



Breast Cancer can be taken as Taboo

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Perspective

The health care delivery system in Pakistan is a three tiered, which includes primary, secondary and tertiary care, where the primary sector is mainly focused on community level for the purpose of awareness and promotion of health along with referral to secondary care where the client goes for investigation. If required, they can also be transited to tertiary care for the purpose of preservation and rehabilitation services. However it is important for the extensive health care where the infrastructure, needs to be translated in optimal with holding the concept of health for all equally. The public health care system in Pakistan is having abundant problems such as fragmentation in structure, lack of resources, with functional unambiguous, gender selfishness and inaccessibility shows the decreasing progress in health indicator. Besides, the role of private sector and nongovernmental organization are acknowledged, as the private sector is trying to reduce the burden of diseases and promote the safe & healthy concept in community, the example are immunization, maternal and child health care, family planning, growth monitoring, dehydration TB Dot, including mental health and screening program. These interventions initiated which hold the fully trusted within communities. As a Field Health Officer in primary health care setup, I encounter daily challenges to maintain the quality standards such as transparency of indicator, monitoring and evaluation, surveillance audit; continue education for health care pyramids and promotional awareness activities in community.

Apart from these role and responsibilities there are always high and low moments in working station and recently I have been assigned breast cancer screening task which seems to be burning and difficult to work effectively in the eradication of this stigmatize disease. As the mythical existence of breast disease is still capsulated. The community has a fear to loose there body part.

On the other hand, Mackel et al. proposed that values and traditions have oppressed women with the message that without breasts, women are not whole The female breasts are often seen as symbols of sexuality, femininity, and motherhood. It is frequently difficult for women to sort out their own feelings about their breasts from the messages that women receive from embedded cultural values, social interactions, individual experiences, and the media. For the most part, women have allowed their breasts to be defined by others' viewpoints, and have allowed their own views to get lost in the shuffle. Western society appears to be breast obsessed, and many American women fear losing their breasts from breast cancer more than dying from it [1]. College of physician and surgeon Pakistan [2]. Report the highest incidence of breast cancer among Pakistani women which more like to be 50/100,000. It more or less every nine women develop the breast cancer among society. Many women still experience a sense that discussion of breast cancer should be repressed. There has been a persistent idea that cancer of any sort should not be controlled, possibly because cancer itself is perceived by some as uncontrollable. Another reason women may be hesitant to openly discuss breast cancer is that open dialogue about women's breasts is usually not considered appropriate in general conversation. Discussions and comments about breasts, other than in a sexual context, are typically subdued. This seems to be paradoxical. Breasts are typically viewed as inappropriate for discussion because they are often perceived as sexual organs: However, the only socially acceptable way to talk about breasts in this society has been to talk about them as sexual objects [3].

It was my routine work in the screening where all of sudden I observed on women who must be 40 plus putting her head down and look depressed I went to speak to her and asked her what happened to you? She stated that Dr. just told me that in my mammogram report I have been diagnosis with breast CA. which is not acceptable for me, am I suffering from any curse or maybe I have done any sin whom I Diagnosis with this taboo disease. She looked at me with teared eyes and stated that, I never leave my Prayers I am sure God is not happy with me, at the glance I was just wondering and listening to her, I kept silent and put my hand on her shoulder and convenience her that she will be fine as the technology is introduced in well mannered which may speedy her recovery and help her to cope her with treatment process.

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My first bra brought with it some mixed emotions. I wanted to pay no attention or make any mention of my breasts. Consequently, this reluctance caused me to delay my first mammogram when I thought I felt a lump in my breast where my age crosses of 30's [3].

On further investigation I came to know is more anxious about her daughter's wedding where only family member who will be performing necessarily during the ceremony. To minimize the stress of the female XYZ I offered her help and try to decreases her anxiety I offered her to attend group coaching, Group coaching is used much more often now because it often can achieve more impact, more quickly and at lower cost. Group coaching leverages the untapped wisdom, support and networking among clients, employees and peers. During the coaching the some disease clients interact among themselves where they share they come experience and feeling which is ultimate the strategy of health promotional method where specifically the facilitation of behavioral changes are modified accordingly. Perhaps I found better feelings about Ms. XYZ. After listening the common problem of the female she accepted the challenge and pursue for the treatment. Lucky she got chance my her physician that she can actively participate in her daughter's wedding and after that she can concentrated on the treatment which was soon after 15 days of the ceremony.

In my opinion

1. I highly recommend aggressive screening and awareness session should be arranged.
2. Risk factors predisposing to high incidence of carcinoma breast should be identified and dealt with.

3. Female literacy regarding lumps in the breast should be increased.

4. Combined CME should be arranged with surgeons' to adopt protocols, which lead to once only surgery protocols and multidisciplinary approach to patient management.

5. Younger age group in the colleges and schools should be trained for Breast Self-Examination (BSE).

6. Media should be used to increase awareness among general practitioners.

7. All concerned people like Hakeem's, Homeopaths, Should be provided awareness for early referral of patients to the tertiary care.

8. NGO should be utilized for the awareness program.

9. Central cancer registry should be introduced by Government to monitor cancer registry (2013).

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