



Research Article



Exploring Socio-economic and Physical Causes of Breast Cancer: A Case Study of Irnum Hospital Peshawar

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Abstract

The main theme of this study is to find out the social factors contributing to BC. This study was conducted in IRNUM hospital Peshawar. A sample size of 60 respondents (BC patients) was randomly selected in the selected hospital. The study was analyzed by SPSS descriptive analyses were performed for the frequency and of the data. Results of the study disclosed that the lack of better health services and the unavailability of government BC hospitals is one of the major reasons for BC. Likewise, the delayed availability of medicine by government hospitals is leading to BC. In addition, the selection of low-standard hospitals due to poor economic background is also a contributing factor to BC. The study concluded that the major sociological causes of BC are a lack of awareness regarding BC, obesity and socio-economic status. Improving the physical conditions of government hospitals, awareness campaigns regarding BC, providing basic facilities and provision of different medical equipment are some of the recommendations of the study findings.

Key Words

Breast Cancer, Breast Self-examination, Mammography, Postmenopausal

Introduction

The aberrant cell proliferation that occurs in cancer. Cancer causes the body's cells to alter and proliferate abnormally. The majority of cancerous cells eventually develop lymph which is known as a tumour and is named by the body region where it first appears. The area of medicine known as oncology is dedicated to understanding, diagnosing, treating, and managing cancer. Breast cancer is a type of cancer that originates in breast tissue. A sneaky tumour starts to grow inside the breast gland. Breast lumps, dimpling of the skin, a change in the form of the breast, fluid coming from the nipple, an inverted nipple, and a red or scaly patch of skin are some of the symptoms of breast cancer. Among all of the above signs, the most common physical sign of breast cancer is painless lymph.

The most typical cancer diagnosis for women in Pakistan is breast cancer. Each year, 90000 new cases are diagnosed, of whom 40000 go on to develop fatal conditions. According to statistics from throughout the world, more than 1.15 million women globally (representing 10% of all diagnosed cancers and 23% of breast cancers identified in women) receive a breast cancer diagnosis each year, and more than 502, 000 of them pass away as a result of the disease.

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Worldwide, the disease claimed the lives of more than 1.6% of women (Tazhibi & Feizi, 2014). Around half a million people die from BC each year, with roughly 1.15 million new cases being diagnosed (World Health Organization, 2008). Considering the gravity and importance of BC, its frequency of it is relatively high in Pakistan. Breast cancer is the second most frequent cancer in the world, occurring in 1.7 million people (Ferlay, 2015).

Women make up around half of the world's population, and because of their health-promoting habits, society as a whole is guaranteed to be healthy. Due to limited access to early diagnostic and detection services, the death rate of breast cancer is greater. People's awareness of breast cancer and their knowledge of its risk factors are both relatively low. Cancer is regarded by society as a crippling and incurable illness, and after a diagnosis, people frequently experience worry, melancholy, and unwarranted fear of dying immediately. This in turn leads to a host of psychological, physical, familial, and financial problems.

A key factor in lowering mortality is early breast cancer diagnosis. Breast mammography, clinical examination, and self-breast examination are a few of the methods used to identify breast cancer. While mammography and clinical examination are utilised for patients who are at higher risk, BSE is a quick, easy, confidential, and free way to find breast cancer early. Mammography, clinical examinations, and self-examination can all help in the early detection of breast cancer in about 35 to 50% of cases, 50% of cases, and 20% of cases, respectively.

In Pakistan, there is a one in nine chance that a woman will develop breast cancer at some point in her lifetime. According to a global study, respondents who were inhabitants of numerous European nations exhibited a marked lack of breast cancer awareness. The younger women of Pakistan need to be educated about breast cancer and receive timely diagnosis and assessment of the condition. Understanding the benefits of breast health behaviour and the negative effects of not practising it is necessary to motivate women to undergo BSE and screening. Understanding the elements influencing women's behaviour, attitudes, and motivations is crucial for bringing about a good change in their conduct.

Social factors, such as race/ethnicity and SEP, are non-biological individual-level factors that affect health. Several social factors contribute to breast cancer, and this study is intended to assess how these social factors affect breast cancer risk. Due to ignorance and late-stage detection, breast cancer is a cancer that affects women most frequently and has the greatest mortality rates in low- and middle-income nations.

Problem Statement

The present study was designed to assess Socio-Economic and Physical Causes of Breast Cancer: A Case Study of Irum Hospital Peshawar.

Objectives of the Study

1. To compile the demographic profile of the respondents.
2. To identify socio-economic and physical causes of Breast Cancer.

Research Questions

1. What are the demographic characteristics of the respondents?
2. What are the socio-economic and physical causes of Breast Cancer?

Significance of the Study

The study will be beneficial for the community, especially those individuals who are suffering from Breast Cancer disease.

Literature Review

Socioeconomic Status

Pakistan is a developing nation that spends 2.4% to 3.7% of its GDP on healthcare. There are few health facilities, including ones for breast screening. 9.5% of urban residents and 4.8% of rural residents live there. Sarwar et al (2015) stated that early detection of breast cancer leads to earlier treatment, which has been linked to better chances of survival and a higher standard of living.

The social standing or class of a person or group is referred to as their socioeconomic status. It is commonly established that social class differences have an impact on how successful medical procedures and facilities are, especially in developed nations. One-third of all female cancers are breast cancers, making Pakistan's prevalence of the disease one of the highest in Asia. Breast cancer is more prevalent in developed nations and among women with high socioeconomic positions (social economic status). However, women with low incomes or educational levels and those living in less developed nations generally have lower rates of breast cancer survival. In this study, we unequivocally show that in comparison to patients with high SES, breast cancer patients with low SES had a much higher risk of dying from the disease. Poor SES individuals had distinct tumour features, were discovered at a later stage, and frequently received inadequate care. Yet, these major prognostic markers explained less than 50% of the extra mortality linked to low SES. Even after accounting for all of these variables, people with low SES continue to have a 70% higher risk of dying from breast cancer than those with high SES. Immigration patients with low SES were more frequently treated in the public sector. Due to the rise in breast cancer cases among patients with low SES as opposed to high SES, they were underrepresented in the most recent era. Due to the years of life lost to premature death, the public health burden of SES disparities in breast cancer mortality is consequently significantly greater. The reduced effect of SES on breast cancer mortality among the elderly may be explained by comparisons between breast cancer and other causes of death. Low SES negatively affects prognosis, according to nearly all prior investigations on social disparities in breast cancer survival or mortality. Only a small number of research, meanwhile, examined the causes of these socioeconomic differences. These studies have all shown that variations in tumour features or stage at diagnosis only partially account for SES differences in breast cancer mortality.

According to the World Health Organization (WHO), 7.6 million people worldwide died from cancer, with almost 70% of those fatalities occurring in underdeveloped nations. Nevertheless, 30% of cancer cases could have been avoided (Sarwar et al., 2015).

Higher social classes have better survival rates than lower social classes (Masood et al., 2016). Equal access to treatment also depends on cultural and socioeconomic considerations, such as a person's income or level of education, within a particular nation (Rodriguez-Rincon et al., 2019)

Obesity

A significant health issue is an obesity. The National Institutes of Health (NIH) states that a woman's typical BMI ranges from 18.5 to 24.9. Gaining weight also raises the risk of developing postmenopausal breast cancer. In comparison to lean women, the risk of postmenopausal breast cancer is roughly 1.5 times higher in overweight women and about 2 times higher in obese women. As adipose tissue is postmenopausal women's main source of oestrogen, higher oestrogen levels are probably a contributing factor, but other factors, such as obese women's higher insulin levels, may also be at play. The risk of postmenopausal breast cancer rises by 11% for every 5 kg (approximately 11 pounds) acquired throughout adulthood, according to a recent comprehensive meta-analysis. 114 Of particular note, the elevated risk was only seen in females who did not use menopausal hormones. Although some researchers have linked weight loss to lower risk, the evidence is conflicting.

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contributing factor, but other factors, such as obese women's higher insulin levels, may also be at play. Gaining weight also raises the risk of developing postmenopausal breast cancer. Both premenopausal and postmenopausal patients with breast cancer are more likely to die.

The risk of postmenopausal breast cancer rises by 11% for every 5 kg (approximately 11 pounds) acquired throughout adulthood, according to a recent comprehensive meta-analysis.

Of particular note, the elevated risk was only seen in females who did not use menopausal hormones. Although some researchers have linked weight loss to lower risk, the evidence is conflicting. The following anthropometric variables showed a significant association: current weight, with women weighing less than 50 kg having an increased risk (RR = 1.48, 95% CI 1.03–2.12); weight at the age of 20 years, with heavy women (70+ kg) having an increased risk (RR = 1.69, 95% CI 1.18–2.41); and weight changes over the prior 10 years, with weight losses of 5 kg or more being associated with an RR = 1.59 (95% CI 1.23–2. Height, BMI, and weight 10 and 20 years before diagnosis had no effect on survival (Ewertz, Gillanders, Meyer, & Zedeler, 1991).

Obesity and hypertension, two risk variables for lymphedema associated with breast cancer that is also more common in women, are evaluated in regression models (Dean et al., 2018). More than 50% of the survey participants who were aware of breast cancer also understood how it was related to ageing, not nursing, painless lumps, obesity, and smoking (Gilani et al., 2010).

Obesity is a known risk factor for breast cancer. Obese women are more likely to develop postmenopausal breast cancer than premenopausal women, according to universal consensus (Lahmann et al. 2004, van den Brandt et al. 2000). An analysis of overweight, obesity and cancer mortality in US women over a 16-year period revealed that obese women in the highest body mass index (BMI) quintile had a death rate relative risk from breast cancer that was twice as high as those in the lowest BMI quintile (Calle et al. 2003). When compared to non-obese breast cancer patients, obese patients tend to have a higher risk of lymph node metastasis, big tumours, and death. Some data suggest that obesity considerably increases the likelihood of acquiring breast cancer in women with a family history of the disease when compared to thinner women with a favourable family history (Lorincz & Sukumar, 2006).

Unaffected by the use of HRT, a study found that BMI at age 18 was negatively correlated with the incidence of breast cancer. Only postmenopausal women who had never received hormone replacement therapy were associated with an increased risk of breast cancer, regardless of weight, BMI at baseline, BMI at age 50, maximum BMI, adult and postmenopausal weight change, or waist and hip circumference.

Only among women who had never used hormone replacement therapy did we discover that obesity was linked to an increased risk of postmenopausal breast cancer (Morimoto et al., 2002).

Even when other known barriers to care were taken into account, overweight and obese women were less likely to undergo Pap tests and mammograms for cervical and breast cancer screening. Women who are overweight or obese should be given special attention since they are more likely to die from cervical and breast cancer (Wee, McCarthy, Davis, & Phillips, 2000).

Age

The ratio of breast cancer increases with the increase in the age of women. Women, 80 years of age and older experience reduced incidence rates, which may be due to lower screening rates, earlier mammogram cancer detection, and insufficient detection. The median age at breast cancer diagnosis between 2010 and 2014 was 62.17. As a result, 62 years of age or younger was the diagnostic age for 50% of breast cancer patients. According to a study, more than 50% of participants who were aware of breast cancer also understood that smoking, being obese, not breastfeeding, and having a painless lump increase the risk of developing the disease (Gilani et al., 2010).

Research Methodology

Population

The Breast Cancer patients at IRNUM Hospital Peshawar constituted the population of the study.

Sample

A purposive sampling technique was used to select participants for data collection. Out of the total population, 60 breast cancer patients were selected

Research Instruments

A questionnaire and interview schedule were used to collect data from the participants

Data Analysis

The collected data was analyzed through frequency and percentage

Analysis of Data

Demographic characteristics

Table 1

Frequency distribution and percentage of the respondents (Breast Cancer Patients) according to their age.

Age	Frequency	Per cent
20 to30	1	1.7
31 to 40	21	35
Above 40	38	63.3
Total	60	100

Table 1 indicates the distribution of the respondents pertaining to their age. The result indicated Out of 60(100%), 38(63.3%) of the total population age were above 40 years. More than one-third i.e. 21(35%) of the respondents' age group were 31 to 40. While 1 respondent which makes 1.7% was in the age group 20 to 30 years. These findings indicate that young people are less affected by breast cancer as compared to people above 40 years.

Table 2

Data Analysis and Percentage Distribution of the Respondents According to their Education Status

Education status	Frequency	Percent
Educated	4	6.7
Uneducated	56	93.3
Total	60	100

The above table reveals information regarding the education status of the respondents. The result disclosed that 93.3% out of 100 % were uneducated. The result indicates that uneducated people have more likely to affect by breast cancer as compared to educated because of awareness of health-related issues and educated people care more about their health compared to uneducated.

Table 3

Frequency and percentage distribution of the marital status of the respondents.

Marital status	Frequency	Percent
Married	60	100.0
Unmarried	0	0
Total	60	100.0

Table 3 reveals information regarding the marital status of the respondents. 100% of the respondents were married no unmarried respondents were selected for information collection regarding breast cancer.

Table 4

Frequency and percentage distribution of the respondent according to their number of kids.

Number of kids	Frequency	Percent
0	1	1.7
0 to 3	16	26.7
3 to 5	21	35.0
More than 5	22	36.7
Total	60	100

Table 4 depicts the distribution of breast cancer patients according to the number of kids they have. This table shows that respondents having 0 to 3 kids are 16 which makes 26.7%. 21 out of 60 respondents have 3 to 5 kids which makes 35%. 22 patients have more than 5 kids which makes 36.7%. These findings indicate that people whose numbers of kids are more than 5 are most likely to affect by breast cancer.

Table 5

Frequency and percentage distribution of the respondent according to their weight

Weight	Frequency	Percent
20 to 40kg	1	1.7
41 to 60kg	29	48.3
61 to 80kg	30	50.0
Total	60	100

Table 5 states the percentage distribution of the respondents (breast cancer patients) according to their weight. The data presented in the table highlight that 1 of the respondents has 20 to 40 kg weight which makes 1.7%. 29 41 to 60kg weight which is 48%. 30 were 61 to 80kg weight which is 50 %. According to the findings of the above table, Weight is also a factor responsible for breast cancer.

Table 6

Frequency distribution and percentage of the respondents according to employment status.

Employment status	Frequency	Percent
Employment	1	1.7
Unemployment	59	98.3
Total	60	100

Table 6 is about the employment information of the respondents. According to table 1, (1.7%) of the respondents are doing the job and 59(98.3%) of the respondents are unemployed.

Table 7

Frequency distribution and percentage of the respondents on the basis of their monthly income.

Income In PKR	Frequency	Percent
10,000 to 20,000	28	46.7
21,000 to 30,000	20	33.3
31,000 to 40,000	8	13.3
above 40,000	4	6.7
Total	60	100.0

Table 7 displays the information of the respondents according to their monthly income. The result indicates that the majority of the sample size i.e.28(46.7%) monthly income is under

20,000. While more than one-third i.e. 20(33.3%) monthly income is between 21,000 to 30,000. However, 8(13.3%) of the respondents' monthly income is 31,000 to 40,000. From the above table, it has been inferences that the majority of the respondents belong to the poor segment. Only 4(6.7%) respondents' monthly income is more than 40,000. The following result shows that economic status is also a responsible factor for breast cancer.

Table 8

Frequency distribution and percentage of the respondents on the basis of their age they got married.

Age at marriage	Frequency	Percent
10 to 19	39	65.0
20 to 39	20	33.3
Above 30	1	1.7
Total	60	100

Table 8 indicates the distribution of the respondents according to their age at marriage. According to the above table 39 out of 60 respondents which are 65% got married under 10 to 19 years. 20 which is 33.3% got married under 20 to 29 years. 1 which is 1.7% got married at the age of above 30 years.

Socio-Economic Status

Table 9

Frequency and percentage distribution of the respondents on the basis of socio-economic status.

S. No	Statement	YES	No	Don't know
1	Lack of better health services leads to breast cancer	55(91.7%)	5(8.3%)	
.2	Unhygienic conditions lead to breast cancer	23(38.3%)	37(61.7)	
3	More dependent family members	21(35)	39(65)	
4	Selection of low standard hospital on the basis of poor economic status	52(86.7)	8(13.3)	
5	Insufficient income for treatment affordability	53(88.3)	7(11.7)	
6	Medicine expenses	55(91.7)	5(8.3)	
7	Lack of awareness leads to breast cancer	60(100)		
8	No care for early illness leads to breast cancer	60(100)		
9	Traditional alternative medication	25(41.7)	34(56.7)	1(1.7)
10	Lesser Education	54(90.0)	6(10.0)	
11	Do you use oral contraception?	11(18.3)	49(81.7)	
12	Do you breastfeed any of your children?	59(98.3)	1(1.7)	

According to the above table, a lack of better health services leads to breast cancer. In this respect, I found 55 which are 91.7% of the respondents agree with the statement, while 5 which are 8.3% of the respondents negate the statement. Moreover, 23 (38.3%) of the respondents stated unhygienic condition leads to breast cancer while 37 which are 61.7% negate this statement. In addition, 21 (35%) of the total sample size disclosed that more dependent family members lead to BC but 39 (65%) shows disagreement with the above statement. Likewise, low standard hospital on the basis of poor economic status leads to BC. The result indicates that 52 (86.7%) of the respondents agreed with the statement. While 8 (13.3%) of the respondents disagree with the statement. Is insufficient income for treatment responsible for BC or not 53 (88.3%) of the respondents were in favour of the statement while 7 (11.7%) disagree with the statement.

The result indicates that 55(91.7%) of the respondents agreed with the statement that due to medical expenses of BC it is not cured on time and 5(8.3%) of the respondents neglected the statement. The result shows that due to medical expenses, most BC patients don't get on time treatment. The table clearly shows that all of the respondents 60(100%) agree that a lack of awareness of BC leads to an increasing rate of BC. This means lack of awareness is a responsible

factor for the increasing rate of BC. Due to a lack of awareness about BC, its ratio is increasing day by day. The result indicates that 60(100%) respondents said that yes no care to early illness leads to BC, which means that no care to early illness is also one of the reasons for the increasing BC ratio.

I found 25 (41.7%) of the respondents thought that yes traditional alternative medication is a responsible factor of BC, while 34(56.7%) of the respondents said that no traditional alternative medication is not a responsible factor for increasing BC ratio. In addition 1(1.7%) of the respondents didn't know anything about the question. The result disclose that a major chunk of the respondents 54(90%) agrees that lesser education is a sociological factor which is responsible for BC, while 6(10%) respondents thought lesser education is not a responsible factor for BC.

The result shows that 11 (18.3%) of the respondents who are BC patients use oral contraception and more than half of the respondents 49(81.7%) of the respondents didn't use oral contraception. It has been concluded from the result that the majority of the sample size 59(98.3%) breastfeed their children, while 1(1.7%) of the sample size didn't breastfeed their children. According to the above table, 58(96.7%) of the respondents answer yes, while resting of the respondents 2(3.3) answered no.

Table 10

Frequency and percentage distribution of the respondents on the basis of physical cause.

S. No	Statement	Yes	No	Don't know
1	Unavailability of BC hospital	58(96.7)		2(3.3)
2	Unavailability of BC Experts	58(96.7)		2(3.3)
3	Unavailability of BC Quality medicine	58(96.7)		2(3.3)
4	Delayed availability of medicine by govt. hospitals	58(96.7)		2(3.3)
5	Poor sanitation system	17(28.3)	20(33.3)	23(38.3)
6	Lack of physical activities	10(16.7)	34(56.7)	16(26.7)

According to the above table unavailability of BC, hospitals is responsible for the increasing rate of BC patients. The result shows that 58(96.7%) of the respondents agree with the statement information regarding the unavailability of BC experts, rest 2(3.3%) of the respondents neglected the statement. The result shows that due to the unavailability of BC experts BC ratio is increasing day by day, and also due to the unavailability of BC experts in government hospitals most of the patients didn't get proper treatment because of their low recourses. The table clearly shows that 58(96.7%) of the respondents answered yes quality medicine for BC is unavailable in government hospitals. While 2 (3.3%) of the respondents did not agree with the statement. 58(96.7%) of the respondents answered positively to the statement is delayed availability of medicine by government hospitals is responsible for BC, while (3.3%) of the respondents didn't know anything about the statement.17(28.3%) of the respondents agree with the statement that poor sanitation system is responsible for BC, while 20(33.3%) of the respondents thought poor sanitation system didn't cause BC. 23(38.3%) of the respondents were having no knowledge about the statement asked. The result indicates that 10(16.7%) of the respondents stated that lack of physical activities is a responsible social factor for BC. While the majority of the respondents 34(56.7%) were opposed to this statement. Furthermore 16(26.7%) of the respondents didn't know about the statement.

Findings

Table 1 indicates the distribution of the respondents pertaining to their age. The result indicated Out of 60(100%), 38(63.3%) of the total population age were above 40 years. More than one-third i.e. 21(35%) of the respondent's age group were 31 to 40. While 1 respondent which makes 1.7% was in the age group 20 to 30 years. These findings indicate that young people are less affected by breast cancer as compared to people above 40 years.

1. The above table reveals information regarding the education status of the respondents. The result disclosed that 93.3% out of 100 % were uneducated. The result indicates that uneducated people have more likely to affect by breast cancer as compared to educated because of awareness of health-related issues and educated people care more about their health compared to uneducated.
2. Table No 4.1.3 reveals information regarding the marital status of the respondents. 100% of the respondents were married no unmarried respondents were selected for information collection regarding breast cancer.
3. Table 4.1.4 depicts the distribution of breast cancer patients according to the number of kids they have. This table shows that respondents having 0 to 3 kids are 16 which makes 26.7%. 21 out of 60 respondents have 3 to 5 kids which makes 35%. 22 patients have more than 5 kids which makes 36.7%. These findings indicate that people whose numbers of kids are more than 5 are most likely to affect by breast cancer.
4. Table 4.1.5 states the percentage distribution of the respondents (breast cancer patients) according to their weight. The data presented in the table highlight that 1 of the respondents has 20 to 40 kg weight which makes 1.7%. 29 41 to 60kg weight which is 48%. 30 were 61 to 80kg weight which is 50 %. According to the findings of the above table, Weight is also a factor responsible for breast cancer.
5. Table 4.1.6 is about the employment information of the respondents. According to table 1, (1.7%) of the respondents are doing a job and 59(98.3%) of the respondents are unemployed.
6. Table 4.1.7 display the information of the respondents according to their monthly income. The result indicates that the majority of the sample size i.e.28(46.7%) monthly income is under 20,000. While more than one-third i.e. 20(33.3%) monthly income is between 21,000 to 30,000. However, 8(13.3%) of the respondents' monthly income is 31,000 to 40,000. From the above table, it has been inferences that the majority of the respondents belong to the poor segment. Only 4(6.7%) respondents' monthly income is more than 40,000. The following result shows that economic status is also a responsible factor for breast cancer.
7. Table 4.1.8 indicates the distribution of the respondents according to their age at marriage. According to the above table 39 out of 60 respondents which are 65% got married under 10 to 19 years. 20 which is 33.3% got married under 20 to 29 years. 1 which is 1.7% got married at the age of above 30 years.
8. According to table 4.2.1 lack of better health services leads to breast cancer. In this respect, I found 55 which are 91.7% of the respondents agree with the statement, while 5 which are 8.3% of the respondents negate the statement. Moreover, 23 (38.3%) of the respondents stated unhygienic condition leads to breast cancer while 37 which are 61.7% negate this statement. In addition, 21 (35%) of the total sample size disclosed that more dependent family members lead to BC but 39 (65%) shows disagreement with the above statement. Likewise, low standard hospital on the basis of poor economic status leads to BC. The result indicates that 52 (86.7%) of the respondents agreed with the statement. While 8 (13.3%) of the respondents disagree with the statement. Is insufficient income for treatment responsible for BC or not 53 (88.3%) of the respondents were in favour of the statement while 7 (11.7%) disagree with the statement. The result indicates that 55(91.7%) of the respondents agreed with the statement that due to medical expenses of BC it is not cured on time and 5(8.3%) of the respondents neglected the statement. The result shows that due to medical expenses, most BC patients don't get on time treatment. The table clearly shows that all of the respondents 60(100%) agree that a lack of awareness of BC leads to the increasing rate of BC. This means lack of awareness is a responsible factor for the increasing rate of BC. Due to a lack of awareness about BC, its ratio is increasing day by day. The result indicates that 60(100%) respondents said that yes no care to early illness leads to BC, which means that no care to early illness is also one of the reasons for the increasing BC ratio. The researcher found 25 (41.7%) of the respondents thought that yes traditional alternative medication is a responsible factor of BC, while 34(56.7%) of the respondents said that no traditional alternative medication is not a responsible factor for

increasing BC ratio. In addition 1(1.7%) of the respondents didn't know anything about the question. The result disclose that a major chunk of the respondents 54(90%) agrees that lesser education is a sociological factor which is responsible for BC, while 6(10%) respondents thought lesser education is not a responsible factor for BC. The result shows that 11 (18.3%) of the respondents who are BC patients use oral contraception and more than half of the respondents 49(81.7%) of the respondents didn't use oral contraception. It has been concluded from the result that the majority of the sample size 59(98.3%) breastfeed their children, while 1(1.7%) of the sample size didn't breastfeed their children. According to the above table, 58(96.7%) of the respondents answer yes, while resting of the respondents 2(3.3) answered no.

9. According to table 4.2.2 the unavailability of BC hospitals is responsible for the increasing rate of BC patients. The result shows that 58(96.7%) of the respondents agree with the statement information regarding the unavailability of BC experts, rest 2(3.3%) of the respondents neglected the statement. The result shows that due to the unavailability of BC experts BC ratio is increasing day by day, and also due to the unavailability of BC experts in government hospitals most of the patients didn't get proper treatment because of their low recourses. The table clearly shows that 58(96.7%) of the respondents answered yes quality medicine for BC is unavailable in government hospitals. While 2 (3.3%) of the respondents did not agree with the statement. 58(96.7%) of the respondents answered positively to the statement is delayed availability of medicine by government hospitals is responsible for BC, while (3.3%) of the respondents didn't know anything about the statement. 17(28.3%) of the respondents agree with the statement that poor sanitation system is responsible for BC, while 20(33.3%) of the respondents thought poor sanitation system didn't cause BC. 23(38.3%) of the respondents were having no knowledge about the statement asked. The result indicates that 10(16.7%) of the respondents stated that lack of physical activities is the responsible social factor for BC. While a majority of the respondents 34(56.7%) were opposed to this statement. Furthermore 16(26.7%) of the respondents didn't know about the statement.

Conclusion

Breast cancer is a type of cancer that originates in breast tissue. It grows inside the breast gland and is an invasive tumour. Breast cancer symptoms include lumps in the breast, a change in breast shape, dimpling of the skin, fluid emerging from the nipple, a newly inverted nipple, and a red or scaly patch of skin. The most typical cancer diagnosis for women in Pakistan is breast cancer. Each year, 90000 new cases are diagnosed, of whom 40000 go on to develop fatal conditions. The fast-rising BC ratio is a result of some socioeconomic issues. The primary goal of this research is to identify the societal elements that contribute to BC. This research was carried out at the IRNUM Hospital in Peshawar. In the chosen hospital, a sample size of 60 respondents (BC patients) was chosen at random. SPSS was used to analyse the study. For the data and frequency, descriptive analysis was done. The study's findings show that one of the main causes of BC is the absence of better healthcare services and government hospitals. Similarly to this, BC is being led by the government hospital's delayed drug availability. Another contributing factor to BC is the choice of low-quality hospitals because of the province's difficult economic situation. According to the study's findings, socioeconomic status, obesity, and a lack of knowledge about BC are the main sociological causes of the disease. The findings of the study are used to inform the recommendations that follow.

Recommendations

Following are the recommendation on the basis of the study findings

1. A holistic approach and concerted efforts are needed to mobilize all the stakeholders to protect these patients which could be minimized by improving the physical conditions of hospitals.

2. Awareness campaigns regarding breast cancer should be accentuated and highlighted through print and electronic media.
3. On the basis of the study findings special attention must be focused on expanding medical treatment and providing basic facilities.
4. Consistent efforts need to be made by the government and other agencies to address the breast cancer-related problems the people.

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