination were poor (39%).

Conclusion: It was concluded that knowledge of most respondents was limited, practices were poor, but attitude towards breast cancer was positive. Lack of education, socio-cultural taboos and getting information from wrong sources surfaced as leading reasons of unawareness.

Keywords: Breast cancer, Breast self examination, Lump breast.

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INTRODUCTION

Breast cancer leads the list of frequent malignancies in women. It is the leading cause of female mortality due to cancer¹. Increase in number of breast cancer cases has been observed both in developed as well as developing countries equally. Prognosis and survival rates of breast cancer are better in developed countries due to availability of better facilities of early diagnosis and treatment². Breast cancer mortalities are directly associated with the stage of the disease at the time of diagnosis; that is, 5-year survival is estimated at 80-90% with a stage-I diagnosis and is reduced to 22-63% with a stage-II diagnosis³. Due to limitation of resources in developing

countries, majority of females tend to present very late i.e. in advanced stages or with metastatic breast cancer thus leading to poor outcome⁴. A woman can not die of breast cancer if it is detected at early stage before becoming invasive. However the natural history of disease is not well understood and it is currently not possible to predict which women will go on to develop invasive cancer. In developing countries screening facilities based on routine mammography are not available readily, which is contradictory to proposal of breast health global initiative (BHGI). The proposal puts stress on breast cancer awareness and breast self-examination (BSE) as tools for early detection of breast cancer in developing countries⁴. WHO promotes breast cancer control within the context of national cancer control programmes and integrated it to non-communicable disease prevention and

Correspondence: Dr Riffat Sultana, AFIRI Department, Combined Military Hospital Jhelum Pakistan

Email: drriz3367@gmail.com

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control. WHO, with the support of Komen foundation, is at present conducting a 5-year breast cancer cost-effectiveness study in 10 underdeveloped and developing countries. It is expected that the results of this project will contribute to provide evidence for shaping adequate breast cancer policies in less developed countries⁵. Pakistan spends 2.4-3.7% of GDP on health^{6,7}. The country has limited breast screening facilities. Only 9.5% of urban and 4.8% of rural females utilize facilities of screening for breast cancer. Radiological facilities in this regard are present for 2.5% of urban and 0.7% of rural females⁸. Majority of Pakistani breast cancer patients present late⁹ lack of awareness and low socioeconomic status are major reasons for late presentation¹⁰. Although the risk can be reduced with prevention, these strategies cannot eliminate the majority of breast cancers that develop in low and middle income countries where breast cancer is diagnosed at very late stages. Therefore, early detection is important in order to improve breast cancer outcome and survival. In our socioeconomic setup the only feasible solution to promote early detection of breast cancer is to create 'breast cancer awareness' among female population. Apart from lack of knowledge, it is equally important to consider other social and cultural barriers which delay help seeking¹¹. This is only possible, if we know the present level of knowledge, attitudes and practices of our female population towards breast cancer. The currently available data is limited to some sections of the society and related to few aspects of the disease. Independent studies show that Pakistan has the highest incidence of breast cancer in Asia. Unfortunately the exact number of patients and fatalities is unknown. With the scarcity of epidemiological data, the only information available is through institutional and regional cancer registries, which may not be representative of the true burden. According to a survey conducted by the pink ribbon campaign (Pakistan), we have the highest rate of breast cancer in all Asian countries. Statistics show that one out of nine women in Pakistan is at high risk

of getting breast cancer at some point in her life. There are reported deaths of around 40,000 women every year due to this fatal disease¹². At Shaukat Khanum Memorial Cancer Hospital & Research Centre Lahore (SKMCH & RC) breast cancer continues to be the highest malignancy reported and currently being treated over the years. The causes of breast cancer are not yet known with certainty and research into this continues. Nevertheless, studies have shown that early detection of breast cancer can result in a survival rate of over 90%¹³. Rationale of this study is to explore practice of BSE which can be carried out by the women themselves It neither requires a professional expertise nor a visit to the hospital involving particular equipment. Regular performance of BSE can help in the early detection of Breast cancer. It increases the chances for early treatment and as a consequence the survival rate in women¹⁴.

MATERIAL AND METHODS

We conducted a descriptive cross sectional study on females visiting outpatient departments (OPD) of Pak Emirates Military Hospital Rawalpindi from September 2012 to February 2013. WHO sample size calculator was used to determine sample size. A total of 200 women participated in this study. Multi staged sampling technique was used in the study. Women were selected from out patient departments [Medical, gynaecology and Obstetrics, Surgery and Ophthalmology]. From each OPD the registration list of female patients was obtained and systematically every 7th women was included in the study. Hence the systematically random technique was used till the required sample size was attained. Women who were diagnosed with breast cancer were excluded. Ethical approval for conducting the study was sought from ethical review committee of sarhad university peshawar. A structured questionnaire was prepared to collect the required information. However, whenever required this technique was supplemented with a structured interview. Interviews were carried out to get further information about particular aspects of the

experience of the study participants. After informed consent those who agreed to participate were required to fill a questionnaire. Data was entered and analysed using SPSS (version 15) and result were displayed in the form of graphs. Interview data was analysed using thematic analysis techniques.

RESULTS

A total of 200 women participated in the study. Mean age of participants was 37.5 ± 7.5 years. According to survey majority of women (94%, n=188) had heard of breast cancer and same number of women considered it to be a dangerous disease. A total of 47% (n=94) women thought it was a hereditary disease. More than

answered to breast lump, 10.5% (n=21) to pain in breast, 13% (n=26) to painless lump, 5.5% (n=11) to bloody discharge from nipples and 10.5% (n=21) had no idea about the symptoms. (fig-1). Poor knowledge regarding diagnostic tests was observed in this study. Forty two point five percent (n=85) participants believed in blood test to be the diagnostic modality and 5% (n=10) opted for x-ray. Only 16% (n=32) said FNAC/ Biopsy, 7.5% (n=15) knew about mammography and 13.7% (n=27) went for ultrasonography. Majority of women 90.5% (n=181) said they would consult a doctor for a lump in breast and the remaining opted for other sources like (homeopathy, Hakeem and spiritual healer). In the case of delay in seeking treatment 36% (n=72)

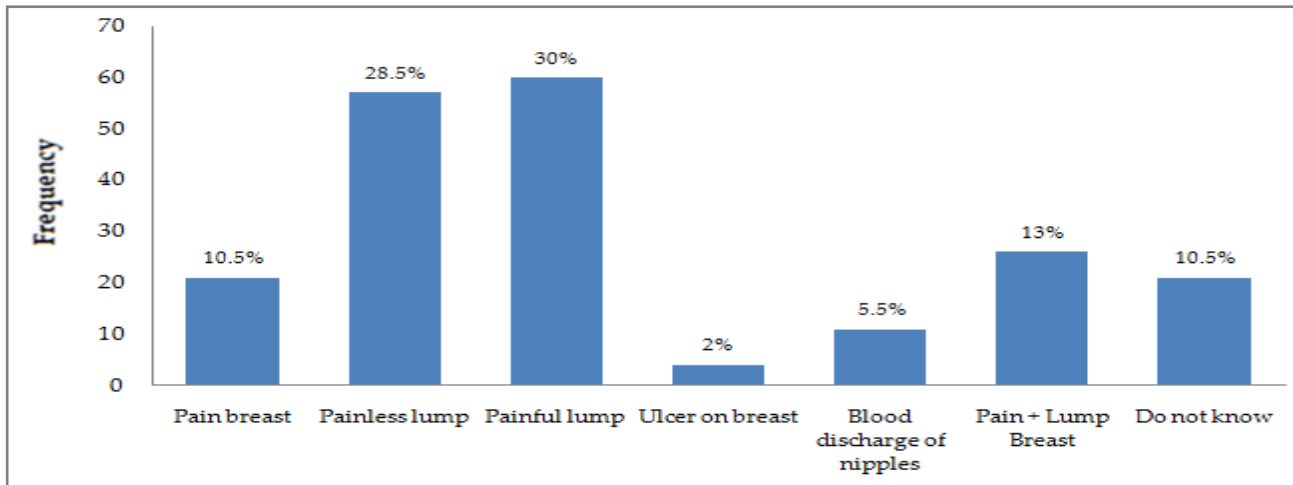


Figure-1: Knowledge about symptoms of breast cancer.

half i.e. 54% (n=108) thought it increases with age. 36% women (n=72) thought multiparity protects while 29% (n=58) thought it did not protect from breast cancer. Forty seven percent women (n=94) thought breast feeding protects from the disease while 31% (n=62) had no idea about it. 43% (n=86) believed that oral contraceptive pills give protection against cancer. Sixty one percent (n=122) believed obesity leads to breast cancer. Fifty percent (n=100) said it was not a contagious disease. A total of 76.5% (n=153) believed Smoking causes breast cancer. A total of 67% (n=134) believed breast cancer in blood relations is a risk factor. Regarding knowledge about symptoms of breast cancer 59% (n=117)

said shyness was the reason, 27% (n=54) said carelessness of patients, 15.5% (31) said unavailability of female doctors and 5% (n=10) said family problems. Only 39% (78) women knew about self-breast examination and they practiced it (fig-2 & 3). Main source of information of respondents were relatives and friends i.e. 59% (n=118), media 28% (n=56) and health care professionals 7.5% (n=15).

DISCUSSION

The current study was carried out with the objective of exploring the depth of basic understanding, approach and in vogue practices of Pakistani women towards breast cancer. In rating

of Breast Cancer among women in Asian countries, Pakistan has the highest ranks. This ongoing trend in rise of breast cancer cases has created an urgent need to develop preventive strategies¹⁵. Commonly Pakistani women are struck by it at a younger age and diagnosed at an advanced stage as compared to women of the western world¹⁶. As a result there is an increasing need to introduce a tailored message for behavior

nately no central body at national level exists till now which could monitor, coordinate and compile results of the efforts at individual levels. A study suggested that the most frequent reason for delay in seeking medical attention was due to considering the symptoms as harmless¹⁸. It is a pre-requisite for awareness programmes that we have an idea about the baseline knowledge of the target population, so that the efforts can be

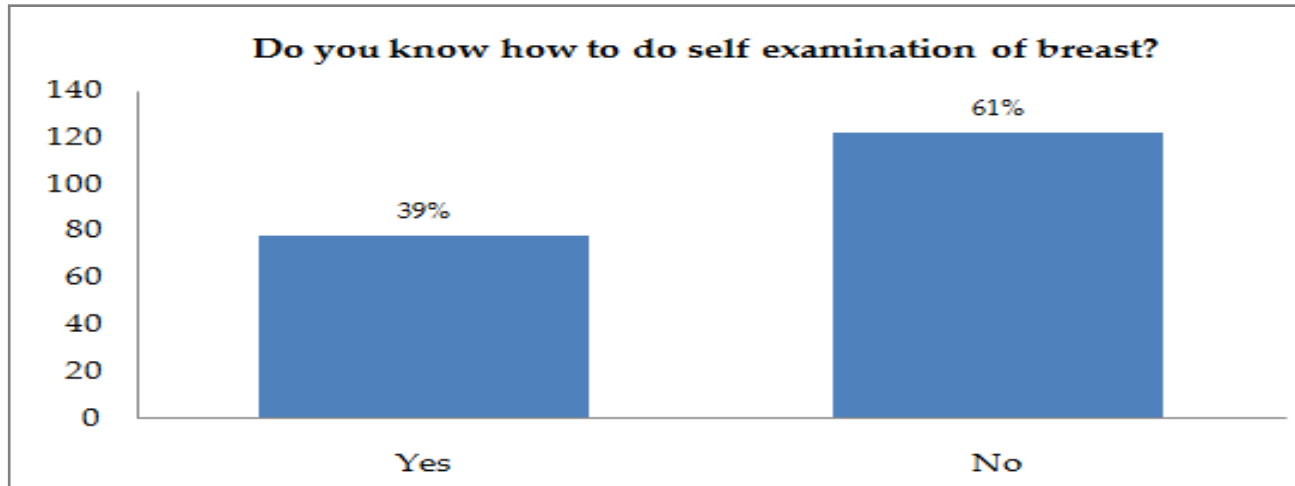


Figure-2: Awareness about breast self-examination.

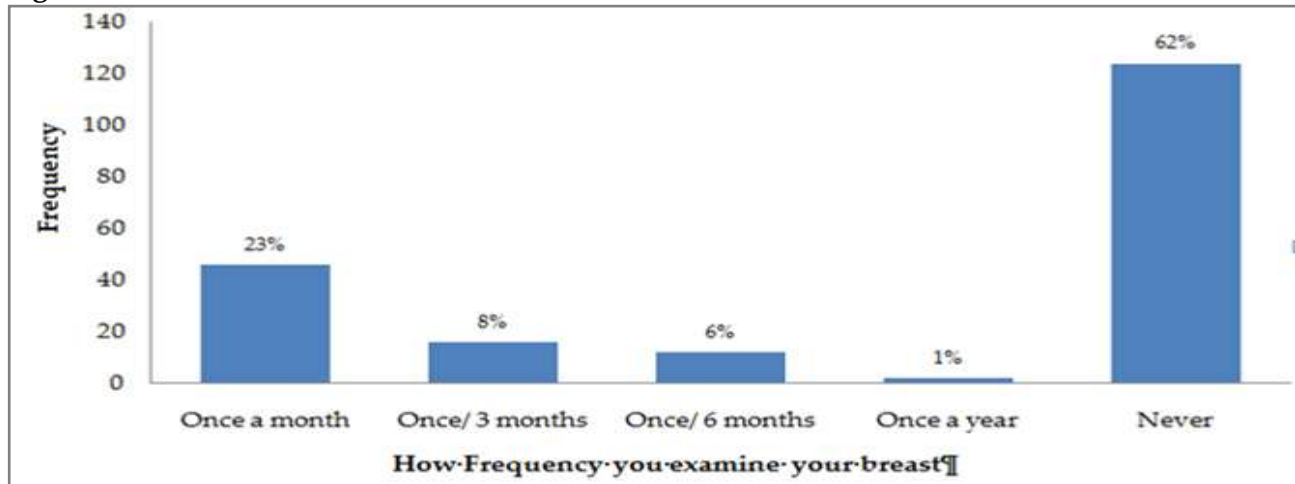


Figure-3: Frequency of self breast examination.

towards breast cancer screening¹⁷. In the recent times breast cancer awareness has been the prime target of health care providers all over the world. To create awareness about breast cancer different approaches have been used but it is need of time to evaluate the effectiveness of these approaches. In Pakistan random awareness campaigns have been raised by individual bodies but unfortu-

directed toward the gap areas. This study aims at this very pre-requisite. It was found in our study that although majority of patients seemed to have knowledge about the risk factors and outcomes of breast cancer but an alarmingly low percentage (only 39%) knew about breast self-examination which is considered as one of the most important tools to an early diagnosis. The results of our

study are comparable to studies carried out in other developing countries like Iran¹⁹, Saudi Arabia²⁰ and Nigeria²¹ where studies have reported 31%, 47% and 34% population respectively, having know-how of and practising breast self-examination. In our study 59% women with a breast lump thought it was a sign of breast cancer and would consult a doctor. This percentage is higher than a study conducted among adolescent girls in Sri Lanka in which only 23.6% said they would seek doctor's help in case they felt a Breast lump²². It is bitter fact that knowledge about this deadly disease and practices of self breast examination are generally inadequate among women living in the developing countries^{22,23} thus they are lagging far behind the developed countries e.g. USA where 75% women have been reported to know and practise breast self-examination²⁴. Mass awareness activities including national campaigns, participation in exhibitions, events and mass media (magazines, newspapers, etc.) be made more effective keeping in mind the social and cultural taboos and also the result of these activities needs monitoring so as to evaluate their effectiveness. This may help in planning better and more effective awareness activities in future. Studies show that people memorize 20% of what they hear, 40% of what they see and hear and 70% of what they see and hear and do²⁵. There is a need for a drastic change in national strategy for combating the disease with prime focus on screening and early detection, a national campaign by using health professionals and effective print and electronic media for improving the knowledge and practices, awareness workshops at the level of basic health facilities and mobile services of lady health workers to teach breast self-examination and centralized collection and compilation of data regarding morbidity and mortality of breast cancer at national level.

CONCLUSION

This study found that knowledge about breast cancer was generally poor but attitude of women regarding breast cancer was very positive, owing to its increased frequency in

Pakistan. However due to illiteracy and social taboos the practices of self-breast examination, early reporting and diagnostic modalities of the disease are poor. The Massive awareness campaign at national level is urgently needed to improve the knowledge and practices required to combat this rapidly increasing deadly disease which has a good prognosis if diagnosed earlier.

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CONFLICT OF INTEREST

This study has no conflict of interest to declare by any author.

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