BREAST CANCER AWARENESS AMONGST DENTAL STUDENTS IN CHENNAI

Nur Qistina Binti Ahmad Fauzi and Gheena.S
Saveetha Dental College and Hospital, Chennai, Tamil Nadu, India

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ABSTRACT

The aim of this survey was to assess the knowledge of breast cancer amongst dental students. The main objective of this is to create a platform in which the trends in breast cancer awareness can be further evaluated. Breast cancer is the most common female cancer worldwide especially in India. Diagnosis at an early stage of the disease helps to increase the mortality rate amongst breast cancer patients, which can be because of lack of awareness and not enough access to effective treatment.

INTRODUCTION

Breast cancer is known to be the second reason for cancer in the world as well as being the fifth contributor for cancer mortality \(^1\). According to the World Health Organization, in 2012, there were 14.1 million new cancer cases, 8.2 million cancer deaths and 32.6 million people were already diagnosed in cancer \(^2, 3\). This type of cancer is a malignant growth manifesting in the breast tissue. Predominantly, there are two main histological forms of breast cancer; either tubular or ductal carcinoma \(^4\). Breast cancer can happen in both males and females; although a higher rate incidence are in females compared to females \(^4\). Prevention is the key to fighting breast cancer. Till this day, there are various preventive methods that are introduced. However, most are not accessible to females in developing countries because of the limitation in both diagnostic and curative facilities \(^5\). One of the most common preventive methods; which is breast self-examination (BSE) remains a common option to improve self-awareness as well as for early detection of any complications the body \(^6\). Being a healthcare provider; it is important to help educate the public on the early prognosis of breast cancer, and help them immerse in programs relating to its prevention, detection and treatment options \(^7\). With the given fact that breast cancer is the second most fatal cancer worldwide, many studies have already been done to investigate the public’s knowledge on breast cancer \(^8\). The main objective to this study is to assess the knowledge of breast cancer amongst dental students at Saveetha Dental College; in order to further evaluate the students perception towards breast cancer.

METHODS

Study design and setting

A cross-sectional survey was conducted in Saveetha Dental College in India. Recruitment was done until a sample size of 100 was obtained.

Data collection, variables and measurements

A standard questionnaire with 23 questions was created for the purpose of data collection. It is divided into three sections; consisting of the demographic characteristics, knowledge of breast cancer and knowledge of BSE. The questionnaire was self-administered; consenting participants were given the link to the questionnaire via SurveyPlanet.com. They were given time to fill out the questions at their convenience. Once the questionnaire has been completed, it was returned to the researcher anonymously.

RESULTS

Study participants

The characteristics of the 100 participants were summarized in Table 1. A majority (81%) of the participants were female ranging of the age 20-23 years old (48%). A plurality of them are Hindus (57%). In terms of family history, 94% of the participants have no history of breast cancer both within their close family or far relatives. Although most have never attempted any breast cancer awareness survey before, more than half (87%) are definitely interested in promoting further awareness towards the public.
Breast Cancer Awareness Amongst Dental Students In Chennai

Table 1 Participants knowledge and perceptions on breast cancer

| Characteristic                  | Level | Frequency | %   |
|--------------------------------|-------|-----------|-----|
| Age group (years)              | 16-19 | 42        | 42  |
| 20-23                          | 48    | 48        |     |
| 24 and above                   | 10    | 10        |     |
| Gender                         | Male  | 19        | 19  |
| Female                         | 81    | 81        |     |
| Christian                      | 22    | 22        |     |
| Muslim                         | 19    | 19        |     |
| Hindu                          | 57    | 57        |     |
| Others                         | 2     | 2         |     |
| Religion                       | Yes   | 6         | 6   |
| No                             | 94    | 94        |     |
| Family History                 | Yes   | 23        | 23  |
| No                             | 77    | 77        |     |
| Participation before           | Yes   | 87        | 87  |
| No                             | 13    | 13        |     |
| Interest in promotion          |       |           |     |

All the participants were asked about their thought on breast cancer; comprising of the causes, risk factors, preventive methods as well as the treatment options present. The results are summarised in Table 2.

Table 2 Knowledge on Breast Self-Examination

| Topic                                | Knowledge | Frequency | %   |
|--------------------------------------|-----------|-----------|-----|
| Are only females affected by breast cancer | Yes       | 10        | 10  |
| No                                   | 90        | 90        |     |
| Transmission of breast cancer        | Yes       | 32        | 32  |
| No                                   | 16        | 16        |     |
| Age group most affected              | Under 30 years old | 3  | 3   |
| 31-49 years old                      | 78        | 78        |     |
| Above 50 years old                   | 19        | 19        |     |
| When exposed to cancer causing agents | Yes       | 26        | 26  |
| Family history of breast cancer      | 59        | 59        |     |
| Cause of breast cancer               | Post menopausal increase in weight | 13 | 13 |
| Radiation exposure before the age of 30 | 2         | 2         |     |
| Risk factor of breast cancer         | Inactive lifestyle | 25 | 25 |
| Frequent alcohol consumption         | 46        | 46        |     |
| High animal fat diet                 | 27        | 27        |     |
| Excessive smoking                    | 2         | 2         |     |
| Ability to prevent breast cancer     | Yes       | 97        | 97  |
| No                                  | 3         | 3         |     |
| Healthy diet                          | 12        | 12        |     |
| Method to prevent breast cancer      | Frequent exercising | 38 | 38 |
| Breast examination                   | 49        | 49        |     |
| Vaccination                          | 1         | 1         |     |
| Ability to treat breast cancer       | Yes       | 96        | 96  |
| No                                  | 4         | 4         |     |
| Most effective treatment             | Medically | 94        | 94  |
| Traditionally                        | 2         | 2         |     |
| Spiritually                          | 4         | 4         |     |
| Mastectomy as the most effective method | Yes    | 88        | 88  |
| No                                  | 12        | 12        |     |
| Chemotherapy                         | 91        | 91        |     |
| Other treatment options available    | Lymph node removal | 11 | 11 |
| Reconstructive plastic surgery       | 24        | 24        |     |
| Lymph node removal                   | 11        | 11        |     |
| Survival rate after initial diagnosis | Less than 5 years | 16 | 16 |
| 5 years                              | 80        | 80        |     |
| More than 5 years                    | 4         | 4         |     |
| Relationship between stage of cancer with the prognosis of the patient | As the stage of cancer increases, the rate of survival decreases | 98 | 98 |
| As the stage of cancer increases, the rate of survival increases | 1            | 1            |

According to the data obtained from the questionnaire, almost three quarters of the participants have heard about Breast Self-Examination (BSE). However, a majority (92%) of them do not know how to perform this examination. Half of the participants agreed that BSE should be performed in every six months. Overall, 63% of them admitted that they are not fully aware of BSE personally.

Table 3

| Topic                                | Knowledge | Frequency | %   |
|--------------------------------------|-----------|-----------|-----|
| Aware of BSE                         | Yes       | 73        | 73  |
| No                                   | 27        | 27        |     |
| Knowledge of performing BSE          | Yes       | 14        | 14  |
| No                                   | 92        | 92        |     |
| Frequency of BSE                     | Every six months | 58 | 58 |
| Yearly                               | 19        | 19        |     |
| Never                                | 2         | 2         |     |
| Not aware                            | 63        | 63        |     |
| Overall awareness of BSE             | Partially aware | 34 | 34 |
| Fully aware                          | 3         | 3         |     |

DISCUSSION

Based on this study, it was clear that a majority of the dental students in Saveetha Dental College knew about breast cancer. Although there is no denying that there are many misconceptions on the risk factors, preventive methods as well as the treatment options.

In terms about the overall awareness of breast cancer, this study showed that the participants have showed a considerable amount of knowledge about what is breast cancer; however, in terms of BSE, most are still not aware of it fully. This is quite similar to a study done amongst women in Buea, Cameroon. In Cameroon, most of the general knowledge about breast cancer is correct, but nearly half (47%) are overall only partially aware of BSE [5]. On the other hand, in Nigeria, a study was conducted amongst secondary students where it was concluded that a majority of them knew of BSE as preventive method for breast cancer but a small portion actually took into practice [9]. A study in Angola on the other hand is the complete opposite where most of the participants were not aware of breast cancer [10].

When asked on whether only females can get breast cancer, 90% are aware that males also have a risk getting diagnosed. A little over a half (52%) were not sure whether breast cancer can be transmitted from one person to the next. The age group most commonly affected were indexed by most (78%) of the participants were between 31 to 49 years old. The main cause of breast cancer most frequently indexed by the participants were the presence of breast cancer in family history (59%). According to the participants, most (46%) of them agreed that frequent alcohol consumption is the predominant risk factor in breast cancer. Nearly all of them (97%) agreed that breast cancer can be prevented and the main way is via breast examination (49%). 96% also indexed that breast cancer can definitely be treated and mainly through medical options (94%). About 88% of the participants agreed that mastectomy is the most effective method of treatment for breast cancer. Both chemotherapy (91%) and lumpectomy (80%) were the treatment options that the participants were most aware of. Approximately 80% believed that the survival rate for breast cancer patients are at average of 5 years. Almost all (98%) of the participants as the stage of the cancer increases, the risk of the cancer becomes worse.
CONCLUSION
In conclusion, the dental students of Saveetha Dental College are not fully aware of breast cancer. As a future healthcare provider, it is important to have a somewhat high knowledge about one of the top cancer worldwide. Taking into consideration that BSE is one of the most important preventive method in breast cancer, based upon the low awareness specifically on this topic, there is a need for further reinforcement of cancer awareness.

References
1. Ferlay J, Shin H-R, Bray F, Forman D, Mathers C, Parkin DM: Estimates of worldwide burden of cancer in 2008: GLOBOCAN 2008. Int J Cancer 2010, 127:2893-2917.
2. Sathasivam, P. (2015). Frequency of Various Types of Breast Lumps in Females among Malaysian Population. Journal of Pharmaceutical Sciences and Research, 7(10), 3.
3. WHO-Globocan 2012: Estimated cancer incidence, mortality and prevalence
4. World Health Organization (WHO) (2006) Cancer Fact Sheet No. 297. http://www.who.int/mediacentre/factsheets/fs297/en/index.html
5. Kösters JP, Götzsche PC: Regular self-examination or clinical examination for early detection of breast cancer. Cochrane Database Syst Rev 2003, CD003373 (2). Review. PubMed PMID: 12804462.
6. Ginsberg GM, Lauer JA, Zelle S, Baeten S, Baltussen R: Cost effectiveness of strategies to combat breast, cervical, and colorectal cancer in sub-Saharan Africa and South East Asia: mathematical modelling study. BMJ 2012, 344:e614-e614.
7. Bi Suh, M.A., Atashili, J., Fuh, E.A. and Eta, V.A. (2012) Breast Self Examination and Breast Cancer Awareness in Women in Developing Countries: As Survey of Women in Buea, Cameroon. BioMed Central, 5, 1-6.
8. Odusanya, O.O. and Tayo, O.O. (2001) Breast Cancer Knowledge, Attitudes and Practice among Nurses in Lagos, Nigeria. Acta Oncologica, 40, 844-848. http://dx.doi.org/10.1080/02841860152703472
9. Isara AR, Ojedokun CI: Knowledge of breast cancer and practice of breast self examination among female senior secondary school students in Abuja, Nigeria. J Prev Med Hyg 2011, 52:186–190.
10. Sambanje MN, Mafuvadze B: Breast cancer knowledge and awareness among university students in Angola. Pan Afr Med J 2012, 11:70.

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