A STUDY OF AWARENESS OF KNOWLEDGE AND AWARENESS ABOUT BREAST AND CERVICAL CANCER AMONG WOMEN IN BANGLADESH

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Abstract

Breast cancer is globally the most common cancer type seen in women and also the one that causes most deaths. Globally, cervical cancer is the second most prevalent cancer and third most common type of cancer after breast and lung cancers among women. The aim and objective of the study was to conduct a survey among the general populations of female and to know the level of knowledge and awareness of Breast Cancer and Cervical Cancer among women aged 15 to 55. This study is done by collecting data, containing different questions and then those data was analyzed by using Microsoft excel. In this study 170 women were analyzed regarding the knowledge and awareness of Breast Cancer and Cervical Cancer. Women were mostly aged between 15-24 years (**5**1%). Among the 170 women, 100% heard about Breast Cancer, 46% knew family history as the major risk factor, 70% participant had no idea about the signs and symptoms of Breast cancer. Only 4% had knowledge that breast cancer screening is very important. 34% of participant had no knowledge about Breast cancer treatment. 14% heard about Cervical Cancer. 72% thought that infection with a sexual transmitted germ as the major cause. 80% participant had no idea about the signs and symptoms of Cervical Cancer. 44% of the participant had no idea about screening regularly for cervical cancer is important or not. It is found that level of knowledge of Breast Cancer risk factors, symptoms and screening methods was high as compared to Cervical Cancer. So, a little more effort should be given in raising awareness against Cervical Cancer. It is also found that mostly illiterate or those who have not got proper education have lack of knowledge and awareness regarding both the cancers. Thus, more educational programs, conferences, awareness programmers should be designed to provide comprehensive information and awareness on Breast and Cervical Cancer.

Keywords: Breast Cancer, Cervical cancer, awareness, risk factors, mammogram, PAP test.

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INTRODUCTION

Breast Cancer is an uncontrolled growth of breast cells. The term "Breast Cancer" refers to a malignant tumor that has developed from cells in the breast. Usually Breast Cancer either begins in the cells of the lobules, which are the milk-producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Less commonly, Breast Cancer can begin in the stromal tissues (a type of tissue that is associated with the support of an organ), which include the fatty and fibrous connective tissues of the breast [1,2]. Breast Cancer is always caused by a genetic abnormality (a "mistake" in the genetic material). However, only 5-10% of cancers are due to an abnormality inherited from your mother or father. Instead, 85-90% of Breast Cancers are due to genetic abnormalities that happen as a result of the aging process and the "wear and tear" (a damage that naturally and inevitably occurs as a result of normal wear or aging) of life in general. [3]

Table 1: Stages of Breast Cancer (Breast Cancer's stage refers to how far the cancer cells have spread beyond the original tumor) [4]

Stage	Definition
Stage 0	Cancer cells remain inside the breast duct, without invasion into normal adjacent breast tissue.
Stage IA	The tumor measures up to 2 cm AND The cancer has not spread outside the breast; no lymph nodes are involved
Stage IB	There is no tumor in the breast; instead, small groups of cancer cells -- larger than 0.2 millimeter but not larger than 2 millimeters – are found in the lymph nodes OR there is a tumor in the breast that is no larger than 2 centimeters, and there are small groups of cancer cells – larger than 0.2 millimeter but not larger than 2 millimeters – in the lymph nodes.
Stage IIA	No tumor can be found in the breast, but cancer cells are found in the axillary lymph nodes (the lymph nodes under the arm) OR the tumor measures 2 centimeters or smaller and has spread to the axillary lymph nodes OR the tumor is larger than 2 but no larger than 5 centimeters and has not spread to the axillary lymph nodes.
Stage IIB	The tumor is larger than 2 but no larger than 5 centimeters and has spread to the axillary lymph nodes OR the tumor is larger than 5 centimeters but has not spread to the axillary lymph nodes.
Stage IIIA	No tumor is found in the breast. Cancer is found in axillary lymph nodes that are sticking together or to other structures, or cancer may be found in lymph nodes near the breastbone OR the tumor is any size. Cancer has spread to the axillary lymph nodes, which are sticking together or to other structures, or cancer may be found in lymph nodes near the breastbone.
Stage IIIB	The tumor may be any size and has spread to the chest wall and/or skin of the breast AND may have spread to axillary lymph nodes that are clumped together or sticking to other structures, or cancer may have spread to lymph nodes near the breastbone. Inflammatory breast cancer is considered at least stage IIIB.
Stage IIIC	There may either be no sign of cancer in the breast or a tumor may be any

	size and may have spread to the chest wall and/or the skin of the breast AND the cancer has spread to lymph nodes either above or below the collarbone AND the cancer may have spread to axillary lymph nodes or to lymph nodes near the breastbone.
Stage IV	The cancer has spread — or metastasized — to other parts of the body.

Types of Breast Cancer

Breast Cancers can be divided into two main overarching groups:

a) The carcinomas

b) The sarcomas

Breast Cancer Signs and Symptoms

The most common symptom of Breast Cancer is the feeling the presence of a lump or an area of thickened tissue over the breast. Of the lumps nearly 90% are benign or not cancerous but all lumps and abnormalities need to be checked for cancer by using Fine needle aspiration cytology, FNAC (a biopsy techniques) and other biopsy techniques. [5]

Diagnosis of Breast Cancer

1. Examination of the breast and surrounding lymph nodes

Breasts, nipples and lymph node in the armpits, under the collar bone and neck are examined. The lump or skin changes are noted. If the lump appears to be fixed to the skin over it or tissues and chest wall under it, it is most likely to be cancerous.

2. Mammogram

A mammogram is a test that is done to look for any abnormalities, or problems, with a woman's breasts. The test uses a special x-ray machine to take pictures of both breasts. The results are recorded on film that your health care provider can examine.

Treatment of Breast Cancer

Treatment of breast cancer involves:

1. Surgery: Breast - conserving surgery (BSC), also known as lumpectomy or wide local excision,BSC involves resection of the tumour along with a margin of tissue while conserving the cosmetic appearance of the breast. Most breast surgeries are of this type because-

a) most tumours are locally invasive and

b) large primary tumours can be reduced in size by neoadjuvant chemotherapy prior to conservative surgery.

2. Adjuvant therapy: Cytotoxic chemotherapy, endocrine therapy, or radiation therapy may be used post-surgery to prevent relapse.

3. Radiation therapy: Either whole or partial breast irradiation may be used. Adjuvantradiation therapy is applied post-BCS or post-mastectomy to prevent recurrence. Since most recurrence of early-stage Breast Cancer occurs locally, partial irradiation at the tumour site has similar mortality benefits as whole breast irradiation. However, new evidence suggests an increased risk of local and axillary recurrence with partial irradiation. Radiation of metastatic disease (e.g. bone or brain metastases) is also used.

4. Endocrine therapy: Breast Cancer is a hormone-sensitive cancer. Most Breast Cancercells are ER-positive, and thus will respond to reduction of circulating estrogens. HR-negative Breast Cancers will not respond to endocrine therapy. This is mainly used as-

    a) Adjuvant therapy for early-stage hormone-sensitive Breast Cancer or as

    b) First line therapy for metastatic hormone-sensitive Breast Cancer.

5. Chemotherapy: Cytotoxic drugs, such as cyclophosphamide, methotrexate, doxorubicin,and paclitaxel, are used in hormone receptor-negative or HER2-positive breast cancers. They can either be given presurgery as neoadjuvant to shrink the tumour or postsurgery as adjuvant to prevent relapse. [6]

Prevalence of Breast cancer in Bangladesh

Bangladesh, at 142 million people, is the 9th most populous country in the world. There are 13 to 15 lakh cancer patients in Bangladesh, with about 2 lakh patients newly diagnosed with cancer each year. [7] Breast Cancer remains the leading cancer type among the global female population with 1.35 million new cases every year. It is also a significant contributor to the global cancer burden – in 2008, it accounted for 23% of all new cancer cases and 14% of total cancer deaths. The distribution of these cancer cases vary depending on the socioeconomic status of countries, but it is estimated that 69% of Breast Cancer deaths occurred in developing countries. In Bangladesh, the rate of Breast Cancer occurrence is estimated to be 22.5 per 100,000 females of all ages, compared to 124.8 per 100,000 females worldwide. For Bangladeshi women aged between 15-44 years, Breast Cancer has the highest rate of occurrence – 19.3 per 100,000, compared to any other type of cancer; Cervical Cancer comes in second for this age group at 12.4 per 100,000. [8]. However, this incident rate grows up day to day due to unawareness of the people, lack of confidence about medical treatment, improper screening, maltreatment and lack of motivation to go for Institutional treatment and management. Furthermore, because of poor socio-

economic infrastructure and atmosphere which loom large for the social stigma and instilment of fear among the patient, they keep themselves aloof from taking treatment of the patient with cancer [9].

Cervical Cancer

Cervical Cancer is cancer that starts in the cervix, the narrow opening into the uterus from the vagina. The normal "ectocervix" (the portion of the uterus extending into the vagina) is a healthy pink color and is covered with flat, thin cells called squamous cells. The "endocervix" or cervical canal is made up of another kind of cell called columnar cells. The area where these cells meet is called the "transformation zone" (T-zone) and is the most likely location for abnormal or precancerous cells to develop. About 11,956 women are diagnosed with cervical cancer in Bangladesh every year and over 6,582 die of the disease, according to a study of International Agency for Research on Cancer (IARC).

Table: 2. The International Federation of Gynecologists and Obstetricians (FIGO) system usually is used to stage Cervical Cancer as follows: [10]

Stage	Definition
Stage 0	Carcinoma in situ; non-invasive cancer that is confined to the layer of cells lining the cervix
Stage I	Cancer that has spread into the connective tissue of the cervix but is confined to the uterus
Stage IA	Very small cancerous area that is visible only with a microscope
Stage IA1	Invasion area is less than 3 mm (0.13 in) deep and 7 mm (0.33 in) wide
Stage IA2	Invasion area is 3-5 mm (0.13-0.2 in) deep and less than 7 mm (0.33 in) wide
Stage IB	Cancer can be seen without a microscope or is deeper than 5 mm (0.2 in) or wider than 7 mm (0.33 in)
Stage IB1	Cancer is no larger than 4 cm (1.6 in)
Stage IB2	Stage IB cancer is larger than 4 cm (1.6 in)
Stage II	Cancer has spread from the cervix but is confined to the pelvic region
Stage IIA	Cancer has spread to the upper region of the vagina, but not to the lower one-third of the vagina
Stage IIB	Cancer has spread to the parametrial tissue adjacent to the cervix
Stage III	Cancer has spread to the lower one-third of the vagina or to the wall of the pelvis and may be blocking the ureters
Stage IIIA	Cancer has spread to the lower vagina but not to the pelvic wall
Stage IIIB	Cancer has spread to the pelvic wall and/or is blocking the flow of urine through the ureters to the bladder
Stage IV	Cancer has spread to other parts of the body
Stage IVA	Cancer has spread to the bladder or rectum
Stage IVB	Cancer has spread to distant organs such as the lungs
Recurrent	Cancer has returned to the cervix or some other part of the body

Types of Cervical Cancer

There are two main types of cervical cancer:

- Squamous cell cancer
- Adenocarcinoma

Signs and Symptoms of Cervical Cancer

Symptoms and signs of cervical cancer include:

- Abnormal vaginal bleeding

- Vaginal bleeding after menopause

- Vaginal bleeding after sex

- Bleeding or spotting between periods

- Longer or heavier menstrual periods than usual

- Other abnormal vaginal discharge

- Pain during sexual intercourse

It is important to note that these symptoms are not specific for Cervical Cancer and can becaused by a variety of conditions. [11]

Treatment of Cervical Cancer

The treatment for Cervical Cancer depends upon many factors, including the stage of the cancer when it is diagnosed. Surgery, radiation therapy, chemotherapy, and targeted therapy are common methods of treatment for cervical cancer.

a) Surgery
b) Radiation
c) Chemotherapy
d) Alternative treatment

Prevalence of Cervical cancer in Bangladesh

The Cervical Cancer is a deadly cancer that clutches lives of the women in most of the cases due to lack of consciousness in the developing countries. Unfortunately the Cervical Cancer is the second leading cause of deaths in Cancer in Bangladeshi women having the lack of preventive care. More than 50 percent of those diagnosed with the disease will die from it. There are thirteen thousand woman die every year in Cervical Cancer in Bangladesh. Carcinoma of Cervix accounts for 11% of all cancers and for 50 to 60% of all malignant tumors of female reproductive tract and is second to carcinoma of the breast in frequency among all cancers in women. According to the

statistics about 95% of women in developing countries suffering from cancer cervix die due to failure of receiving treatment in time. Cervical Canceroccur mostly in women aged more than 40 years but recent studies have shown the incidence even in women aged 25-35 years. (*The independentbd*, 2016. In Bangladesh, 50.19 million women are at risk of Cervical Cancer and the annual incidence number is 17.686 cases. Cervical cancer covers about 22.4% of all cancers (according to WHO/ico summary report) [12]

AIMS & OBJECTIVES

The main aim and objective of this study-

a) To create awareness of the Breast and Cervical Cancer

b) To help people recognize the early signs and symptoms of Breast and Cervical Cancer, thus enabling them to seek treatment at an early stage

c) To encourage the participants to seek prompt medical attention for symptoms which may include lumps; nipple discharge; swelling, redness or darkening of breast skin; bleeding; abnormal vaginal discharge, etc.

d) To educate people about the key risk factors of Breast and Cervical Cancer since cancer cases could be prevented by modifying lifestyle or avoiding the key risk factors

e) To inform people about the importance of Breast and Cervical Cancer check-ups at an early stage

f) To determine factors that could influence a respondent's choice of answers (i.e demographic characteristics such as age, education, profession, occupation, income level, and marital status, etc), this information from survey audience is a great way to be able to split respondents into certain groups and see how groups vary with their answers and proper demographic questions will truly give *actionable and* meaningful results to assist in making better decisions.

METHODOLOGY

Type of study

The study was a survey based study

Study Area

The study was conducted in Dhaka, Bangladesh.

Study Population

The study was performed on 170 women among aged 15 to 55, from April, 2018 to July, 2018.

Inclusion Criteria

In this survey only women of age 15 to 55 were included.

Exclusion Criteria

In this survey,

Males were excluded.

Women aged below 15 were excluded.

Anyone unwilling to participate or unable to comply with protocol requirements were excluded.

Study Tool

To facilitate the study of knowledge and attitude of Breast and Cervical Cancer among women in Dhaka, Bangladesh, a questionnaire was established in April 2018. Through this questionnaire, demographic information was collected along with some risk factors that contribute to the knowledge and awareness of Breast and Cervical Cancer among women aged 15 to 55.

Questionnaire Development

The questionnaire was developed based on some common criteria that influence knowledge and awareness of Breast and Cervical Cancer among women in Dhaka, Bangladesh. The questionnaire was developed on the perspective of Bangladesh so that maximum accurate statistical data can be collected from the survey.

Data Analysis

After data collection, these data were set on the Microsoft Office Excel and filtered out according to the age range, site of living area, educational qualification, knowledge about Breast and Cervical Cancer, marital status, family history, risk factor, etc. So some graphical representations were found that was visually representative of the targeted subject.

RESULT

Prevalence of Age Groups in Study Population:

The study showed that among 170 women, 51% of the population belonged to the age group 15-24, 39% of the population belonged to the age group 25-34, 8% of the population belonged to the age group 35-44, and 3% of the population belonged to the age group 45-above.

Occupational Status:

The study showed that, 43% of the women were housewife, 19% of the women were student, 13% women were job holder, 24% were garments worker and 1% of the women were maid.

Educational Qualification:

The study showed that, 9% of the women were illiterate, 32% of the women have completed primary school, 6% of the women have completed Junior school, 14% of the women have completed SSC, 7% of the women have completed HSC, 21% of the women were graduate and 11% of the women have completed post graduate .

Family Class:

The study showed that 68% women were come from lower class and 32% women were coming from middle class as family class.

BMI status:

The study showed that, 16% women were normal, 11% were overweight, 2% were obese and 70% were underweight as BMI status.

Marital Status:

Among the 170 women 76% of the women were married, 24% of the women were unmarried.

Having Children:

The study showed that, 66% women had children and 34% women had no children.

Breast Feeding Time:

The study showed that, 11.66% women were feeding breast milk to their children less than six months and 88.34% women were feeding breast milk greater than six months

Family history of Breast Cancer:

The study showed that, 5% women had family history of breast cancer and 95% women had no family history.

Knowledge about breast cancer risk factors:

The study showed that, 1% of the women recognized aging, 46% recognized family history of breast cancer, 34% recognized cigarettes smoking, 2% recognized low fat diet, 6% recognized first child after the age of 30, 1% recognized early onset of menses(before the age of 12 years), 3% recognized late menopause(after the age of 55 years), 4% recognized oral contraceptive use, 2% recognized large breasts, 2% recognized breast feeding as the risk factor.

Source of information of female respondents:

The study showed that, 38% women get information from electronic media, 3% from educational institution, 56% from NGO's and 3% from others sources.

Knowledge about signs & symptoms of breast cancer:

According to the knowledge of the participants, 1% recognized change size & shape of breast, 22% recognized a new lump or thickening in one breast or armpit, 2% recognized changes in breast skin, 2% recognized nipple changes, 1% recognized rashes on or around the nipple, 2% recognized discharge or fluid (not milk), 1% recognized pain or discomfort in breast or armpit as the risk factor of breast cancer and 70% women have no idea about the signs and symptoms of Breast Cancer.

Knowledge about the reasons of breast cancer:

The study showed that, 97% participant identified genetics, 1% population identified smoking, and 2% population identified alcohol consumption as the reasons of breast cancer.

Radiation to chest or face:

The study showed that, 9% women thought the radiation to chest or face causes breast cancer and 91% women did not think so.

Knowledge about lower risk of breast cancer:

The study showed that, 6% women believed that of healthy diet can lower the risk of breast cancer, 32% women believed that breast feeding can lower the riskof breast cancer, 2% believed other concept that can lower the risk of breast cancer, but 60% have no idea about the lower risk of breast cancer.

Knowledge of nutritional food:

The study showed that, 23% of women have the knowledge but 77% have no idea of breast cancer.

Taking nutritional food:

The study showed that, among 170 women taking nutritional food 1% of daily, often taking nutritional food 6%, seldomtaking nutritional food 12% and 80% not taking nutritional food.

Physical Activity of respondents:

The study showed that, 4% women do physical exercise daily, 3% often, 18% seldom and 76% not do any physical activity.

Regular observation of breast change:

The study showed that, 6% women were regular observe but 94% women were not observe regularly for breast cancer.

Health seeking responses if breast abnormality:

The study showed that, 4% of consult a medical doctor for lump, 21% consult a nurse, 24% discuss with spouse or friend, 52% use alternate medicinesif any breast anomalies are found.

Emotional barrier:

The study showed that, 1% participant were aware according to awareness level- high awareness/ low awareness, 77% participant were too scared and worried about the doctor might find, 20% participant were too emotional to go and see the doctor and 2% participant were others in concept as emotional barrier.

Knowledge about types of breast cancer treatment:

The study showed that, 4% of population have knowledge about chemotherapy, 14% women have knowledge of surgery, 34% did not know and 49% of others have knowledge about types of breast cancer treatment.

Importance of breast cancer screening:

The study showed that, 4% population have thought aboutthe importance of breast screening was very important, 13% population thoughtthe importance of breast screening was less important, 16% population thoughtthe importance of breast screening was not necessary and 67% don't know about the importance of breast screening.

Knowledge about diagnosis:

The study showed that, among 170 women 6% said yes and 94% said no as the knowledge about diagnosis.

Early detection method for breast cancer:

The study showed that, 4% population agreed of breast self-examination, 1% population agreed clinical breast examination and 95% population don't know as early detection method for breast cancer.

Knowledge & Practice of early screening Methods of Breast cancer among the respondents:

The study showed that, 7% of participant regularly observe/ feel breast for any change, 0% of participant have knowledge about BSF procedures, 0% of participant have knowledge about current frequency of performing BSE, and 93% of participant do nothing.

Perception towards breast cancer treatment and its outcomes:

The study showed that, 7% participant thought that women after receiving treatment for breast cancer can enjoy a good quality of life, 11% participant thought that the treatment for breast cancer is a long and painful process, 4% participant thought that treatment are helpful for young, 70% participant thought that treatment for breast cancer is embarrassing, 8% participant thought that treatment for breast cancer resulting in loss of physical beauty.

Sexual debut:

The study showed that among 170 women, 76% of the population had sex, 24% of the population never had sex.

Knowledge about screening regularly for cervical cancer:

The study showed that among 170 women, 14% of the population said that it is always necessary, 4% of the population said that it is only necessary if there was a bad result, 17% of the population said it is no necessary, 44% of the population said don't know and 21% of the population said no need.

DISCUSSION

Breast and Cervical Cancer is the leading cause of cancer related deaths among women in the world. Worldwide different studies have been done on Breast and Cervical Cancer based on knowledge and awareness.

In this study 170 women were analyzed regarding the knowledge and awareness of Breast Cancer and Cervical Cancer. Among 170 women 25 were gypsy (snake charmer), 72 were slum dwellers, 30 were factory workers, 16 were job holder and 27 were university's student.

The study showed that among 170 women, 51% of the population belonged to the age group 15-24, 39% of the population belonged to the age group 25-34, 8% of the population belonged to the age group 35-44, and 3% of the population belonged to the age group 45-above. The study showed that, 43% of the women were housewife, 19% of the women were student, 13% women were job holder, 24% were garments worker and 1% of the women were maid. 9% of the women were illiterate, 32% of the women have completed primary school, 6% of the women have completed junior school, 14% of the women have completed SSC, 7% of the women have completed HSC, 21% of the women were graduate and 11% of the women have completed post graduate. The study showed that 68% women were come from lower class and 32% women were coming from middle class as family class. 16% women were normal, 11% were overweight, 2% were obese and 70% were underweight as BMI status. Among the 170 women 76% of the women

were married, 24% of the women were unmarried. 66% women had children and 34% women had no children. The study showed that, 11.66% women were feeding breast milk to their children less than six months and 88.34% women were feeding breast milk greater than six months. 5% women had family history of breast cancer and 95% women had no family history.

Again, the study showed that, 1% of the women recognized aging, 46% recognized family history of breast cancer, 34% recognized cigarettes smoking, 2% recognized low fat diet, 6% recognized first child after the age of 30, 1% recognized early onset of menses(before the age of 12 years), 3% recognized late menopause(after the age of 55 years), 4% recognized oral contraceptive use, 2% recognized large breasts, 2% recognized breast feeding as the risk factor. 38% women get information from electronic media, 3% from educational institution, 56% from NGO's and 3% from others sources. According to the knowledge of the participants, 1% recognized change size & shape of breast, 22% recognized a new lump or thickening in one breast or armpit, 2% recognized changes in breast skin, 2% recognized nipple changes, 1% recognized rashes on or around the nipple, 2% recognized discharge or fluid (not milk), 1% recognized pain or discomfort in breast or armpit as the risk factor of breast cancer and 70% women have no idea about the signs and symptoms of Breast Cancer. The study showed that,97% participant identified genetics, 1% population identified smoking, and 2% population identified alcohol consumption as the reasons of breast cancer. The study showed that, 65% women have thought about the risk of breast cancer and 5% have not. 18% women thought of menstruation period < 12 years and 82% women thought of menstruation period > 12 years is responsible for breast cancer. 9% women thought the radiation to chest or face causes breast cancer and 91% women did not think so. 6% women believed that of healthy diet can lower the risk of breast cancer, 32% women believed that breast feeding can lower the risk of breast cancer, 2% believed other concept that can lower the risk of breast cancer, but 60% have no idea about the lower risk of breast cancer.The study showed that, 23% of women have the knowledge but 77% have no idea of breast cancer.Among 170 women, taking nutritional food 1% of daily, often taking nutritional food 6%, seldom taking nutritional food 12% and 80% not taking nutritional food. , 4% women do physical exercise daily, 3% often, 18% seldom and 76% not do any physical activity. 6% women were regular observe but 94% women were not observe regularly for breast cancer. 4% of consult a medical doctor for lump, 21% consult a nurse, 24% discuss with spouse or friend, 52% use alternate medicinesif any breast anomalies are found.1% participant were aware according to awareness level- high awareness/ low awareness, 77% participant were too scared and worried about the doctor might find, 20%

participant were too emotional to go and see the doctor and 2% participant were others in concept as emotional barrier.

4% of population have knowledge about chemotherapy, 14% women have knowledge of surgery, 34% did not know and 49% of others have knowledge about types of breast cancer treatment.

The study showed that, 4% population have thought about the importance of breast screening was very important, 13% population thought the importance of breast screening was less important, 16% population thought the importance of breast screening was not necessary and 67% don't know about the importance of breast screening. Among 170 women 6% said yes and 94% said no as the knowledge about diagnosis. 4% population agreed of breast self-examination, 1% population agreed clinical breast examination and 95% population don't know as early detection method for breast cancer.7% of participant regularly observe/ feel breast for any change, 0% of participant have knowledge about BSF procedures, 0% of participant have knowledge about current frequency of performing BSE, and 93% of participant do nothing. The study showed that, 7% participant thought that women after receiving treatment for breast cancer can enjoy a good quality of life, 11% participant thought that the treatment for breast cancer is a long and painful process, 4% participant thought that treatment are helpful for young, 70% participant thought that treatment for breast cancer is embarrassing, 8% participant thought that treatment for breast cancer resulting in loss of physical beauty.

Then, The study showed that among 170 women, 95% of the population were Muslim, 4% of the population were Hindu, 2% of the population were Christian, and o% of the population were from Buddhist. Among 170 women, 76% of the population had sex, 4% of the population never had sex. It was found from the study that a majority of the women, i.e. 14% heard about Cervical Cancer, and 86% said they have not heard about Cervical Cancer. The study showed that among 170 women, 38% of the population said yes, 62% of the population said no as Cervical cancer is a sexually transmitted disease and preventable. 14% of the population said yes, 86% of the population said no as cervical cancer is preventable through vaccination of young girls.Among 170 women, 5% of the population said yes, 95% of the population said no cervical cancer is preventable through genital exams by health providers (Pap sinners).14% of the population said yes, 86% of the population said no cervical cancer is curable in hospitals when diagnosed early.5% of the population said yes, 95% of the population said no asoperation on patients with cervical cancer can spread cancer.6% of the population knew from electronic media, 5% of the population knew from journal, 1% of the population knew from NGO, 2% of the population knew

from family & friends, 86% of the population don't know. 6% knew early onset of sexual activity, 72% knew infection with a sexual transmitted germ/ virus/ HPV, 16% knew multiple male sexual partners, 3% knew smoking cigarettes or tobacco, 2% knew grand multiparity as the Cervical Cancer risk factors.From the study, 2% knew and 80% have no idea about the signs and symptoms of Cervical Cancer.4% of the population screened > 3 years ago, 1% of the population cannot remember and 96% of the population said they have no idea about the last time screened for cervical cancer.78% of the population said never, 14% of the population said if detected early and 8% of the population had no idea about Cancer of the cervix is curable or not.14% of the population said that it is always necessary, 4% of the population said that it is only necessary if there was a bad result, 17% of the population said it is no necessary, 44% of the population said don't know and 21% of the population said no need as about screening regularly for cervical cancer.29% of the population said PAP smear test, 71% of the population said that they don't know the name as the method used last time while screened for cervical cancer. The study showed that among 170 women, 3% of the population said that if it is detected early, it can be cured and 96% of the population said no need as the reason of screen for cervical cancer.The study also showed that among 170 women, 80% of the population said that they don't have any cervical cancer and 20% of the population said that it is a waste of money as thereason for do not screen for cervical cancer.

Finally, among the 170 respondents they have very poor awareness about the breast cancer and cervical cancer. So, in future steps should be taken accordingly from government level to make women more willing to undergo screening test by raising awareness programs such as pink chain campaign, NGO conference etc.

CONCLUSION

Breast Cancer is recognized as the commonest cancer in females, and the second commonest malignant tumor, after lung cancer, in overall figures worldwide. Globally, Cervical Cancer is the second most prevalent cancer and third most common type of cancer after breast and lung cancers among women.

The study showed that, in general all participants are known about the term of Breast cancer but not Cervical Cancer. They have inadequate of knowledge of Breast and Cervical Cancer. A few participants also had knowledge about breast self-examination which is a good sign and it is very necessary to increase this percentage in future to raise awareness against both the cancers. It is

also found that level of knowledge of Breast Cancer risk factors, symptoms and screening methods was high as compared to Cervical Cancer. A high percentage of participants identified the major risk factors and sign and symptoms of Breast Cancer than Cervical Cancer. Besides this, women had not very much knowledge about breast self-examination. So, need more effort should be given in raising awareness aboutCervical Cancer. Majority of the population have also identified the possible treatments of boththe cancers. Here it is also found that mostly illiterate or those who have not got proper education have lack of knowledge and awareness regarding both the cancers. So state of education is an important issue which leads to more incidences of cancers. Thus, more educational programs, NGO conferences should be designed to provide comprehensive information and awareness about Breast and Cervical Cancer.

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