

## Knowledge and attitude of women regarding breast cancer and its initial diagnosis

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**Objective:** To examine the knowledge and attitudes of women towards breast screening for its initial diagnosis.

**Methodology:** For the present study, multistage sampling technique was applied. Data were collected from 105 cancer patients (35 patients from each 3 hospitals).

**Results:** Mostly breast cancer patients were having age between 41-50 years and belonged to rural areas. A considerable percentage (78.1%) reported that they heard about breast cancer before diagnosing their disease and only 10.5% of them reported that they self-examined after hearing about this disease. Few patients were

having breast cancer history in their family. Bi-variate analysis shows that illiterate, rural, unmarried, and low-income patients were diagnosed late and effected females tried herbal rather than a medical treatment.

**Conclusion:** Late presentation was predominant and majority of breast cancer patients were diagnosed at late stages. There were two basic features in the prevention of breast cancer. First its early detection and secondly risk reduction through its early treatment. (Rawal Med J 202;46:296-299).

**Keywords:** Tumor, breast cancer, early detection.

## INTRODUCTION

Cancer today is an emerging issue in many countries. Breast cancer often presents as a lump or mass in the breast.<sup>1</sup> A malignant tumor can spread to other parts of body. Breast cancer can be lobular carcinoma or ductal carcinoma.<sup>2</sup> Around one million ladies worldwide are identified with this disease every year. Universally, breast cancer is the 2<sup>nd</sup> most frequent type of cancer and the ranked 5<sup>th</sup> reason of mortality.<sup>3</sup> Breast tumor is the most common malevolence cause of mortality and tumor related morbidity in females. Breast cancer is affecting advanced and the under-developed countries, especially Asian ladies.<sup>4,5</sup>

Pakistani women are not an exception to this disease.<sup>6</sup> It is assessed that one in nine Pakistani ladies will develop this disease at some stage of their life. In our country, breast tumor is a massive health issue as its incidence is worryingly high and mortality is the maximum in any Asian population.<sup>7-9</sup> In Pakistan, women with breast cancer are usually diagnosed at its later stage when it is metastasized to other body parts.<sup>10,11</sup> Several risk factors are associated with breast tumor, increasing ages is one

main risk issue.<sup>12</sup>

Asian ladies have limited awareness about the health of breast due to religious-cultural barriers, private modesty, and hesitancy to visit to a male doctor.<sup>13</sup> Patients suffering with breast cancer are oppressed due to socio-cultural components and taboos.<sup>14</sup> The conceivable ways that these ladies feel secure about themselves might be through their family's help and care for them.<sup>15,16</sup> And that can have a positive impact on the mental state of females.<sup>17</sup> The aim of this study was to examine the knowledge and attitudes of women towards breast screening for its initial diagnosis.

## METHODOLOGY

The population of the current study was all the women patients of breast cancer who were taking treatment from hospitals, however, for the convenience of the study only three hospitals were selected. A multistage sampling technique was applied. At the first stage, two cities Faisalabad and Lahore were selected purposively. At second stage, two hospitals from Faisalabad (Pinum and Faisal hospital) and one hospital from Lahore

(Inmol hospital) were selected purposively. At third stage, all breast cancer patients of selected hospitals were listed and 105 cancer patients (35 patients from each hospital) were selected through simple random sampling technique. A well designed interview schedule was used for data collection.

**Statistical Analysis:** All data analysis was performed using SPSS Statistics 20. Cross table analysis was carried out to describe the association between independent and dependent variables. The significance association was examined through chi-square and gamma statistics.

## RESULTS

Table 1 shows that 78.1% sampled population had knowledge of breast diseases and only 10.5% breast cancer patients self-examined after hearing about breast cancer. It was found that 77.1% patients never contacted doctor after observing something different in their body. Around 64% breast cancer patients were having accessibility to breast cancer screening. Large proportion (93.3%) patients felt depression due to breast cancer. An enormous percentage (93.3%) patients were seeking help from religion and 28.6% patients were having interest in 'taweez' dum' or saint (Table 1).

**Table 1. Knowledge and attitudes of women regarding breast cancer and its screening.**

Statements	Number	%	Number	%
	Yes		No	
Knowledge of women about breast tumor in early and later age	82	78.1	23	21.9
Classification of the selected patients concerning to immediately contact to doctor after observing something different in their body	24	22.9	81	77.1
Classification of patients ever self-examined after hearing about breast cancer	67	63.8	38	36.2
Distribution of the patients towards immediate contact to doctor after observing something different in their body	98	93.3	7	6.7
Classification of the selected patients concerning to having accessibility to breast cancer screening	20	19.0	85	81.0
Classification of the selected patients concerning to felt depression due to breast cancer	98	93.3	7	6.7
Classification of the selected patients concerning to ever face society blame due to this disease because society had thinking that breast cancer is very stigmatized disease in our society.	20	19.0	85	81.0
Classification of the selected patients concerning to seeking help from religion	98	93.3	7	6.7
Classification of the selected patients concerning to having interest in 'taweez' dum' or saint	30	28.6	75	71.4
Classification of the selected patients concerning to try herbal treatment	28	26.7	77	73.3
Classification of the selected patients concerning to having history in their family of this disease	13	12.4	92	87.6
Distribution of the selected patients concerning to their thinking that the early detection of breast tumor can improve survival	85	81.0	20	19.0

**Table 2. Relationship among education level of the patients and starting treatment after diagnostic of breast cancer disease.**

Education level	How many days after diagnostic started treatment?			Total
	Within a month	Within two months	After two months	
Illiterate	5	9	19	33
	15.2%	27.3%	57.6%	100.0%
Primary-to-Middle	5	13	12	30
	16.7%	43.3%	40.0%	100.0%
Matric	6	8	6	20
	30.0%	40.0%	30.0%	100.0%
Above Matric	12	5	5	22
	54.5%	22.7%	22.7%	100.0%
Total	28	35	42	105
	26.7%	33.3%	40.0%	100.0%

Chi-square=16.22, d.f.=6, P-value=.013\*, Gamma=-.409, P-value=.000\*\*

**Table 3. Relationship among family income of the patients and starting treatment after diagnostic of breast cancer disease.**

Income	How many days after diagnostic started treatment?			Total
	Within a month	Within two months	After two months	
Up to 20000	7	6	14	27
	25.9%	22.2%	51.9%	100.0%
20001-30000	5	16	23	44
	11.4%	36.4%	52.3%	100.0%
Above 30000	16	13	5	34
	47.1%	38.2%	14.7%	100.0%
Total	28	35	42	105
	26.7%	33.3%	40.0%	100.0%

Chi-square=18.58, d.f.=4, P-value=.001\*\*, Gamma=-.407, P-value=.001\*\*

Table 2 signifies association among education level of the patients and starting treatment after diagnostic of breast cancer disease. Chi-square value ( $\chi^2=16.22$ ) a significant ( $p=.013$ ) which depicts association education level of the patients and starting treatment after diagnostic of breast cancer disease. Table 3 represents association among economic status of the patients and started treatment after diagnostic of breast cancer disease. Chi-square value ( $\chi^2=18.58$ ) a highly-significant ( $p=.001$ ) which depicts association among total family

income of patients and started treatment after diagnostic of breast cancer disease.

## DISCUSSION

The results of one previous studies indicated that breast cancer patients were facing major problems in Pakistan in terms of presentation delay that is one of the leading causes of mortality in women and the reason behind it the lack of awareness.<sup>18</sup> Gamma statistic showed a significant and negative relation among the variables.

It tells that majority of the high income patients started early treatment after diagnostic of breast cancer as compared to low income patients. Findings of one previous studies investigated that there were significant differences among different occupation groups and the education level of patients in regards to pathological characteristics and treatment choice.<sup>19</sup>

## CONCLUSION

This study showed that late presentation is predominant and majority of breast cancer patients are diagnosed at late stages.

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