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Perspective

Are Breast Cancer Awareness Campaigns Missing the Mark: Pakistan's Perspective

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Abstract

Breast cancer (BC) is the leading cause of cancer mortality in Pakistan and other South Asian countries. Recent statistics indicate an increased risk of BC incidence and mortality among women in this region. Many factors have been associated with increased mortality from this disease including late detection due to inadequate knowledge of screening, and financial constraints due to which many women do not undergo screening tests. Other causes that have led to the deterioration of the disease status among females include a lack of public knowledge of BC's symptoms and misconceptions taking root from cultural reasons. This situation has called into question the effectiveness of BC awareness campaigns, as they may not have achieved the desired results that were originally envisioned. In this paper, we highlight the shortcomings of the awareness campaigns in Pakistan: lack of BC knowledge, financial constraints, and inaccessible healthcare facilities; and suggest alternatives for reducing breast cancer incidence and mortality.

Keywords: Breast Cancer; Breast Cancer Awareness; Mortality

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Breast Cancer (BC) presents a considerable danger to public health. It is one of the most common malignancies diagnosed and the leading cause of cancer-related deaths in women[1]. An alarming increase in the incidence of BC in South Asian regions and a rising trend in its mortality rates have been observed. In 2020, around 2.3 million new cases were diagnosed worldwide, and 685,000 breast cancer-related deaths were reported[2]. The International Agency for Research on Cancer predicts that the disease burden is expected to increase exponentially by almost 40% by 2040, with a 50% increase in deaths per year[1]. Pakistan has one of the highest mortality rates and the risk is climbing with every ninth woman having a lifetime risk of this malignancy[3, 4]. While Pakistan struggles to sustain its population, additional factors that aggravate the incidence of BC catapult the country's healthcare system into a more profound crisis.

Wide-scale BC awareness campaigns developed over the years have highlighted the prevention-associated measures the population can implement. As per the framework laid by the Breast Health Global Initiative, early BC detection and treatment in developing nations is found to be correlated with BC-related outcomes[5]. Based on this framework, the postulate for BC awareness campaigns was devised through which females were encouraged to undergo screening with mammography, especially after the age of 40; clinical physical examination; and learn to perform breast self-examination[5, 6]. The aim has been to inculcate knowledge about BC prevention in the masses, helping them become self-reliant and confident to seek help if they identify any sign or symptom of BC. However, while this might have looked promising in alleviating the onus of the disease, the campaigns may not have achieved the desired results. BC rates continue to oscillate around alarming levels, and according to the latest findings, Pakistan has the highest incidence of the disease in Asia[7].

In a survey from Pakistan, Naqvi et al. noted that most of the population was aware of BC as a disease but not sufficiently aware of its detection methods. Only a third of the participants were aware of breast self-examination and an even poorer number of participants were able to recognize the risk factors[8]. Several recent studies from the country corroborate the evidence. Of the 1000 females evaluated in the study by Shoukat Z et al., 63% lacked knowledge about BC[9]. The study by Hussain I et al., which evaluated data from 774 university students, showed that academic students, too, had poor knowledge about various BC risk factors[10]. Another study that evaluated women in the outpatient department,

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highlighted that, alarmingly, only 2.5% of females would perform a monthly breast examination[11]. These findings bring into question the effectiveness of the BC awareness campaigns that on the surface have looked convincing and worthwhile but now need to be re-evaluated so that we may determine the extent to which they have been successful in fulfilling the mission and whether a potent message has reached the masses.

In a lower middle-income country like Pakistan, factors attributed both to individuals and the system can be the reason behind the delay in BC detection and consequently, the dismaying statistics previously stated. When dismantling the matter, one aspect that arises is the barriers to BC screening. Owing to a lack of health literacy, women might not be aware of their normal breast size and any change might go unnoticed[12]. A recent study surveying Pakistani women stated that 17.1% of those involved in their research ignored painless lumps noticed during self-examination[8]. Conversely, if they choose to address any BC symptom, they might prefer spiritual advice and therapy instead of an allopathic treatment route owing to a strong inclination to approach unconventional healers in the local community[13]. The delay in reporting to a medical practitioner is unavoidable in these circumstances. Moreover, many women consider the breast to be a secret organ and it is highly plausible that they would avoid being seen by a male doctor. Khan et al. corroborate this, describing that 10.6% of women presented late because they considered the breast a secret organ[13]. These untimely delays in seeking help with the onset of unusual symptoms postpone diagnosis and initiation of treatment, decreasing chances of better survival and recuperation[13].

Other barriers to screening in society exist due to inequalities in healthcare access, the repercussions of which are evident through the positive association between BC mortality and socioeconomic status[6]. For women in rural areas especially, it is likely that screening facilities are distant from their residences and might deter them from going for necessary check-ups due to travel expenses[13]. Such financial constraints, coupled with inadequate mammography services in many areas that make them inaccessible to certain groups, and charges of screening tests, adversely impact BC prevention efforts and leave many vulnerable to the disease[6]. On the other hand, women from urban areas and high-income backgrounds have better access to information and resources to keep themselves well-informed. This highlights the inequality in spreading awareness amongst women from lower-income households or rural areas. In developing countries, many cultural taboos which the BC campaigns have been unable to dispel, have also hindered the impact of awareness efforts and prevented people from reaching an early diagnosis. Such myths include pain being the only initial symptom of the disease, and cancer cells spreading to the unborn child if afflicted with BC during pregnancy[12]. Other misconceptions including that the disease can affect females only and the false association that deodorant usage increases the risk of developing breast malignancy have also stalled progress on this front[14, 15].

BC campaigns need to be revamped to improve BC outcomes in the country and resolve underlying problems. Multiple components of BC campaigns can be modified to deal with the complex array of issues currently at hand. For instance, experts in the field including radiologists, general surgeons, genetic counselors, and gynecologists can form groups and go out as teams to visit places where they can have a female audience and address risk factors, signs and symptoms, self-examination, screening, and the role of early screening in the effective management of BC[5]. Although sessions on this format have been happening, they can be made more interactive to further improve their effectiveness instead of adopting a lecture style and monologue approach. The social class and education level can also be surveyed before the session and the area's local language can be used for better communication as all these will help in ensuring that the information disseminated through the campaign is tailored to meet the population's needs. Referral centers for screening can be publicized and lady health workers can be appointed as the point of contact. The Lady Health Workers (LHWs) Program rolled out in 1994 by the Government of Pakistan to reinforce health systems at the household and community levels and to connect local communities with hospital-based services has created this specific female healthcare task force[16]. LHWs have been instrumental in the success of immunization, nutrition, family planning, and polio eradication campaigns in recent years and we presume that their contribution to the BC campaign can be valuable[16]. As they are recruited from local communities, LHWs can deliver information about breast examination, and screening and can counsel people individually in a culturally appropriate manner[16].

Women's health organizations and other established non-profit organizations can organize fundraisers for the socioeconomically underprivileged groups to bear the cost of screening exams and tests. The current statistics also necessitate that health literacy should be a focal point in the campaign[13]. Some aspects that the public needs to be educated about include that BC is not a communicable disease, not even through personal contact, and what environmental and lifestyle factors may predispose to the disease[13]. Awareness of modifiable risk factors such as increased body weight, lack of physical activity, and breastfeeding practices should also be spread.

Media has immense power when it comes to affecting the general opinion of the masses and encouraging collective decision-making. While it has been integrated

into BC campaigns, its full potential is still yet to be capitalized upon. A multifaceted campaign can be designed utilizing media resources and advertisements. One such inspiration can be from a campaign organized in Canada in recent years, the "Team Shan Breast Cancer Awareness for Young Women (Team Shan)", a Canadian registered charity dedicated to educating young women about early detection, risk reduction, and prevention of BC[17]. Some aspects that made this movement successful were the extensive distribution of campaign resource materials, partnering with academic institutions, and sharing of campaign information via students for maximizing reach. Furthermore, places of public transit were taken up for displaying advertisements, and distinctive take-home-messages such as "Breast Cancer… not just a disease of older women" to elucidate that breast cancer can happen at any age were a keystone[17]. Alongside, propagating BC facts, symptoms, risk factors, and self-help strategies through similar means was pivotal in garnering attention and persuading females to pursue screening and self-exam[17]. Marketing advertisements as one of the most effective strategies can be the greatest lesson from this campaign and can be extended to the BC campaign setup in Pakistan. Viewing content passing by on the road or while commuting, and not having to make an intentional decision to open a device or an application to exact details concerning the disease, can make it easier for people to be informed and can have a noteworthy psychological effect on, improving screening and self-exam trends. Existing print and media campaigns in Pakistan can incorporate this by displaying culturally sensitive messages, catchlines, and thought-provoking phrases that combat stigmas, at well-frequented sites and places across cities[12].

As, in our review, we deconstruct the factors surrounding the inefficiency of BC campaigns, it can be surmised that the BC diagnoses in Pakistani women have been held back due to deficient BC knowledge, lack of consideration for financial constraints, and inaccessibility to healthcare facilities. While we have outlined several courses of action to ameliorate BC campaigns, relevant authorities in Pakistan must also be compelled to review these factors thoroughly and continuously lest more lives become victims of the disease and that which could have been preventable, become fatal.

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