Analysing The Breast Cancer Awareness Of Public Health Care Management In India

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KEYWORDS

Management, Health care, public health

ABSTRACT

One of the most prevalent types of cancer impacting women worldwide is breast cancer. Breast cancer in women is a significant global public health issue because of its high rate of morbidity and mortality as well as its substantial social and financial costs. The number of new cases and fatalities from breast cancer is rising year, contributing to the disease's growing global burden. In India, breast cancer ranks second in terms of cancer-related fatalities among women and is the most common cancer. However, the percentage is undoubtedly higher in America, where one in eight people get this potentially fatal cancer. According to the Population Based Cancer Registry of India, between 25% and 31% of all malignancies in women in urban areas (such as Mumbai, Delhi, Chennai, Ahmadabad, Bangalore, Bhopal, etc.) are breast cancers. Although the rise in breast cancer cases is mostly reported in large cities, it is very likely that many cases go unreported in rural areas. The average age at which breast cancer is diagnosed has dropped from 50–70 years to 30–50 years. Millions of people can be assisted in lowering the risk of breast cancer by receiving the right information and treatment under the direction of professionals. Therefore, this study aims to investigate practitioners' opinions regarding the implementation of the awareness model in the health sector as well as the public's perspective of the models for women suffering breast cancer.

1. Introduction

One of the most prevalent types of cancer impacting women worldwide is breast cancer. Breast cancer in women is a significant global public health issue because of its high rate of morbidity and mortality as well as its substantial social and financial costs. The number of new cases and fatalities from breast cancer is rising year, contributing to the disease's growing global burden [1]. In India, breast cancer ranks second in terms of cancer-related fatalities among women and is the most common cancer. Millions of people can be assisted in lowering the risk of breast cancer by receiving the right information and treatment under the direction of professionals. The development of breast cancer in women can be attributed to a number of known and unknown factors, one of which is the challenge of breast cancer prevention. Undoubtedly, there are screening methods available to check for "BRCA1 and BRCA2 mutations," but the benefits of this screening method are comparatively low for those of Indian ancestry. Eighty percent of patients in India arrive at hospitals in advanced stages, compared to only twenty percent in the West [2]. With improvements in screening procedures and improved management, the survival rate from breast cancer has steadily risen to 85% in developed nations. The task of raising awareness of the incidence of breast cancer falls to the public health department. One of the fundamental practices that women are advised to perform is the self-breast inspection. Attempting to encourage women to talk about their personal wellness, a health care practitioner spoke about this occurrence. Finally, in order for women to know exactly what can be done for them,

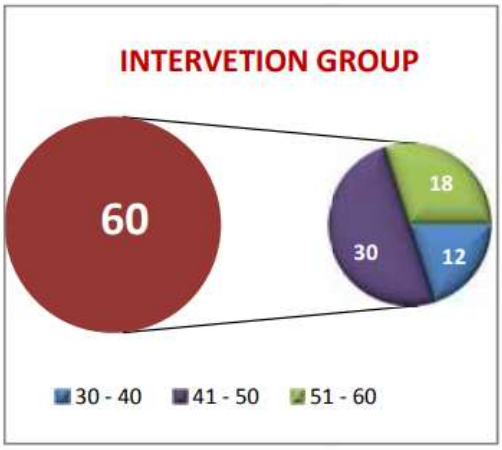
techniques like "Breast-Self Examination (BSE), mammography, Fine Needle Aspiration Cytology (FNAC), and biopsy" must be widely disseminated. [3].

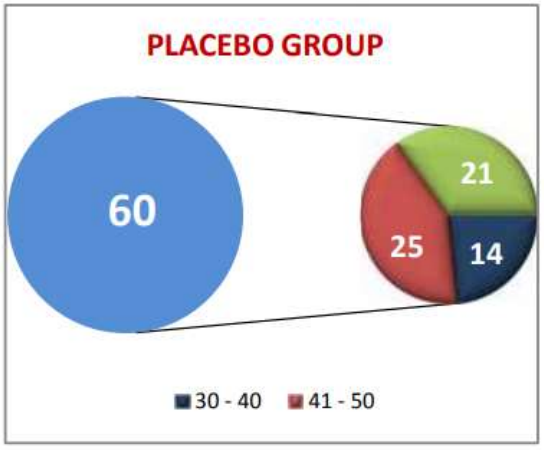
2. Literature Review

The diagnosis and treatment of breast cancer are stressful events that might result in short-term and long-term problems with psychological adjustment. After adjuvant treatment is finished, the psychological and physical changes to the diagnosis and course of treatment can be very complex and persist for years [14]. Over the past few decades, medical developments have brought about changes in the psychological and physical responses to a breast cancer diagnosis. While improvements in patient prognosis and survival rates have resulted from advances in breast cancer treatment, they have also created a longer duration of medical involvement [4]. With the advancements in treatment, many women with early-stage breast cancer enjoy excellent prognoses and quality of life. Cancer-related stresses, however, can affect functioning even in cases of early non-metastatic disease, and women with breast cancer encounter various stressors at different stages of the treatment process, from initial diagnosis to survivorship [5]. Researchers have discovered that there are discernible declines in "psychosocial functioning" in the immediate post-diagnostic phase following a breast cancer diagnosis, which includes surgery and/or adjuvant therapy [6]. Many combinations of surgery, radiation therapy, chemotherapy, and/or hormone therapy are used to treat breast cancer [7]. Extensive medical intervention has been proven in studies to increase survival results; nevertheless, it can also have significant "physical and psychological" impacts on breast cancer patients [12]. The majority of women have high moments during adjuvant treatment (such as chemotherapy or radiation) and subsequently a decline when they enter the post-treatment phase. Some women continue to face difficulties in their psychological adjustment even after the active treatment period has ended, and they never return to the pre-diagnosis levels of functioning. It has been discovered that distress persists throughout and after breast cancer therapy is finished. Following a diagnosis, patients may initially struggle with shock and may face challenges. The process of making treatment decisions, losses connected to femininity and sexuality, side effects from treatment (such as alopecia, fatigue, nausea, pain, and cognitive impairment), and the worry that the condition will return after the course of treatment are all significant factors that affect adjustment and may cause distress [9]. After receiving a breast cancer diagnosis and treatment, women vary in the level of distress they endure. While some develop anxiety and depression disorders, others manage well without going through severe discomfort. The research suggests that many women who receive a breast cancer diagnosis are capable of managing it psychologically [8].

3. Methodology

The present study was conducted among 120 middle age women survivors of stage II & III breast cancer. Women survivors of breast cancer (from different places of India) who were treated at JLN Hospital & Research Centre, Bhilai, were selected for the intervention group (N=60) and the placebo group (N=60) on the basis of incidental cum random selection method. All the participants had undergone surgical treatment followed by combining adjuvant therapies. The participants' age range was 30 to 60 years. The distributions of age groups of participants are as follows: between the age group of 30 - 40 (21.66%), 41-50 (45.83%) and 51-60 (32.50%). Among the participants, 98.33% were married, 1.66% was single, and among the married participants 6.66% were widows. Regarding educational status, 51.66% of participants had only completed secondary school, 35.83% had finished higher secondary school, and 12.5% had graduated from high school and beyond. Just 12.5% of the participants were working women; the others were housewives. The participants' monthly family income distributions are as follows: 10,001–15,000 (13.33%), 15,001–20,000 (19.17%), 20,001–25,000 (28.33%), 25,001–30,000 (20.83%), and over 30,001 (10.00%) are the ranges covered by this study. The following conditions had to be met for the participants to be excluded: 1) they had previously experienced cancer; and 2) they had received past mental health treatment for a serious illness (psychosis diagnosis, panic attacks, depressive episode, suicidality).





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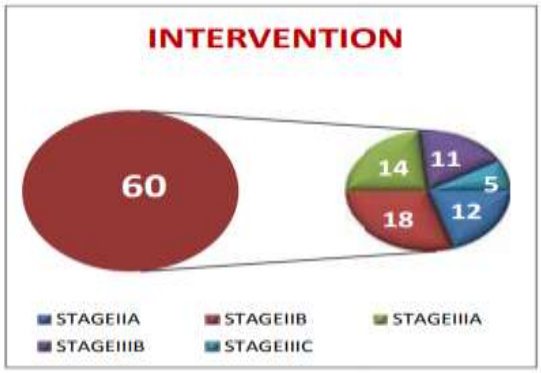

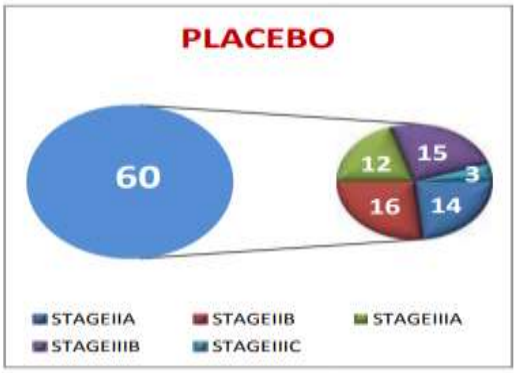

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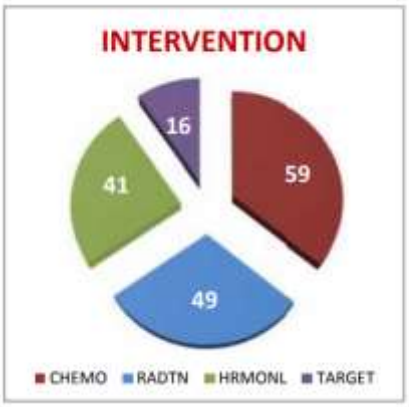

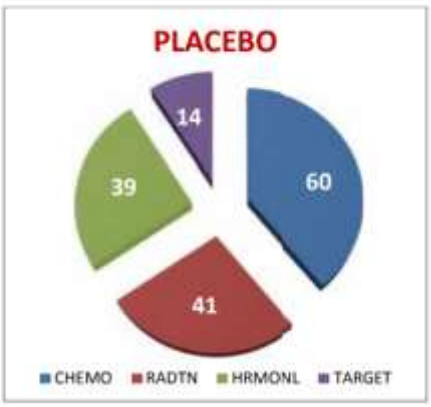

(e) (f)

Figure: 1- Chart depicting percentage of (participation profile)

In order to determine the degree of perspective of PUBLIC PRIVATE PARTNERSHIP, the research study has recruited doctors in the study region for qualitative analysis as well as general people from various demographic backgrounds. Both primary and secondary data form the basis of the investigation. Since the data was taken during the epidemic, the primary data was obtained using a Google Form questionnaire. The investigator has performed phone conversations with physicians employed by both public and private healthcare facilities. [9–10][11].

Statistical Analysis

The Chi-square test was employed to find out the differences between the intervention and placebo group's demographic and medical variables. The test results showed that both intervention and placebo groups were not differed significantly in either medical or demographic variables [10]. To assess the effect of Cognitive-Behavioural Stress Management Intervention on coping mechanisms and quality of life in women with breast cancer, latent growth-curve modelings (LGM) were utilised. In essence, "effect size" refers to a technique for estimating the strength of an effect between two or more variables [13].

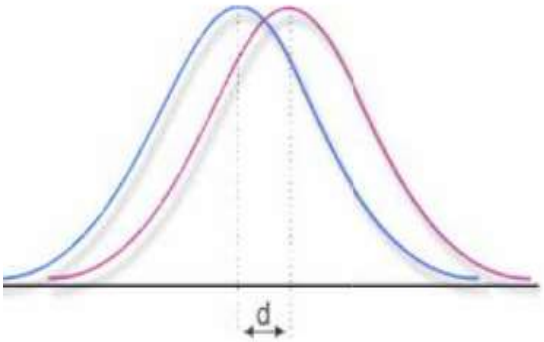

Figure 2: Quality of life

The intercept point was centred at the post-test level (z=.719, p=.472; Cohen's d=.13), suggesting a nonsignificant group difference. The effect of the condition on the intercept was not significant. There was a non-trivial difference at the follow-up test level (z=3.928, p) after a comparable test of the difference at Time 3.

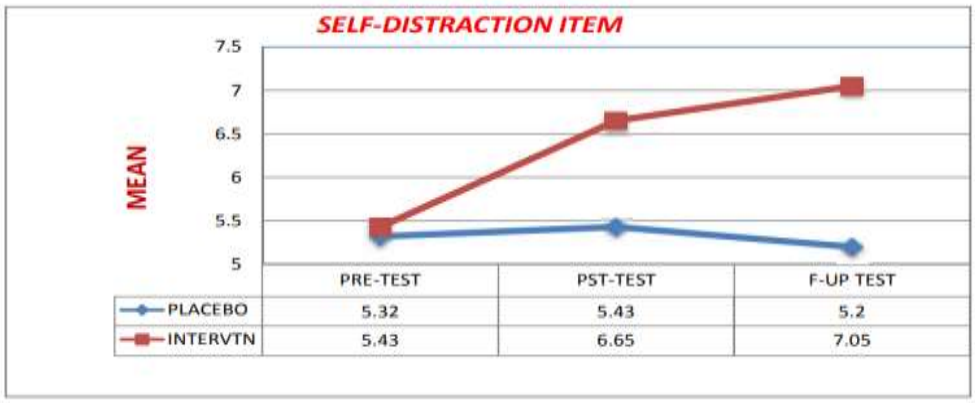

Figure 3: Graphical representation pre, post and follow-up test mean of both groups

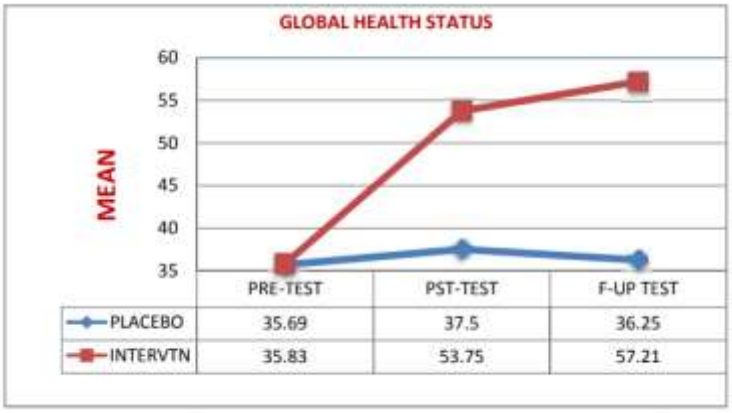

Figure 4: Graphical representation pre, post and follow-up test mean of both groups

Figure 4 shows notable variations in the state of global health. The projected follow-up period of 3.79 months showed only modest development from the post-test to the follow-up test following the conclusion of the CBS intervention. In order to examine the effect of condition on the intercept, the mean difference between the groups was recalculated using the intercept centring at post-test (Time 2) and follow-up test (Time 3), or the post and follow-up test scores for the intervention and placebo groups, respectively.

4. Conclusion and future scope

It is possible to draw the conclusion that women with breast cancer genuinely require psychosocial assistance, and that group-based psychosocial interventions, in particular, can significantly enhance their quality of life and coping mechanisms. In addition to treatment, health care providers are asked to recognise and address the significance of quality of life in order to enhance the health of women with non-metastatic breast cancer. The "CBSM intervention" program is a cutting-edge instrument for boosting the coping mechanisms and quality of life of breast cancer survivors. It can also be applied as a support mechanism to improve their social, psychological, and emotional well-being.

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