



Is a psychological approach required to combat breast cancer mortality in Pakistan?

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Pakistan continues to have the highest rate of breast cancer mortality in Asia, with about 40,000 deaths every year (Memon et al. 2013). Early diagnosis is the cornerstone in reducing mortality due to breast malignancies. In Pakistan; however, diagnosis is often delayed due to the female patient's reluctance to approach a doctor until the problem has reached an advanced stage. Patient's delay is defined as the time between detection of the first symptom and the first doctor's consult. Two independent studies have concluded that the average patient's delay in Pakistan's breast cancer patients is around 4 to 5 months. (Memon et al. 2013; Malik and Gopalan 2003). To put this value into perspective, we must compare it to those obtained from other countries; the average delay in British women is just 13 days, in Thai women it's around 2 weeks, in Malaysian women it is around 8 weeks, and Iranian women show a delay of 12 weeks (Malik and Gopalan 2003).

The long delay in Pakistan's breast cancer patients' treatment has led to fatal consequences; one third of the patients diagnosed breast cancer have a locally advanced tumor, and 17% have metastases at the time of diagnosis (Malik 2002). These statistics raise an important question: 'Why do Pakistani patients with breast cancer seek healthcare at such a late stage?'

Memon et al. (2013) carried out a cross-sectional study to find an answer to this question. According to their findings, the most common reason for delay in consultation was a perception that their symptom was harmless or transient. This reflects a lack of awareness concerning the disease. Some women cited other reasons such as fear and carelessness. However, this study did not address another

important aspect which could be responsible for the delay: a conservative mindset.

In Pakistan's predominantly orthodox and conservative society, it is not surprising that women would be disinclined towards the idea of openly discussing their problem, or having their breasts examined by a doctor. One small-population study found that Pakistani Muslim women had a strong cultural opinion that breasts are private organs and that they felt "shy" or "uncomfortable" discussing them (Banning and Hafeez 2009). Although 77% of these women were aware of the practice of breast self-exam (BSE), they felt uneasy carrying it out. To further complicate the problem, breast cancer is often viewed as a socially unacceptable disease and diagnosis could result in a negative response from family members (Banning et al. 2009). Because of all the above factors, women tend to be secretive if they notice any early signs of cancer, thereby causing a delay in diagnosis and, inevitably, a worse prognosis.

Pakistan has limited healthcare resources to diagnose, treat, and manage breast cancer. Addressing the problem on a psychological level has the potential to be a cost-effective method to combat mortality due to this disease. The fact that a woman's sexuality, religion, and modesty are distinct from her health needs to be ingrained within the community. The best way to popularize this idea is through the media, and through mass public campaigns. Television and radio campaigns can be used to highlight the potentially fatal consequences of ignoring symptoms such as lumps within the breast, or abnormal nipple discharge. Furthermore, discussions on public platforms such as the media will increase awareness among men as well, which is essential in eradicating the stigma attached to this disease from the community as a whole. Awareness campaigns should be specifically targeted to rural areas, which lack both education and medical attention. Rural areas constitute majority of Pakistan's population, and government funding is essential to set up checkup/awareness

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camps in these areas, in order to address the breast cancer mortality crisis. Furthermore, ladies-only diagnostic camps and women's clinics need to be promoted as environments where women can feel comfortable discussing the sensitive issue. The impact that social norms and conservative mindsets have on breast cancer mortality is not an issue that is given much attention. More studies are required in this area to understand the full extent of the problem.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflicts of interest.

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