



Original Article:

Awareness regarding female breast cancer in Kashmiri males - A study

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Abstract:

Breast cancer is a major killer disease in females globally and in developing regions, where the early cancer detection facilities are unavailable, prognosis is even worse. Awareness about this disease can lead to early detection and thereby decrease the morbidity and mortality. A self designed questionnaire was used to study the level of awareness regarding breast cancer among males. The questionnaire had 15 questions and on the basis on score attained, the subjects were classified as having poor, average or good breast cancer awareness. Out of 624 participants, 555(89%) had poor breast cancer awareness and 47(7.5%) had average awareness. Only 22 (3.5%) had good awareness about breast cancer. The level of awareness regarding female breast cancer in Kashmiri males is very low. Measures need to be taken to spread awareness about this disease in males so that they can play a vital role in early detection of this disease.

Key Words: Breast cancer, males, cancer awareness, teacher

Introduction:

Breast Cancer is globally one of the major killer diseases in women ¹. In economically deprived regions of the world, lack of awareness about breast cancer and less availability of specific breast clinics, results in delay in seeking medical care and hence in poorer prognosis ². In Kashmir valley, dedicated breast cancer screening clinics are not existent and hence breast cancer awareness can be a tool to fight this disease. Spouse is the one person who is physically and emotionally intimate to a woman and can become a great medium in early detection of breast cancer in females but this is possible only if males are aware about the features of female breast cancer. In literature, most of the studies have concentrated in studying the level of breast cancer awareness in females only and virtually no data is available regarding female breast cancer awareness in males. This study was undertaken to study the level of awareness regarding breast cancer among Kashmiri males.

Materials and Methods:

A study was conducted in the Department of General Surgery, Sheri-Kashmir Institute of Medical Sciences, (Medical College), Bemina, Srinagar, Kashmir, India over a period of 18 months from September 2007 to February 2009, to assess the level of awareness regarding breast cancer in Kashmiri men. 624 patients admitted in the department for management of various common surgical diseases and their male visitors were

selected randomly and explained the purpose of the study as per the ethical guidelines of Helsinki. The persons who agreed to participate in the study were requested to answer a self designed questionnaire after assuring them of confidentiality. Only married persons were included in the study. The exclusion criteria included family history of breast disorders and occupation (self or spouse) in healthcare, on the presumption that their level of awareness might be higher than the general population. The questionnaire included basic signs and symptoms of breast cancer as shown in Table 1. The questionnaire was designed after taking text books of general surgery³ and Toronto breast self examination inventory⁴ into consideration. Attempt was made to simplify the questionnaire with the aim of getting insight into level of knowledge with minimum possible consumption of time of the participants. There were 15 features related to breast cancer in the questionnaire and awareness regarding each feature earned 1 point and no point was awarded if the lady was unaware. Accordingly three categories of breast cancer awareness were defined as per the total scores as depicted in Table 2.

Table 1: Self designed questionnaire to assess breast cancer awareness (Score 0 if unaware, 1 if aware)

Features/ Risk factors of Breast Cancer
A Breast lump or thickening that feels different from the surrounding tissue
Bloody discharge from the nipple
Change in the size or shape of a breast
Changes to the skin over the breast, such as dimpling
Inversion of nipple
Peeling or flaking of the nipple skin
Redness or pitting of the skin over your breast, like the skin of an orange
A lump or thickening in the underarm area
Being female
Increasing age
Family history of breast cancer
Beginning menstrual period at a younger age(less than 12 yrs)
Having the first child at an older age(above 35 yrs)
Beginning menopause at an older age (above 50 yrs)
Pain

Table 2: Categories as per the attained scores

Score	Categories of awareness level
0-5	Poor awareness
6-10	Average awareness
11-15	Good awareness

Data was processed and analyzed after one year of study period with the aid of SPSS software (statistical package for social sciences version- 10).

Results:

During the study period 1279 males were approached for participation in the study and out of these 855 subjects refused to participate in the study. As shown in Fig 1, out of 624 participants, only 22 (3.5%) had good awareness about breast cancer. The results derived after analysis of data are given in the following figures (Fig.1-2) and tables (Table 3- 6).

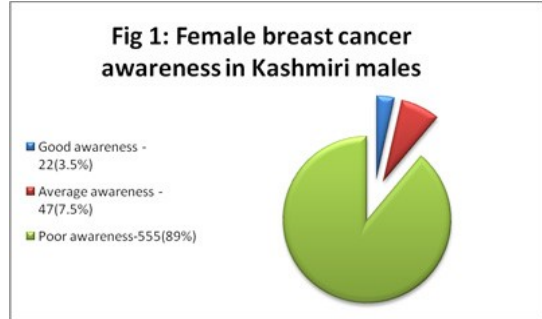


Table 3: Awareness as per the economic status

Awareness level	Income group(in Indian Rupees)		
	<5000	5000-10000	>10000
Poor awareness	243	189	123
Average awareness	10	27	15
Good awareness	02	06	13

Table 4: Awareness as per the educational background

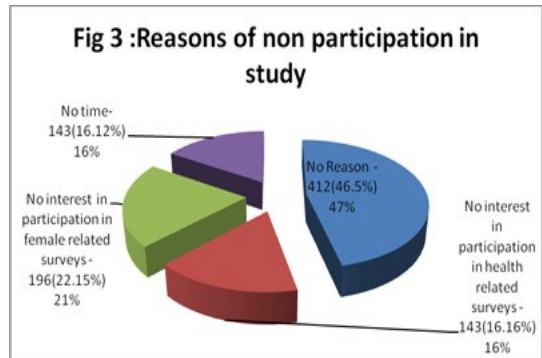
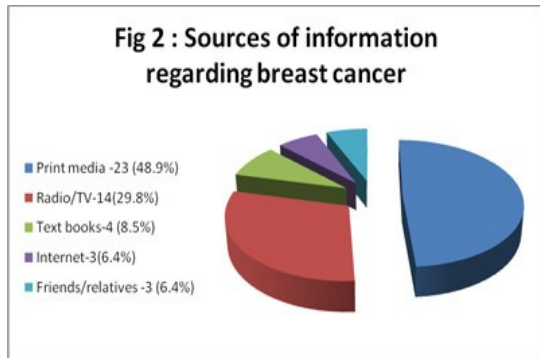
Awareness level	Educational background			
	No education	Primary level	Secondary level	Graduate and above
Poor awareness	241	128	147	39
Average awareness	1	3	11	32
Good awareness	0	3	7	11

Table 5 : Awareness as per the occupation

Awareness level	Professional background					
	Farmers/ laborers	Drivers/bus conductors	Business men	Teachers	Students	Office goers
Poor awareness	219	18	162	34	21	101
Average awareness	5	0	4	11	9	18
Good awareness	1	0	7	4	3	6

Table 6 : Awareness as per the age group

Awareness level	Age groups(in years)				
	20-30	30- 40	40 -50	50-60	> 60
Poor awareness	43	327	139	38	8
Average awareness	9	14	22	2	0
Good awareness	1	6	14	0	0



The reasons for non participation given by 855 subjects who refused to answer the questionnaire are as shown in Fig 3.

Discussion:

Breast cancer is the commonest cause of cancer in females in most of the states of India as per the recent statistics.⁵ But the facilities of breast clinics for early detection of breast cancer are not available to a major percentage of the population. This has been found to result late reporting of patients to healthcare facility and ultimately poorer prognosis. Similar is the scenario in Kashmir valley.⁶ In such circumstances, the only viable method to make early reporting of patients possible is by spreading awareness regarding this disease.⁷ On review of literature, we found that virtually all the studies are directed at detection of the level or ways and means to improve breast cancer awareness among females and we could not find any study where awareness of this disease in males has been studied. It was against this background, this study was undertaken to assess the female breast cancer awareness among male population.

From our study, we found that only 11% of males had average to good awareness and 89% had poor awareness about this disease. These figures are worrisome keeping in view the fact that like other parts of Indian subcontinent, spouse is the closest relation physically and emotionally. Since spouse has the privilege to feel the body of his partner, awareness about the abnormalities could result in early pickup of pathological lesions. Besides since in our society, husband plays a major role in bringing the patient to the healthcare facility and since breast cancer of a lady, affects the male partner emotionally and financially, it becomes all the more important to include males in awareness programmes regarding this disease.

From our data we could not detect any statistically significant difference among the subjects when classified on the basis of economic status depicting thereby that improvement in economic status does not reflect in improved health related awareness. When studied on the basis of level of formal education, graduates and above were better aware than less or uneducated group. Similarly teachers, office goers and students were better aware though the difference was not significant. Besides most of these relatively better aware groups also belonged to graduate and above educational group. But the fact that about 68.39% of teachers had poor awareness about breast cancer needs a serious attention and improvement as it has been proved in many studies that by improving the health-related awareness among the teachers, the level of awareness in children improves significantly^{8,9} who in turn have been found to disseminate health awareness in homes and general population. But it needs to be mentioned that the literature shows that even in economically developed regions of the world, health education has not been made a constant part of certification programmes of teachers.¹⁰

As far as the sources of information are concerned, health related programmes on local radio, television and articles in local newspapers were sources of information of 78.7% of subjects having average and good awareness regarding breast cancer. Since these sources are widely available, impetus needs to be laid on focused utilization of these means of education to improve breast cancer awareness among masses. Special teachers training sessions need to be organized particularly during vacations when schools remain closed as these in-service training sessions have been found effective in other health

related issues.¹⁰ By establishing a definite role for schools and teachers in promotion of health, positive results have been achieved as is evident from literature.¹¹

From our results we found that 66.85% of the subjects who had been approached for participation in this study refused to do so and the reasons given as shown in Fig 3, show lack of interest among our population regarding matters related to health. This aspect needs to be addressed seriously as until people take interest healthcare programmes cannot meet success. The social and religious leaders can be approached, educated and made part of a programme aimed at health education as they have direct access to the population and command respect and can influence their practices.¹²

Conclusions:

Breast cancer awareness is very low among Kashmiri men. In the absence of breast cancer screening clinics, there is a dire need to take measures to improve breast cancer awareness in men so that they can play a role in early detection of this disease and thereby improve the outcome in this disease.

References:

1. Parkin DM, Bray FI, Devesa SS. Cancer burden in the year 2000: the global picture. *Eur J Cancer* 2001;37(suppl. 8):54-66
2. Rao RS, Nair S, Nair NS, Kamath VG. Acceptability and effectiveness of a breast health awareness programme for rural women in India. *Indian J Med Sci* 2005;59:398-402
3. Tjandra JJ, Collins JP. Breast Surgery in the Text book of Surgery Blackwell Publishing Ltd ,USA Ed 3rd 2006, p.273-93
4. Ferris L, Shamian J, Tudiver F. The Toronto Breast Self examination instrument Its Development, Reliability and Validity. *Journal of Clin Epid.* 1991;44:1309-17.
5. Murthy NS, Chaudhry K, Nadayil D, Agarwal UK, Saxena S. Changing trends in incidence of breast cancer: Indian scenario. *Indian J Cancer* January–March 2009;46(1):73-74
6. Sadler G, Dhanjal S Bhatia N et al. Asian Indian Women :Knowledge attitude and behavior towards early breast cancer detection *Journal Pub Health Nursing* 2001;15:214-6
7. Richards M, Westcombe A, Love S, et al. Influence of delay on survival in patients with breast cancer: a systematic review. *Lancet* 1999;353:1119-1126.
8. Susan K, Everret A, James PH. Effects of an in-service workshop on the health teaching self efficacy of elementary school teachers. *J Sch Health* 1996;66:261-265.
9. Alnasir Fasal A. Health attitudes of school teachers. *Saudi Med J* 2004;25(3):326-30
10. Young EM, Auty D, Lee SY : Development of students attitudes towards school safety measures (SATSSM) *J Sch Health* 2002;72:107-114
11. Iverson DC, Kolbe LJ. Evaluation of a national disease prevention & health promotion strategy – establishing a role for the schools. *J Sch Health* 1983;53:294-302
12. Leane W, Shute R. Youth suicide: The knowledge and attitudes of Australian teachers and clergy. *Suicide Life Threat Behav* 1998;28:165-173.