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RESEARCH ARTICLE

AWARENESS REGARDING BREAST CANCER AND BREAST SELF EXAMINATION AMONG WOMEN IN AN URBAN AREA OF DISTRICT ROHTAK, HARYANA

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ABSTRACT

Introduction: Breast cancer is the most common cancer of women in both developed and developing country. As per global health estimates,WHO-2013,about 508000 females died of breast cancer in 2011.Though breast cancer is considered a disease of developed countries, in recent years a rising incidence of cases is also being seen in developing countries. India is no exception to this. Breast cancer is on the rise particularly in urban areas.

Objective: To find the awareness regarding breast cancer in women in an urban area of Rohtak, Haryana. Materials and Methods: The study was conducted in urban area of district Rohtak, Haryana, India. The study was conducted in 300 households in an urban area. Married females in the age group of 18-60 in the selected houses were interviewed using a pre tested schedule to get an insight about their awareness of breast cancer. Only one female per household was selected.

Results: Majority of the participants were aware of breast cancer but lacked proper knowledge about the about the risk factors of the disease. Most of the participants were unaware of correct technique of breast self examination. About 70 women admitted of having some disorder in breast (lump, cracks, discharges, pain and tenderness).Only 25 of these sought medical check up from a registered medical practitioner. Others sought help from other females of their locality or quacks. A considerable number of participants admitted they were not comfortable discussing this subject within their homes.

Conclusion: In recent years there has been a rapid spurt of cases of Breast cancer in India. The mortality associated with the cases is considerably higher in India compared to the developed countries. This can be attributed to lack of proper knowledge and the taboo associated with the subject. Increasing the knowledge of women in self examination techniques and the screening procedures for early detection and management of breast cancers can reduce the morbidity and mortality of females to great extent

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INTRODUCTION

According to the World Health Organization (WHO), breast cancer is the most common cancer in females in both the developed and the developing world. Around 5 lakh women died of breast cancer in the year 2011 (http://www.who.int/healthinfo/global_burden_disease/en/.[Last accessed 25 June 2015]). Almost 50% cases and 58% deaths due to breast cancer occur in the less developed countries. In India, cervical cancer is the most common cancer in females followed by breast cancer (http://www.icmr.nic.in/ncrp/PBCR_Report%202009_2011/ALL_CONTENT/ALL_PDF/Preliminary_Pages.pdf.[Last accessed 23 June 2015]).

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1.There is a dearth of data regarding breast cancer in India. According to GLOBOCAN 2012, there were 1,45,000 cases of breast cancer in India in 2012 and the number of deaths in India in 2012 was 70,000. The 5 year prevalence was 3,97,000 cases (http://globocan.iarc.fr/old/FactSheets/cancers/breast-new.asp. [Last accessed 23 June 2015]). The absolute number of cancer deaths in India is projected to increase because of population growth and increasing life expectancy (http://icmr.nic.in/Publications/hpc/PDF/Annexure%2018.pdf. [Last accessed 24 June 2015). Various reproductive, nutritional and hormonal factors play a role in the etiology of breast cancer. According to some studies, there has been an age shift in breast cancer. Now women of 30-50 years of age are being affected by breast cancer. Cancers in younger women tend to be more aggressive. Screening for breast cancer is an alien in most parts of India.

Breast cancer is increasing particularly in developing countries. Also, breast cancer is detected late in the developing countries. One of the main causes for late detection of breast cancer is low levels of awareness in the women. Only a small percentage of women in India practice breast self examination. Urgent interventions are needed to raise awareness of all cancers in this region. This will help to improve the rates of early detection and increase the chance of curative treatment. The objective of this study was to find the awareness regarding breast cancer and breast self examination in women in an urban area of district Rohtak, Haryana, India.

MATERIALS AND METHODS

Study area**:** The study was conducted in urban field practice area of Department of Community Medicine of Pt. B.D. Sharma PGIMS, Rohtak, Haryana, India. Rohtak is an upcoming city and has witnessed a lot of growth and urbanization in the last decade. Rohtak is located at a distance of around 70 kms from New Delhi, India.

Study period - The study was conducted in the months of July and August 2015.

Study subjects – The study was done on women in the age group of 18-60 years.

Inclusion criteria

- Women in the age group of 18-60 years
- Women who gave informed verbal consent for participation in the study.

Exclusion criteria

- Women who already had breast cancer or any other type of cancer.
- Women who refused to give consent for the study.

Sample size: The study was done on a sample size of 300 women selected according to the inclusion and exclusion criteria.

Sampling technique: A list of all the houses in the urban field practice area was made. The first house was chosen by a table of random numbers. There were approximately 1500 houses in the area. Systematic random sampling was done. Every 5th house was chosen after the first house.

Data collection: The data was collected on a pre designed, pre tested, semi structured interview schedule. The data collection was done by the investigators and the health workers assisted the investigators in loacting the houses which were to be selected.

Only one woman from each house was selected for the study. If there were more than one elgible woman in one house, the selection of subject was done by using lottery method. If the house was found locked, two more visits were made on subsequent days. If after two visits also the house was found locked, then the next house was chosen for the study.

Data analysis: The obtained data was analyzed for consistency and completeness. Then the data was appropriately coded and entered in Microsoft Excel software. The data was then analyzed by using appropriate statistical software.

RESULTS

Of the 300 study participants, 60 % had heard about breast cancer. The age group of the study participants showed that most of the participants were in the age group of 41-50 years (30%) followed by 31-40 years (28%).Table 1 show the age group of the study participants.

Table 1. Age group of study participants

Age group	No. of participants
18-30	72 (24%)
31-40	84 (28%)
41-50	90 (30%)
51-60	54 (18%)

The source of information about breast cancer was television and radio in most of the cases.

Table 2. Source of information about breast cancer

Source of information	Number
Television	92 (30.7%)
Newspaper	70 (23.3%)
Internet	80 (26.7%)
Radio	90 (30%)
Others	80 (26.7%)

*multiple response

Only 5% of the women knew the correct technique of breast self examination. Out of these 5 % women, only 2% performed breast self examination regularly. Another 10 % of the participants had heard about breast self examination but did not know the proper technique of breast self examination.

Only 2 % of the study participants had undergone a mammography for breast cancer screening. Table 3 shows the perceived risk factors for breast cancer. A lot of participants had illogical thinking about the genesis of breast cancer.

Table 3. Perceived risk factors for the genesis of breast cancer

Risk factor	No. of participants
Spiritual	50 (16.7%)
Use of brasserie	80 (26.7%)
Old age	188 (62.7%)
No breast feeding	60 (20%)
Diet	30 (10%)
Family history	176 (58.7%)
Role of demons	26 (8.7%)
Medical condition	198 (66%)
Excessive breastfeeding	75 (25%)
Don't know	58 (19.3%)

*multiple response

The attitude of some participants towards breast cancer was not positive. Table 4 shows the attitude of participants towards breast cancer.

Table 4. Attitude of participants towards breast cancer

Statement	Agree	Disagree	Not sure
Breast cancer patient should be isolated	56 (18.7%)	168 (56%)	76 (25.3%)
It is a curse from God	38 (12.7%)	146 (48.7%)	116 (38.7%)
Breast cancer can spread form one person to another	88 (29.3%)	112 (37.3%)	100 (33.3%)
You should stay away from a breast cancer patient	60 (20%)	172 (57.3%)	68 (22.7%)
You should be afraid of breast cancer	245 (81.7%)	40 (13.3%)	15 (5%)
Breast cancer is incurable	92 (30.7%)	148 (49.3%)	60 (20%)

Around 70(23.33%) women had some form of problem in the breast such as pain, lump, rash, discharge or bleeding from the breast. But only 25(8.33%) of them had sought some form of help for these conditions and the others ignored their problems.

DISCUSSION

In our study 60% of the participants had heard about breast cancer. In a similar study conducted by Somdatta *et al*, 56% of the women had awareness about breast cancer (Somdatta and Baridalyne, 2008). The results of our study are comparable with this study. This level of awareness is poor and steps must be taken to increase the level of awareness in the women. The main source of information regarding breast cancer was television and radio.

Only a few participants (5%) were aware of correct technique of breast self examination and out of this only 2% practiced breast self examination regularly. In a study done in South India by Kommula *et al*, 2.4% of women did breast self examination regularly. These findings match with the findings of our study (Kommula *et al*., 2014). In a similar study conducted by Obaji N C *et al* in Nigeria, 13% have heard of BSE. 23.9% have been taught how to perform BSE, while 21.8% had done it in the past (Obaji *et al*., 2013).

In a study conducted by Simi A *et al* in Iran ,it was found that 46.7% of participants did not perform BSE, and that almost all of those who did perform BSE did it incorrectly—and taking into account that a lack of knowledge on how to perform BSE was the main reason why most non-performers did not examine themselves (Simi *et al*., 2009). This indicates that only a very small percentage of women know the correct technique of breast self examination in India. There is an urgent need to increase the number of women doing breast self examination so that breast cancers can be detected early and the mortality due to breast cancers can be decreased.

Some participants had illogical thinking regarding the risk factors for breast cancer. 198(66%) participants believe that it is caused due to some medical condition, 80 (26.7%) believed use of brasserie to be the cause. 75(25%) participants believed excessive breast feeding and 60(20%) believed lack of breast feeding to be the cause. 50 (16.7%) participants think that the cause is spiritual and 26 (8.7%) believed demons played a role in the etiology of breast cancer. In a similar study conducted by Miesfeldt *et al* in Virginia, it was found that the participants did not have proper knowledge about the risk factors of breast cancer (Miesfeldt *et al*., 2001). Our study also establishes that the knowledge about the risk factors of breast cancer is quite inadequate and programs must be started to teach the women about the risk factors for breast cancer.

The attitude of people towards breast cancer was mostly supportive. But some participants had negative attitude towards breast cancer.12.7 % believed it to be a curse from God and 30.7% believed it to be incurable. 29.3% of the participants believed that it can be transmitted from one person to another. In a study conducted by Suleiman KA in Saudi Arabia, it was found that 4.8 % of respondents believed it to be a curse from God and 4.1 % believed that breast cancer patients should be isolated (Amal and Suleiman, 2014). These findings differ from our study. The reason for this maybe that in India, superstitions are more prevalent as compared to other countries and that this study was done in female students while our study was done in the general population.

The people should be made aware of breast cancer. BCC activities for breast cancer must be encouraged. Women should be taught about breast self examination. Screening for breast cancer must be incorporated in national health programs being run by the government.

Conclusion

The current status of awareness of breast cancer and breast self examination in the urban women of Rohtak, Haryana is insufficient. The knowledge of women regarding breast self examination is also not proper and only a few women are practicing breast self examination. Awareness regarding breast cancer needs to be increased and women must be taught breast self examination. BCC activities need to be increased to achieve this goal. This can be done by joint efforts of the government and various NGO's working in the field of cancer.

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