



RESEARCH ARTICLE

KNOWLEDGE REGARDING BREAST CANCER AMONG WOMEN IN DHAKA SLUM AREA

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ABSTRACT

Breast cancer in woman is a major health burden of world wide. It is the most common cause of cancer death among women in high recourse and low recourse countries. Recent global cancer statistics indicate that breast cancer incidence is rising faster in populations of developing countries. The incidence of breast cancer in Bangladesh seems to be very high. As we do not have any cancer registry with relevant data about age, sex, marital status, different types of cancers, diagnostic & treatment status and survival & mortality rate of cancer patients. So it is challenging to say the exact situation in Bangladesh. A cross-sectional study was conducted among the nurses of Dhaka City Corporation (mohammadpur Slum) of Bangladesh. Knowledge plays an important role in the improvement of health-seeking behavior. Not only that Knowledge might dramatically improve the attitude, disbelieve conception and consequently enhance screening practice. That's why, to reduce the number of deaths from breast cancer, there was a shift in emphasis from breast self- Examination to breast awareness, several studies also shows that knowledge woman are more likely to adhere to recommended breast cancer screening in Bangladesh, still Communicable and chronic diseases are the major health issues and all the efforts and chronic and recourses are engaged into it.

INTRODUCTION

Breast cancer a common cancer in woman is a disease in which cancer (malignant) cell are found in the tissues of the breast. Each breast has 15 to 20 sections called lobes. Breast cancer is a cancer that starts in the tissues of the breast. There are two main type of breast cancer. Most of breast cancers are Ductal Carcinoma start in the tubes (ducts) that move milk from the breast to the nipple and another type of breast cancer is Lobular carcinoma start in parts of the breast called lobules that produce milk [1]. Breast cancer is an oldest and serious disease of mankind. Breast cancer ranks first in frequency amongst females in North America and Europe, which together account for half of the estimated figure worldwide. A high fat diet is conducive to cancer of the breast. This tumor is more common in older age group of woman than uterine cervical cancer. Breast cancers are commoner in nulli para and in woman who do not breast –feed their infants [2]. Breast cancer is one of the commonest causes of death in many developing countries in middle-age woman like Egypt, Tunis etc. In a year worldwide 37,600 are deaths for breast cancer. Mortality rates from breast cancer to have increased during the past 60 years [3]. Every year in Bangladesh approximately 35,000 women develop breast cancer. There are many reasons woman in Bangladesh do not seek treatment for breast cancer. Modern treatment options are not available in their communities. Recently all are the treatments are available in Bangladesh such as Surgery Radiation Therapy, Hormonal Therapy and chemo Therapy [4].

The aim of this study is to determine the knowledge about breast cancer among the women in a selected slum area (Mohammadpur Slum). The rest of this paper is organised as follows. In Section 2, literature review is discussed. Methodology is described in section 3. The findings are discussed in Section 4. Discussion, recommendation and limitations are written in section 5. Finally, the conclusion and future work are mentioned in Section 6.

Literature review

Introduction of Breast Cancer: Breast cancer is now the most common cancer in woman. The incidence rates of invasive breast cancer increased. Breast cancer is not well understood by woman and there is a need for inform nation and enlightens if patients are to present early in hospital. Mothers constitute one group of health workers who can provide accurate information on breast cancer to the public. Hereditary breast cancer makes up approximately 5% to hereditary information that is received from a person's parents. Several genes have been found to be defective genes may be likely to develop breast or ovarian cancer. Some defective genes are more common in certain groups. Tests are being developed to determine who has the genetic defect long before any cancer appears [5]. Hormonal contraceptives may be other factors to consider. Research findings suggest a link between contraceptive use and a slightly increased risk of developing breast cancer. The chance of recovery and choice of treatment depend on the stage of the cancer, the types of

breast cancer, certain characteristics of the cancer cells and whether the cancer is found in the other breast. A woman's age, weight, menopausal status and general health can also affect the prognosis and choice of treatment [6].

Stage of Breast Cancer: Ductal carcinoma in situ (DCIS also known as introduction carcinoma) is a very early breast cancer that may develop into an invasive (cancer that has spread from the duct into surrounding tissue) type of breast cancer [7].

- Stage 0: Ductal carcinoma in situ (DCIS-also known as intraductal carcinoma) is a very early breast cancer that may develop into an invasive (cancer that has spread from the duct in surrounding tissues) types of breast cancer. Lobular carcinoma in situ (LCIS) is not increased risk to develop invasive breast cancer later in life [8].
- Stage 1: The cancer is no larger than 2 centimeters (about 1 inch) and has not spread outside the breast.
- Stage 2: Stage 2 is divided into stage 2A and 2B.
 - * Stage 2A: The cancer is no larger than 2 centimeters but has spread to the lymph nodes under the arm (The axillaries lymph nodes). The cancer is between 2 and 5 centimeters (From 1 to 2 inches), but has not spread to the lymph nodes the arm.
 - * Stage 2B: The cancer is between 2 and 5 centimeters (From 1 to 2 inches) and has spread to the lymph nodes under the arm. The cancer is larger than 5 centimeters (Larger than 2 inches) but has not spread to the lymph nodes the arm.
- Stage 3: It is divided into stage 3A and 3B. Stage 3A: The cancer has spread to tissues near the breast (Skin or chest wall, including the ribs and muscles in the chest). The cancer has spread to lymph nodes the chest wall along the breast bone. Stage 3B: The cancer is smaller than 4 centimeters and has spread to the lymph nodes under the arm and the lymph nodes are attached to each other or to other structures.
- Stage 4: The cancer has spread to other organs of the body, most often the bones, lungs, liver or brain or tumor has spread locally to the skin and lymph nodes inside the neck near the collarbone [9].

Risk Factors of Breast Cancer

- **Age and gender:** Risk of developing breast cancer increases get older. The majority of advanced breast cancer cases are found in women over age 50. Women are 100 times more likely to get breast cancer than men.
- **Family history of breast cancer:** The higher risk of breast cancer if a close relative who has had breast, uterine, ovarian or colon cancer. About 20 to 30% of women with breast cancer have a family history of the disease [10].
- **Genes:** Some people have genes that make them more prone to developing breast cancer. The most common gene defects are found in the BRCA1 and BRCA2 genes. These genes normally produce proteins that protect you from cancer. But if you pass on a defective gene, increased risk for breast cancer here up to an 80% chance of getting breast cancer something during their life. Being pregnant more than once or becoming pregnant at an early age reduces risk of breast cancer [11].

- **Hormone replacement therapy (HRT):** Higher risk for breast cancer is received hormone replacement therapy for several years or more many women take HRT to reduce the symptoms of menopause.
- **Obesity:** Obesity has been linked to breast cancer, although this link is controversial. The theory is that obese women produce more estrogen which can fuel the development of breast cancer.
- **Radiation:** Radiation therapy as a child or young adult to treat cancer of the chest area. A significantly higher risk for developing breast cancer. The younger started such radiation and the dose, the higher risk especially if the radiation was given when a female was developing breast cancer [12].
- **Menstrual cycle:** Women who get their period' (Before 12 Years) or went through menopause late (After 55 Years) have an increased risk for breast cancer.
- **Alcohol use:** Drinking more than 1 to 2 glasses of alcohol day may increase risk for breast cancer.
- **Child birth:** Women who have never had children or who had them only after age 30 have an increased risk for breast cancer.

Causes of Breast Cancer: The origin of breast cancer of a complex interaction between the biologic and endocrine properties of the person and the environmental exposures that may precipitate mutation of cells to a malignancy [13]. The main causes to be affected by breast cancer are Family history of breast or ovarian cancer, Older than age 45, Premenopausal, Long menstrual cycle, Early onset of menses, Late menopause, First pregnancy before and 20 or after 31, High-fat diet, Endometrial or ovarian cancer, Radiation exposure, Alcohol and tobacco, and Preexisting fibrocystic disease [14].

Consequences of Breast Cancer: According to the American cancer society breast cancer is the most common cancer in women and breast cancer incidence and death rates increase with age. According to the society, 89 % women are alive five years after diagnosis, 82% after 10 years and 75% are alive after 15 years. A diagnosis of breast cancer changes the lives of women and can have many consequences [15].

Psychological Issues: In a 2001 abstract published by the Polish feelings of low self-esteem. Fifty seven percent of the women experienced changes in their professional lives impacted their economic status [16].

Sexually and Intimacy Issues: Breast cancer disrupts sexuality. A women's senses of femininity, desirability and acceptability may be significantly altered as a result of a mastectomy for breast cancer. These feelings may be exacerbated by hormone fluctuations that result from chemotherapy treatment. Mood swings, sleep deprivation, feelings of helplessness and loss of control can impact the sense of sexual relation. Dr Sachin notes the stage of the disease, the amount of pain a woman suffers, coping skills, body image and social support [17].

METHODOLOGY

Type of study: It was descriptive type of study.

Place of study: The study was conducted in Selected Slum Area at Dhaka City Corporation (Mohammadpur Slum).

Period of study: Particularly it was conducted only for 6 months from May 2015 to September 2015.

Study population: The respondents of the study were female mothers of Selected Slum Area at Dhaka City Corporation (Mohammadpur Slum).

Sampling Technique: A purposive sampling technique was adopted from the mothers who were working in the Selected Slum Area at Dhaka City Corporation (Mohammadpur Slum) and was agreed on interview was selected.

Sample size: 100 mothers of different categories were working at different ward in Selected Slum Area at Dhaka City Corporation (Mohammadpur Slum).

Selection Criteria: The Female Mothers who were continued in the Selected Slum Area at Dhaka City Corporation (Mohammadpur Slum).

Data Collection Instrument: A structured interview schedule was developed both in open and close ended questionnaire which used for collection of information. The questionnaire was prepared and pre-tested on a small number of respondents in Selected Slum Area at Dhaka City Corporation (Mohammadpur Slum), then finalized for collection.

Procedure of Data Collection: Before conduction of the study a written permission was obtained from the authority of hospital. Before collected the relevant information the purpose of this study was described to the Mothers. Data were collection from the respondent through face to face interview by using an open and close ended questionnaire. One questionnaire is used for individual respondent.

Data Processing and Analysis: After collection, data were cleaned, edited manually and them entered into computer. Data were presented according to variables of the study showing percentage and relationship between important variables by appropriate statistical method.

RESULTS

The results from questionnaire surveys on knowledge and practices of nurses regarding exclusive breast feeding are described as follows: Almost two-third (62%) of the 50 respondents was 21-30 years of age, followed by 30% was 31-40 years and 6% was >40 years. Only 1 (2%) was less than 20 years range age categories. The mean age was 27.5 years, ranging from 18 to 47 years.

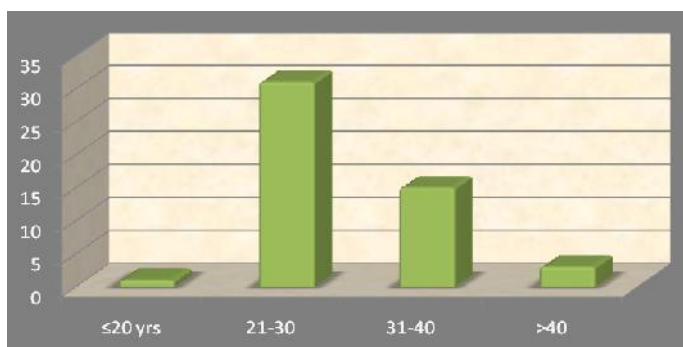


Figure 1. Distribution of the respondents by age

Out of 50 respondents 28 (56%) were Muslim. Among the other respondents 11(22%) were Christian, 10 (20%) were Hindu and only 1 (2 years group had no knowledge of breast cancer. Therefore there was a significant relationship between ages of respondents with the no knowledge of breast cancer.

Table 1. Distribution of the respondents by religion (n=50)

Religion	Frequency (n)	Percentage (%)
Muslim	28	56
Hindu	10	20
Christian	11	22
Buddha	1	[?]
Total	50	100

According to marital status of the respondents, 31 (62%) were married followed by unmarried with number of 19 (38%).

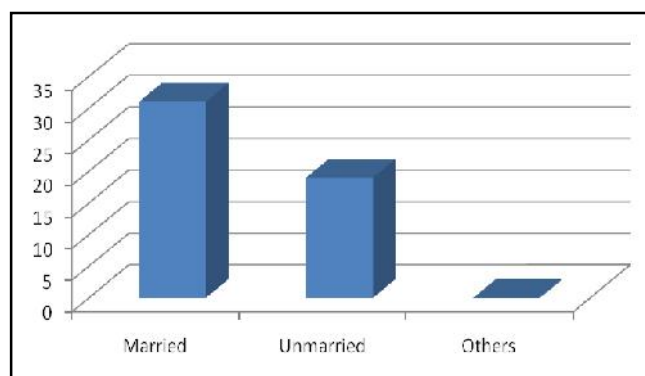


Figure 2. Distribution of the respondents by marital status

Most of the total respondents' 46 (92) monthly earnings were between tk. 10001-20000. Whereas only 4 (8%) was earned with monthly income of between Tk. 20001-30000. About 61% of respondents of 21-30 years group had no knowledge regarding breast cancer, followed by 86% of 31-40 years group had no knowledge and 67% of above 40

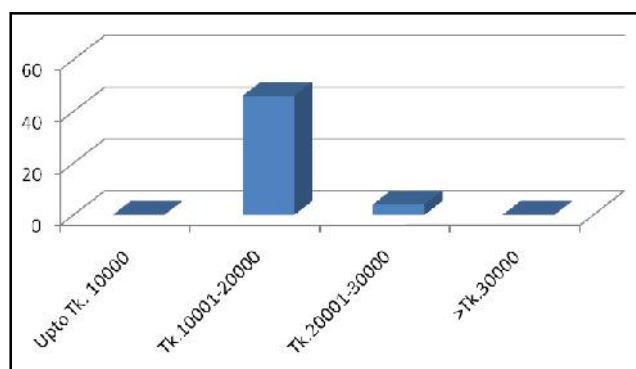


Figure 3. Distribution of the respondents by their monthly income

Table 2. AI based detection system for DDoS attack

Age group of respondents	knowledge of BC		
	Yes	No	Total
Less than 20	0	1	1
21-30	19	12	31
31-40	13	2	15
More than 40	2	1	3
Total	34	16	50

DISCUSSION AND RECOMMENDATION

Patistea et al suggest that for a relatively large number of women, the primary source of information about breast issue is the healthcare professional. Mothers are in an excellent position to encourage and teach such secondary preventive health behaviors, as they comprise the largest single group of healthcare professional that is chiefly composed of women and interact with both doctors and patients in a variety of healthcare setting. Mothers breast cancer. Mothers should be facilitators and educations, encouraging women to be breast cancer. Mothers obtain health histories; identify individuals at risk and information to meet individuals at risk and provide education and information to meet individual patient needs. They are in a unique position to have a favorable impact on breast cancer screening and early detection [18]. This study will provide base line information about the present level of knowledge regarding breast cancer among the mothers that will help in future to design appropriate education information program for mothers in view to improves their knowledge and equipped them necessary skills consequently mothers would be able impart information and creating awareness among women about prevention and treatment of breast cancer [19].

In view of the findings of this study, the following recommendations are being put up to help achieve a desirable knowledge and attitude and to adopt better practices of breast cancer in slum area.

- Mass awareness programme should perform in the Mass Media for importing education to health professional as well as to mother.
- Strategies should be taken to aware pregnant women regarding exclusively breast cancer in each visit of patients.
- An intensive health education programme should adapt to improve the foot care knowledge and behavior of high risk breast cancer patients.

The limitations of this study was conducted in Selected Slum Area (Mohammadpur Slum). This study was conducted in a selected Slum Area (Mohammadpur Slum) with purposive sample size. So the result of the study may not reflect the exact scenario of others hospital of the country regarding the existing knowledge about breast cancer among the mothers. As allocated time frame for the whole study was limited, changes observed through the current study may not provide representative view any nationwide health program.

CONCLUSION

Preventive behavior is essential for reducing cancer mortality. Knowledge is necessary predisposing factor for behavioral change. Knowledge also players an important role in improvement of health seeking behavior. Not only that Knowledge might dramatically improve the attitude, disbelieve conception and consequently enhance screening practice. that's why, to reduce the number of deaths from breast cancer, there was a shift in emphasis from breast self- Examination to breast awareness, several studies also shows that knowledge woman are more likely to adhere to recommended breast cancer screening in Bangladesh, still Communicable and chronic diseases are the major health issues and all the efforts and chronic and recourses are engaged into it. This study will

provide base line information about the present level of knowledge regarding breast cancer among the mothers that will help in future to design dynamic [20] [21] education information program and system for mothers in view to improves their knowledge and equipped them necessary skills consequently mothers would be able impart information and creating awareness among women about prevention and treatment of breast cancer.

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