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# BREAST CANCER AND BREAST HEALTH AWARENESS AS AN EVOLVING HEALTH PROMOTION CONCEPT

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## AB<u>STR</u>ACT

ackground Breast cancer is the most frequent malignant disease in the majority of developed countries. In the last few years the introduction of mammography screening programmes has resulted in an improved survival of breast cancer patients. However, the incidence of the disease in these countries is still on the increase. Present focus on secondary breast cancer prevention activities, consisting of early detection and treatment, cannot ensure a decrease of breast cancer incidence. Improved breast health awareness could therefore represent

a part of specific health promotion activities aimed at decreasing the incidence of breast cancer.

#### **CONCLUSIONS:**

In developed countries breast cancer is a significant health care issue. Secondary breast cancer prevention activities should therefore be complemented by specific health promotion activities in order to reduce its incidence in the future. Primary breast cancer prevention would include health promotion activities aimed at enhancement of the individual as well as collective breast health awareness. Properly enlightened members of the influential population groups could attain appropriate changes in the fields of legislation, taxation, customs and commercial regulations that would enable women to control their own breast health.

KEY WORDS: breast neoplasms - prevention and control; health promotion

#### **INTRODUCTION :**

Breast cancer is the most prevalent cancerous disease in women in the majority of developed countries. The incidence of breast cancer in most of these countries is still on the increase. However, the current increase of newly discovered cases is partly attributable to the introduction of efficient mammography screening tests. This also brought about an improvement in survival of the patients, measured with the length of survival after the discovery of breast cancer, and with an in crease in the five-year survival rate.1.2 Also in Slovenia breast cancer is major

cancerous disease in women. According to the Cancer Registry of Slovenia the incidence of the disease is still on the increase; in the year 2000 there were 932 newly discovered cases in a two million population.

Present health care activities with mammography screening tests are primarily focused on early breast cancer detection and treatment. These tests enable the discovery of the disease in the early stages of its clinical development, hence improving the chances for longer survival of breast cancer patients.4 The truth is that the disease is usually relatively advanced when it is detected as a perceivable change in a mammography image or as a clinically ascertained, locally advanced or metastatically expanded tumorous formation.2,4 In Slovenia, as in most developed countries, the greatest emphasis is put on the already mentioned secondary breast cancer prevention activities.

## Present focus on secondary breast cancer prevention activities :

For the last few years experts from different fields have been quite active in spreading information on breast changes that women should be attentive to. Above all, the importance of early detection and treatment of already existent breast cancer has been emphasised.2,4 In doing this, professionals encounter women's fear of breast cancer, various myths and anxieties. They learn about different levels of their knowledge and understanding of cancerous alterations of the breast, as well as about their different opinions of benefits of being included in mammography screening test programmes.2,4 In most women of all ages, breast cancer brings about fear, confusion and concern. When they visit a specialist those feelings are intensified by possible breast pain, asymmetry of the breasts, discharge, lumps or thickenings in the breasts, as well as positive family history.1,5 Indirectly, breast health concern in women is quite well expressed, however, a deeper knowledge of healthy breast characteristics or breast health awareness can most often not be found. As a rule it is limited only to the absence of tumorous changes in the breasts.

In some countries certain measures have been adopted more than ten years ago in order to reduce the number of deaths caused by breast cancer. With methods of early detection the breast cancer mortality rate was supposed to drop to less than 25% by the year 2000. Therefore, numerous activities were aimed at increasing the number of women included in the mammography screening test programmes. In certain age groups with high risk for developing breast cancer the inclusion rate was expected to increase at least to 70%. In some places and regions of certain countries this inclusion rate was actually achieved, above all by dissemination of specific information about mammography screening tests.

# Health promotion, individual and collective breast health awareness and breast cancer incidence reduction :

Long-term changes in the community in response to the decreased incidence of breast cancer (as well as some other cancers) could possibly be achieved by applying intersectional and multidisciplinary approaches.4,5,13 Primary prevention activities, first of all health promotion activities with quite specific aims (e.g. the already mentioned breast cancer incidence reduction) would have to be implemented on the individual as well as on the community or collective level with the participation of the interested public and the adequately educated experts. The sole involvement of doctors and other health care professionals would most probably not suffice.4,5 On the individual level, breast health awareness means accepting health responsibilities to greater extent by being able to recognize normal appearance and structure of breasts during different cycle periods and with regard to age, and by being able to recognize undue changes and inform the physician immediately.14 It could therefore probably also be enhanced by learning how to choose healthy nutrition, a healthy lifestyle and by realisation of biological potentials, as well as by getting to know the structure and composition of healthy breasts with regular self-examination. On the community level (local, regional and state institutions), breast health awareness could also be explained as arising from the underlying collective breast health awareness; initiatives would have to be instigated that would stimulate groups of influential individuals to actively participate in the implementation of adequate changes of legislation, taxation, customs and commercial regulations, enabling every woman to have at least partial control over her own health.13 Breast health awareness would therefore not be limited only to individual women but would become a collective and community prospect, thus gaining a wider social dimension.

Planning of the integral initiatives in the field of health promotion, including the achievement of greater collective breast health awareness, can be taken up only on the basis of reliable data. Although data on women's views and perceptions of breast health are not available in Slovenia, regular yearly reports of the Cancer Registry of Slovenia render possible a notion the influence of life-style changes have on the incidence of breast cancer and other cancers in the second half of the 20th century in Slovenia.3-5 The overall strategy for achieving the goal (breast cancer incidence reduction) could therefore include smaller, and temporarily, only hypothetical projects with a common basic outline (Figure 1). In the case of breast cancer, a decreased exposure to some of the risk factors connected to the development of this cancerous disease, would be attained with time (Table 1).1,2 Some of these factors could be influenced only indirectly with the hope that after a longer period of time breast cancer incidence would finally decrease. A more direct influence could be exerted by banning cancerous agents in food, at the work place and in the living environment. The specific importance of adequate health education could also be defined.

# **DISCUSSION**:

In developed countries worldwide and also in Slovenia, breast cancer represents an important public health problem together with other cancerous diseases.2,4,5,16-18 In the last decades, introduction of and constant perfecting of different treatment methods with surgical procedures, radiotherapy, chemotherapy and supportive treatment have markedly improved survival rate and quality of life of breast cancer patients in these countries.2,19,20 However, in the majority of developed countries, including Slovenia, the incidence of breast cancer is still on the increase.2,3,13,18,21,22 Improved breast health awareness for the individual and for the collective level could therefore represent a part of specific health promotion activities with the goal of decreasing the incidence of this disease.

Individual and collective breast health awareness levels are co-dependent up to a point, and improvement of one could probably trigger a positive change in the other. Goal oriented activities of influential groups of population could probably represent also an incentive for the improvement of breast health awareness on the collective level. The most influential of all groups in every democratic country is undoubtedly the highest legislative body. In the Republic of Slovenia this is the National Assembly with its 90 members. On different levels health promotion activities usually include also politics, therefore the idea of a project that would inform the members of the influential groups (the most influential group being the National Assembly) about the meaning and the burden of breast cancer in Slovenia and also about breast health awareness, should not come as a surprise.

#### **REFERENCES**:

Mitchell A. Breast health awareness. In: Perkins ER, Simnett I, Wright L, editors. Evidence-based Health Promotion. 4th edition. Chichester: John Wiley & Sons; 2002. p. 266-74.

Hamilton EL, Wallis MG, Barlow J, Cullen L, Wright C. Women's view of a breast screening service. Health Care Women Int 2003; 24: 40-8

Vetter N, Matthews I. Epidemiology and Public Health Medicine. Edinburgh: Churchill Livingstone; 1999.

Botha JL, Bray F, Sankila R, Parkin DM. Breast cancer incidence and mortality in 16 European countries. Eur J Cancer 2003; 39: 1718-29.

Lee SJ, Zelen M. Modelling the early detection of breast cancer. Ann Oncol 2003; 14: 1199-202.