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## Research Article

### A LITERATURE REVIEW ASSESSING KNOWLEDGE, ATTITUDE AND PREVENTIVE PRACTICES TOWARDS BREAST CANCER AMONG INDIAN WOMEN

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#### ABSTRACT

**Introduction:** Breast cancer is the top cancer with high mortality rate among women both in the developed and the developing world. The increasing incidence in developing world has direct relation with increase life expectancy along with urbanization and adoption of western lifestyles. Although some risk reduction has been achieved, these strategies cannot be efficient to decrease the majority of breast cancers that develop in low- and middle-income countries where detection is in very late stages. Therefore, early detection in order to improve breast cancer outcome and survival is the main point of controlling. [WHO]

**Objective:** The main aim and objective of this literature review is to investigate articles that entails knowledge of women about breast cancer and breast self-examination and their attitude towards this disease

**Materials and methods:** An electronic data search (Pub Med and Google Scholar) is used to study articles that meet the inclusion criteria from 2010 hitherto.

**Results:** This study revealed poor knowledge of breast cancer and breast self-examination among Indian women. The low level of knowledge and awareness seems to be in direct relation with education. The term breast self-examination was unknown among participants in majority of studies and no positive attitude was seen. Majority were unaware of screening programs and mammography.

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#### INTRODUCTION

Breast cancer is a disease in which cells are growing in an uncontrolled way. [1] This can occur in ducts or lobules, ducts as a pathway for produced milk and lobules are the glands which produce milk.

Other than lobules and ducts cancer can occur in connective tissue and can invade other healthy breast tissue and has the tendency to travel to under arm lymph nodes which is the pathway to reach to other organs. sign and symptoms of the disease differs from a lump in the breast to skin dimpling and may include change in shape of the breast, red or scaly patch on skin, coming out fluid and newly inverted nipple.[2]

Detection of breast cancer is possible while screening, before symptoms develops, and after a women notices a lump. Mammogram is used to screen the masses and in case where malignancy is suspected a needle biopsy or surgical biopsy will be done.[3] detecting in early stages of malignancy (in-situ

stage) will pave the ground for better cure and late stage detections will reduce the survival rate which is common in middle and low income countries.

Determining the stage of breast cancer is crucial for treatment, In situ stage, local stage, regional stage, and distant stage are the four stage of cancer which starts from an abnormal cell up to spread to distant organs. [4] Breast cancer treatment depends on its stage, the common ways of treatment are local therapy which is a surgical procedure and systematic therapy consist of chemotherapy, hormone therapy, and immunotherapy in which taken drugs reach cancer cell everywhere in the body.[5]

Breast cancer as a major public health concerns has ranked the second cancer among women worldwide and is accounted for nearly quarter of all cancer cases with estimated 2.088849 new cases in 2018 according to American institute of cancer research.[6] Incidence rate may vary from 19.3 per 100,000

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women in Africa to 89.7 per 100,000 in Western Europe which indicates the high incidence rate in developed countries.[7]

**Table 1** Exclusion and Inclusion Criteria

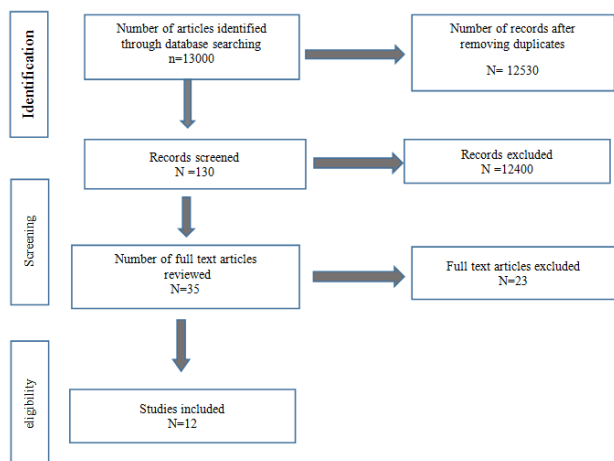
No.	Criteria	Inclusion criteria	Exclusion criteria
1	Date	Studies between 2010-2020	Studies conducted prior than 2010
2	Location	India and other developing countries	Other territories
3	Sex	Female	Male
4	Language	English	Languages other than English
5	Study design	All study designs	
6	Study area	Studies that entails breast cancer knowledge.	Studies that include other diseases

Breast cancer as second cancer among women in the world has been accounted for 14% cancer cases among Indian women with incidence rate of 25.8 per 100,000 women and with 12.7 per 100,000 women mortality rate, India along with china and United States are accounted for one third of all breast cancer cases. reports in 2018 shows 162,468 new registered and 87,090 deaths that the rate is significantly high than developed countries due to late diagnosis, post cancer survival for women who suffer from breast cancer is about 60% among Indians[7]. This high incidence rate in India and other developing countries is mostly due to increase life expectancy and adopting of western life style however for high mortality rate diagnosis in late stages and lack of mass screening programs can be accounted as main reasons.

**Table 2** An article entails knowledge attitude and preventive practices of women toward breast cancer

Author and year of publication	Country or origin	Aim and objectives	Study population and sample size	methodology	Key findings
Pawan Kumar Sharma <i>et al.</i> 2013	India	Assess the knowledge, attitude and practices of community-dwelling women in South India towards breast cancer.	Residence of Andhra Pradesh N=300	Cross sectional study design	21.4% participants was aware of breast cancer as a painless breast lump. 4.58% participants were aware of the procedure of self-examination
Gangane, Nitin <i>et al.</i> 2015	Central India	Assessing knowledge, attitudes, and practices about breast cancer among rural women	women of reproductive age n=1000	Community based cross sectional	About tow third of women were aware of breast cancer. 7% had heard about self-examination
NehaDahiya <i>et al.</i> 2018	Delhi, India	To Assess the knowledge and practices relating to screening for breast cancer among women in Delhi.	Data were collected from adult women N=222	Cross sectional study design	Breast self-examination was practiced by 41.4% of the participants. 48% knew about mammography.
Veena K. S <i>et al.</i> 2015	India	To determine the level of awareness regarding breast cancer	Patients from a tertiary hospital N=200	Cross sectional study design	75.5% had not adequate knowledge. 80% had no idea about BSE 90% never heard about mammography 4.5% had mammography.
Jasmine J Nirmal <i>et al.</i> 2019	Coimbatore, India	To assess the knowledge, attitude and practice towards breast cancer among women of reproductive age group	Women of reproductive age N=125	Cross sectional study design Purposive sampling technique	27.2% of participants had family history of gynecological cancer, 70.4% know about breast cancer, 40% know the methods of Breast Self-Examination (BSE), 36.8% practice BSE.
Paul, Shatabdi <i>et al.</i> 2015	Utter Pradesh, India	Evaluating women's knowledge and practices toward breast cancer	women aged 18-65 years n=560	Cross sectional population based Randomized sampling	Knowledge about BSE was low about 16% 15.6% had practiced BSC only once Awareness level was in comparison to other cities
Poonam Sharma and Rebecca Dillu 2015	Haryana, India	To assess knowledge of women regarding breast cancer and breast self-examination	Women attending OPD hospital of Haryana N=100	Descriptive research design	48% of participants had poor knowledge of breast cancer, 46% had average and 6% had minimum knowledge regarding Breast cancer and breast self
Sara IjazGilani <i>et al.</i> 2010	Pakistan	To note knowledge, attitude and practices of females towards breast cancer	Patients visiting Holy Family Hospital N=	Cohort study Stratified random sampling	Over 50% had knowledge about breast cancer >50% were aware of diagnostic modalities >28.3% had practice of breast self-examination
NH NikRosmawati 2010	Malaysia	to determine the knowledge, attitude and practice towards BSE amongst women	Terengganu residents N=86	Cross sectional study Systematic random sampling	Percentage of knowledge, attitude and practices were 38.4%, 73.3% and 7.0%, respectively
MehrnooshAkhtari-Zavare <i>et al.</i> 2014	Islamic republic of Iran	To assess Iranian women knowledge regarding breast cancer and BSE	Women living in Hamadan, Iran N=384	Cross sectional study design Purposive sampling method	(37.5%) of the respondents had family history of breast cancer (26.0%) claimed they practiced BSE. Level of knowledge about breast cancer was low
Begum SA, Mahmud T <i>et al.</i> 2013	Bangladesh	To assess knowledge of women regarding breast cancer and BSE	Women patients who were visiting Sheikh MujibMedical University (BSMMU), N=500	Cross sectional study design Purposive sampling method	24% had knowledge about breast cancer 10% were aware of BSE and only 2% practiced BSE
Azubuika SO and Okwuokei SO 2013	Nigeria	To assess level of breast cancer awareness among women	Women from Benin city N=365	Descriptive cross sectional stratified and simple random sampling	90.5% were aware of breast cancer 17.73% practiced detective procedures like BSE 56.5% knew about detective procedures

## PRISMA diagram for literature search review



## DISCUSSION

This literature review entails 12 studies of which 7 was conducted in India and others in Pakistan, Bangladesh, Nigeria, Islamic republic of Iran and Malaysia. knowledge regarding breast cancer was low about 16% among women as revealed Paul Shatabdi *et al.* 2015 in Uttar Pradesh and women of central India had not adequate knowledge of breast cancer and breast self-examination followed by Veena K. S *et al.* 2015 and Pawan Kumar Sharma *et al.* 2013 studies, with 25% and 21% awareness respectively. Occurrence of breast cancer among Indian women is a decade earlier as compared to developed countries and is a leading cause of mortality (Veena K. S *et al.* 2015).

Study conducted in Pakistan showed 50% of study participants had adequate knowledge of breast cancer which about half was aware of diagnostic modalities (Poonam Sharma and Rebecca Dillu 2015), Nigerian women showed high level of knowledge regarding this disease according to Azubuika SO and Okwuokei SO 2013 study. Attitude towards breast cancer prevention was in direct relation with socioeconomic situation of participants and having family history of the disease. The practices of breast self-examination (BSE) among Indian women was in a low level except Neha Dahiya *et al.* 2018 study's participants that showed 41% was practicing BSE. The lowest breast self-examination practice rate of (2%) among Indian women reveals lack of knowledge and awareness regarding this disease.

## CONCLUSION

Indian women with a highly deficient knowledge of breast cancer and breast self-examination influence the early detection and prevention of disease, that leads to high incidence rate among them. Spreading awareness and educating general population with specific preventive measures and seeking early medical advice when experiencing any change in breast is need of hour.

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## Availability of data and materials

Not applicable

## Declarations

## Ethics approval and consent to participate

There's no need for ethical approval for this systematic review since no patient data will be collected.

## Competing interests

There are no potential conflicts of interest.

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