

PREVENTION AND CONTROL OF BREAST CANCER: AN APPROACH TO DEVELOP NURSING SUPPORT IN SELECTED HOSPITAL IN DHAKA CITY AMONG THE 15-50 AGE GROUP WOMEN IN BANGLADESH

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ABSTRACT

Breast cancer is a disease, which if detected early can be cured; this is now a scientific truth. Because of fear and lack of awareness and knowledge, cancer is mostly not detected at the early stages. **General Objective:** “To assess the level of awareness on “Prevention and Control of Breast Cancer among the 15-50 age group women” **Methods:** Cross-sectional descriptive study was utilized during data collection. The study areas was selected purposively from selected hospitals in Dhaka city such as, Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Hospital (SSMCH), National Institute of Cancer Research and Hospital (NICRH), Mohakhali, Dhaka,. The settings for this study was the Antenatal, postnatal, Surgical and Medicine Out Patient Department (OPD) at the DMCH, (SSMCH) and NICRH in Dhaka. Data was collected from March to June, 2009 with structured and unstructured questionnaire. Study population was 15-50 age group women. who attended the out Patient Department for their treatment. Total sample size was 330. Among 330 women, 200 women from DMCH, 70 from SSMCH, and 60 from NICRH were included. The mean age of the respondents was 31.03 (\pm SD 9.50) years. Most (60%) of the respondents were residing in urban areas, 25.26 completed primary school. More than fifty percent (55.20) heard about breast cancer. 73.33% of the respondents had no knowledge about the risk factors of breast cancer. Only 26.67% had the knowledge of the risk factors. The study result showed that all respondents gave multiple answer regarding the knowledge about the best way to prevent and control of breast cancer. It is found from the result that the majority 76.06% women were not aware on prevention and control of breast cancer only 23.94% was aware. 100% were agreed that they need nursing support. Though the sample size was is not large enough but still this finding is important. Further qualitative and quantitative research in this area needs to be directed towards studying the female population in Bangladesh by using unstructured interview methods that may provide more and different information about awareness on breast cancer and its prevention and control, and how much they feel it important in attending the OPDs for their breast checkup.

KEYWORDS: Breast Cancer, Prevention and Controlled, Nursing Support

INTRODUCTION

Breast cancer is an important health problem of women between the age of 40 and 50. Most cancers of the breast occur in the duct of the milk-secreting gland, while some originate at the gland itself. Early sign is usually the appearance of a lump in the breast that slowly enlarges with passage of time. Seeking immediate medical advice is recommended should these signs are detected (Nur, Hassan, Kader and Uddin, 2000 and Cancer Statistics of Bangladesh, 2006).

Breast cancer is a malignant tumor that has developed from cells of the breast. A malignant tumor is a group cancer cells that may invade surrounding tissues or spread (metastasize) to distal areas of the body (Philpps. Manhan,

Sands, Make and Neighbous 2005).

Breast cancer is the most common cancer in women and affects approximately one out of every eight women in the USA (Breast Cancer Symptoms, treatment and prevention, 2006). Breast cancer is also one of the commonest and leading causes of deaths in women over 30 years of age, 35-55 years is the risk age group for cancer breast (Tahera, and Miah 1991).

Breast cancer has a 96 percent survival rate when discovered early. Breast cancer is one of the most common type of cancer found in women. More than 58000 new cases are diagnosed in developed countries every year and >216000 all over the world, although there is no population based or hospital based cancer registry program of National Cancer Registry in Bangladesh like other developing countries. According to the cancer specialists, approximately 20-22 thousand cases are being treated in Bangladesh every year (Rahman, 2009, Ansary, Rahman, and Samaddar, 1998, Talukder, 2008 and Baki, Mostofa, Hossain, Moklesuddin, Hussain and Afroza, 1999). Report from NICRH (2005-2007) shows a total number of 18829 cases out of which 10847 cases are male, 7982 cases are female of which Breast Cancer. Most of them die due to late diagnosis and improper/ inadequate treatment facilities. World wide more women die from breast cancer than other cancer. If detected early, it is one of the most curable form of cancers. Less than 1% of breast cancer occurs in men.

If a women has already had breast cancer, she had a greater chance of developing a new cancer in the other breast. Such a new, or second cancer arises from a completely different location and should not be confused with cancer that has recurred or metastasized (spread) from another site (Philpps. Manhan, Sands, Make and Neighbous 2005, Brady and Graham, 2000).

Breast cancer is on the rise globally. It is growing at an alarming rate. So, there is a need to be informed, to empower and protect one's self and the society, especially women to this manageable and curable disease (Cancer Statistics of Bangladesh 2006, Philpps. Manhan, Sands Make and Neighbous, 2005).

Breast cancer is a disease, which if detected early can be cured; this is now a scientific truth. Because of fear and lack of awareness and knowledge, cancer is mostly not detected at the early stages. In Bangladesh there is no population based cancer registry, so there is lack of accurate data on the incidence and prevalence of mortality from cancer.

Breast cancer is still the most common female cancer and the second cause of cancer death among women (Philpps. Manhan, Sands Make and Neighbous 2005 and Miaskowski and Dibbles, 1995).

Breast cancer is the most commonly diagnosed cancer in Australian women. 1 in 14 women will be diagnosed with breast cancer. More than 75% of women in Australia diagnosed with breast cancer survive for more than 5 years. Early detection significantly improves the changes of the survival of women. Early detection can be done by routine examination of the breasts and the best person to do this is the women herself (Philpps. Manhan, Sands Make and Neighbous, 2005)

MATERIAL AND METHODS

This is a Cross Sectional Descriptive Study, which was undertaken from March to June 2009 with 330 patients. The study areas was selected purposively from selected hospitals in Dhaka city such as, Dhaka Medical College Hospital (DMCH), Sir Salimullah Medical College Hospital (SSMCH). National Institute of Cancer Research and Hospital

(NICRH), Mohakhali, Dhaka. The settings for this study was the Antenatal, postnatal, Surgical and Medicine Out Patient Department (OPDs). These hospitals being a major referral hospital, has a large number of acute admissions not only from Dhaka city, but also from outlying districts. These OPDs are well-established and provides regular out door service of antenatal, Gynecology, Surgical and Medicine and any kind of cancer. Every day more than 200 women attend these OPDs for their treatment and checkup (Personal communication with Charge Nurses of OPDs and Attendance register khata) In this study, the population was the 15-50 age group women, who attend these hospital OPDs for their antenatal, postnatal, gynecological checkups, surgical, medical and cancer treatment. This large attendance made these hospitals a good choice to conduct this study. Objective of this study was “To assess the level of awareness on “Prevention and Control of Breast Cancer among the 15-50 age group women” and Research question was “What is the level of awareness on prevention and control of breast cancer among the 15 - 50 age group women”?

This study was conducted in OPDs at DMCH, SSMC, and NICRH. Probability simple random sampling technique was utilized during data collection.

The women, volunteering to participate in this study, was assured that their confidentiality and anonymity will be maintained. Among 330 women 200 from DMCH, 60 from SSMCH, and 70 from NICRH. This cross sectional type of descriptive study was conducted with 330 patients in three hospitals (DMCH, SSMCH and NICRH) which are very popular and major government hospital of Bangladesh. Permission was sought and obtained from the appropriate person. Pre-tested was done. Both structure and unstructured questionnaire were administered by the investigator at each of the 3 study locations. Reliability and validity was ensured

Analysis was done to the Software Statistical Package for Social Science (SPSS). Frequency distribution, summary tables and appropriate graphs were used for presentation of results using appropriate statistical techniques.

The data obtained from this study was analyzed using the software program Statistical Package for Social Science (SPSS). Descriptive statistics was used to summaries and describe the raw sample data in order to help to make data readily comprehensive. According to the appropriate scale of measurement, measures of central tendency, frequency distributions and percentage was used to describe the data. The data was analyzed according to the variables and using presented tables, graphs and diagrams or figures as appropriate. Written responses were summarized using a narrative discussion.

Results

Table 1

Age	Frequency	Percentage
15-19	29	8.79
20-24	61	18.48
25-29	63	19.09
30-34	46	13.94
35-29	50	15.15
40-44	55	16.67
45-50	26	7.88
Total	330	100.00

The socio-demographic results of this study revealed that the age of the respondents ranged from 15 to 50 years. The mean age of the patients was estimated as 31.03 (\pm SD 9.50) years. The age group of 25-29 years was estimated the highest proportion of the respondents (19.09).

Most of the respondents were from urban background(60%) and others were from rural (32.42) and bosti (7.58%).

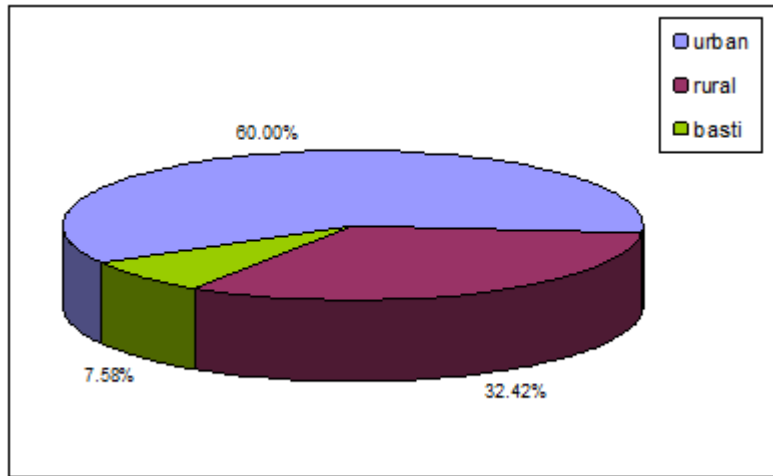


Figure 1

Table 2

Education	Frequency	Percent
illiterate	80	24.24
Primary(I-V)	85	25.76
Secondary(VI-X)	58	17.58
SSC	46	13.94
HSC	38	11.52
Degree or above	23	6.97
Total	330	100.00

Among the respondents highest 25.76% (n=85) patients completed their Primary School, next second highest 24.24% (n=80) patients were illiterate/ had no schooling and only 6.97% (n=23) patients completed degree or above.

Regarding the hearing about breast cancer, more than fifty percent 55.20% (n=182) agreed that they heard about breast cancer earlier, but 44.80% (148) did not heard.

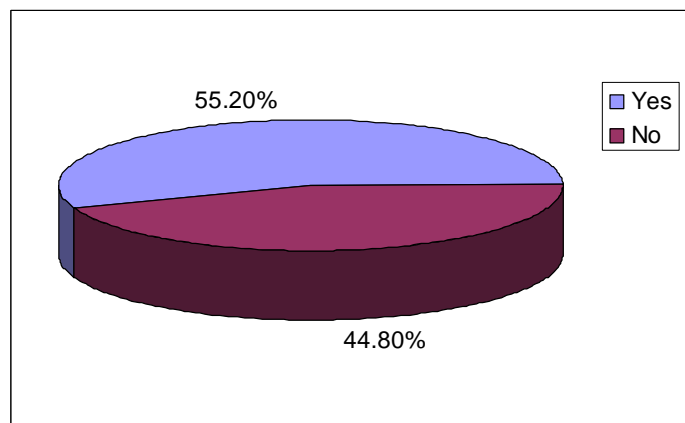


Figure 2

Table 3

Curability	Frequency	Percent
Curable if detected early	54	16.36
Non-curable	73	22.12
Can be control	40	12.12
Don't know	161	48.79
Curable	2	0.61
Total	330	100.00

Knowledge was assessed about the curability of breast cancer. Majority 48.79% indicated that they didn't know, 22.12% indicated that breast cancer is non-curable, 16.36% indicated it curable if detected early. Only 0.61% indicated that breast cancer is curable.

All respondents were asked whether they ever suffered or were suffering from breast problem. According to their information only 6.36% (n=21) answered that they were suffering from breast problems and 93.64% (n=309) never suffered or were not suffering.

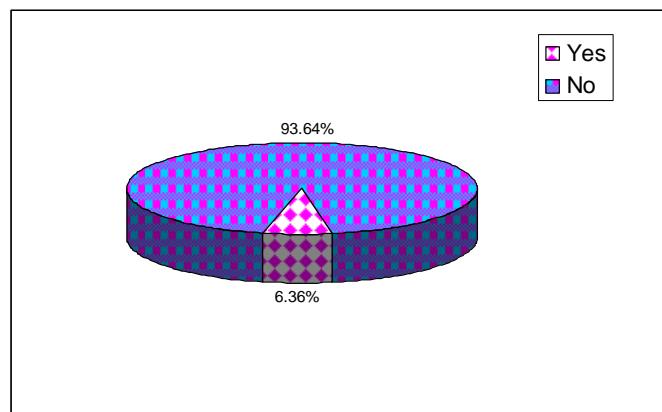


Figure 3

Table 4

Suffering	Frequency	Percent
Yes	21	6.36
No	309	93.64
Total	330	100.00

In the above table -4 study result showed that 6.36% (n=21) respondent was suffering from breast problem.

All respondents knowledge of control & prevention of breast cancer was assessed, study result showed that the majority 74.55% (n= 246) said that they didn't know the screening methods for breast cancer. Only 25.45% (n=84) knew the screening methods for breast cancer.

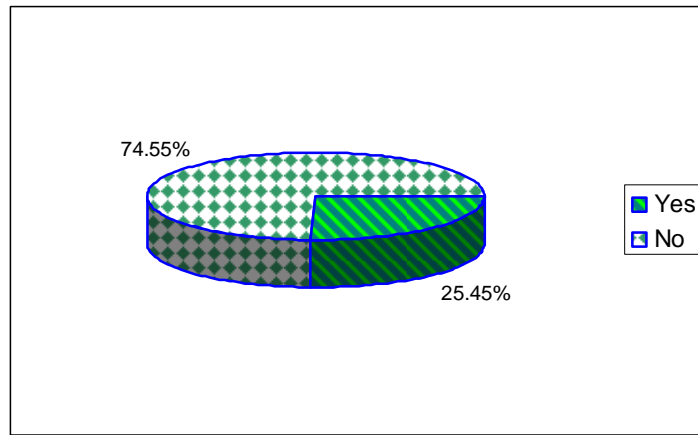


Figure 4

Among the 330 respondents majority 76.06% (n=251) of the respondents were not aware about control & prevention of breast cancer, only 23.94% (n=79) of the respondents were aware.

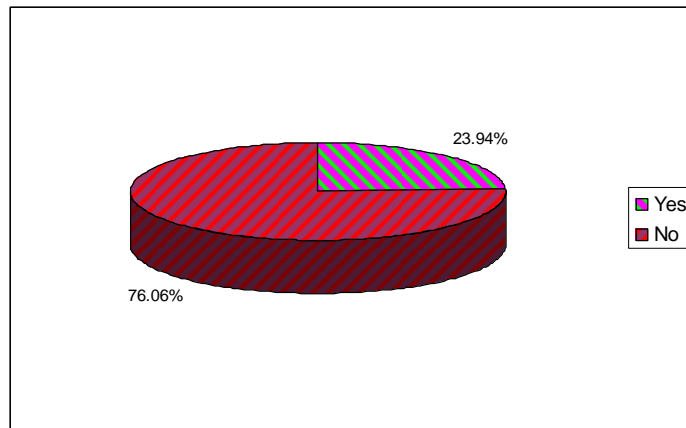


Figure 5

Associations between patient’s awareness on prevention and control of Breast Cancer and several socio-demographic factors

Table 5: Association between Awareness Regarding Control and Prevention of Breast Cancer and Their Age

Age	Frequency	Percentage	Awareness				χ^2	P-value
			Had Awareness		Had no Awareness			
Less or equal 35 years	226	68.48%	54	68.35%	172	86.53%	0.001	0.977
Above 50 years	104	31.52%	25	31.65%	79	31.47%		
Total	330	100%	79	100%	251	100%		

Interpretation:

The awareness level was higher (68.35 percent) among women about the prevention and control of breast cancer with the age less than or equal to 35 years while 31.65 percent in the age group greater than 35 years. More awareness has been found in the lower age group.

Table 6: Association between Women’s Awareness of Breast Cancer and Place of Residence

Place of residence	Frequency	Percentage	Awareness				χ^2	p-value
			Had awareness		Had no awareness			
Rural area	107	32.48	20	25.32	87	34.66	2.395	0.122
Urban area	223	67.58	59	74.68	164	65.34		
Total	330	100%	79	100%	251	100%		

Interpretation

The awareness level was higher (74.68 percent) among women who lived in urban area while in rural area 25.32 percent patients had awareness. More awareness was found in the urban group.

Table 7: Association between Women’s Awareness Regarding Control and Prevention of Breast Cancer and Their Educational Level

Education Level	Frequency	Percentage	Awareness				χ^2	p-value
			Had Awareness		Had no Awareness			
Uneducated	80	24.24	16	20.25	64	25.50	0.900	0.343
Educated	250	75.76	63	79.75	187	74.50		
Total	330	100%	79	100%	251	100		

Interpretation

The awareness level was higher (79.75 percent) among women who were educated while 20.25 percent of the uneducated had awareness. There is an association between educational level of the women and their awareness level on prevention and control of breast cancer ($p < 0.343$).

DISCUSSIONS

The Socio demographic characteristics reflected that the mean age of the women was 31.03 (\pm SD 9.50) years whereas the age group of 25-29 years attending to the OPDs constituted the major proportion (19.09). Study result showed that 60% of the participants came from the urban background and others were from rural area (32.42%) and bosti area (7.58%). This pattern of distribution implied the greater awareness and better treatment seeking behavior of urban. Among 330 participants the highest number 25.76% had completed Primary, 24.24% had illiterate/no schooling, only 17.58% had completed Secondary, 13.94% had completed Secondary School Certificate, 11.52% completed Higher Secondary education and only 6.97% completed degree and above. Next to demographic questionnaire they are other group of question to assess the Knowledge and Awareness on Prevention and Control of Breast Cancer. It is evident from this study that 55.20% women heard about breast cancer and 44.80% did not hear. The result from this study also showed that there was a clear link between education of women and their family income. That being that women with a higher level of education lived in households with a higher level of income. It can also be assumed that there was not a large amount of information regarding breast cancer. The result from this study also showed that there was a clear link between education of women and their residing place. It can also be assumed that there was not a large amount of information regarding breast cancer. This study result found that highest (73.64%) number of women didn’t know anything about curability of breast cancer. Majority 48.79% opined that they did not know, 16.36 told that it is curable if detected early, 22.12 opined that it is non –curable and 12.12% opined that it can be controlled. It is evidence from the study result that more information is required for women about prevention and controlling measure of breast cancer as well as affects of breast cancer. In addition this study result showed that 6,37% had suffered or suffering from breast problem and only 25.45% knew the

screening methods of breast cancer. Among the 330 respondents majority 76.06% (n=251) of the respondents were not aware about control & prevention of breast cancer, only 23.94% (n=79) of the respondents were aware, which is not acceptable in digital time. It was revealed from the study that majority 74.55% of the women had no knowledge on screening methods of breast cancer. Only (n=84) 25.45% women had knowledge on screening methods of breast cancer. It is found from the result that majority 76.06% women were not aware on prevention and control of breast cancer only 23.94% were aware. The study findings also found that 100% women were agreed that nursing support is very necessary for the female population/ in all hospitals/health centers of Bangladesh. The study reveals that there was also an association between awareness on breast cancer and living place. The awareness level was higher (74.68%) among women who lived in urban area while 25.32 percent patients who lived in rural area had awareness. More awareness has been found in the urban group.

Study results found that there was an association between awareness level and their educational level. The awareness level was higher (79.75 percent) among women who were educated while 20.25 percent awareness that were uneducated had awareness. There is an association between educational level of the women and their awareness level on prevention and control of breast cancer ($p < 0.343$).

The study findings showed that awareness on prevention and control of breast cancer among the 15 – 50 age group women is very low, they are not even aware about breast cancer. The study results also indicate that there is a large gap of information, which had not been disseminated properly. The social-economic and cultural factors are also responsible for lack of awareness and ignorance. In context of our society, women are generally reluctant to go to the doctor especially to male doctor. Family members also do not support them. Women are neglected in our society and leader of the family think spending money for women is loss.

The results of the study indicated that there is a need to gain more knowledge of women by which they will aware about breast cancer. It is recommended that the aim and effort should be directed towards the growing awareness and motivation of making available care of breast cancer for both women and also for their family. This can be achieved by providing proper health education on control & prevention of breast cancer to the community as well as to the hospital both within OPD and In Patients Department (IPD). The findings of the study could be placed to the decision and policy-making authority to develop strategy and plans so as to improve service delivery system in future.

CONCLUSIONS

This cross – sectional descriptive study has focused on 15 – 50 years age group women regarding the knowledge and awareness on prevention and control of breast cancer. This study was conducted in the Out Patient Department (OPDs) of Dhaka Medical College Hospital (DMCH), Sir Sir Salimullah Medical College and Mitford Hospital (SSMCH) and National Institute of Cancer Research and Hospital (NICRH) in Dhaka city to find out the awareness on prevention and control of breast cancer: An approach to develop nursing support in selected hospitals in Dhaka city among the 15-50 age group women in Bangladesh. It is evident from this study that 55.20% women heard about breast cancer and 44.80% did not hear. Among 330 respondents majority 76.06% (n=251) of the respondents were not aware about control & prevention of breast cancer, only 23.94% (n=79) of the results from this study has provided some important information, which will help to develop separate health care facilities for breast checkup and health education in those hospitals. The result will also helpful for the nursing management to make policy.

More than fifty percent hared about breast cancer but they had very poor knowledge about breast cancer and other information about breast cancer including preventive and controlling measures. The women's level of awareness on prevention and control of breast cancer and their knowledge about breast cancer was very low, which is not acceptable.

The study also identified that women were not so much aware regarding breast cancer and its prevention, control measures, and risk factors. So to make women aware on breast cancer, a comprehensive approach is very much needed, through campaign, counseling, under take different programs by the. Government and NGOs media can play an important role in increasing awareness regarding prevention and control of breast cancer and breast care among the women. In addition, all hospitals, health centers, clinics both (public and private) authorities can establish breast care corner in every health care facilities which would be women friendly. So that women could attend and able the facility there without shy and hesitation.

This study has yielded some valuable information. On the basis of the findings of this study it is clear that the level of knowledge and awareness of the participants regarding prevention and control of breast cancer was very poor and inadequate as mentioned above. There are needed to take appropriate measures to improve the situation. An intensive health education program can improve their knowledge status and help to lead a healthy and safer life.

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