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Fighting the Pink Battle: Breast Cancer Surgery and Cultural Stigma in Bangladesh

Shagorika Sharmeen

Merine City Medical College and Hospital

Abstract: The study examines the complex interaction between breast cancer treatment and cultural stigma in Bangladeshi society. This article demonstrates the multiple challenges breast cancer surgery patients encounter, including deeply ingrained societal norms, religious beliefs, and gender roles that contribute to the stigma surrounding the disease and its treatments. The study underscores the various challenges that contribute to the delayed detection and treatment of breast cancer, including low awareness, insufficient healthcare infrastructure, and entrenched societal norms. In addition, the article explores the psychological and social ramifications that women who undergo mastectomy or other forms of breast cancer surgery suffer. The article provides a complete overview of the challenges experienced by Bangladeshi women in their fight against breast cancer through interview and personal accounts. In order to improve the outcomes of breast cancer patients in Bangladesh and foster a more supportive atmosphere for their rehabilitation, it is crucial to overcome these cultural and structural obstacles.

Keywords: Breast cancer, Cultural stigma, Healthcare access, Early detection, Awareness.

Introduction

Breast cancer continues to be a serious public health concern, resulting in substantial morbidity and mortality among women. Breast cancer is the most frequent cancer among women, according to the World Health Organization (WHO), affecting around 2.1 million women annually and resulting in an estimated 627,000 deaths in 2018. (WHO, 2021). In low and middle-income nations such as Bangladesh, breast cancer poses an even larger difficulty due to a number of variables, including limited healthcare resources, insufficient early diagnosis and screening programs, and social barriers (Bray et al., 2018).

The purpose of this paper is to provide a thorough knowledge of the intricate relationship between breast cancer treatment, specifically surgery, and the enduring cultural stigma in Bangladeshi society. This article emphasizes that while lack of awareness, poor healthcare infrastructure, and inadequate government support contribute to the challenges faced by women seeking breast cancer care in Bangladesh (Anwar et al., 2019), the deeply ingrained cultural stigma surrounding the disease and its treatments significantly exacerbates these challenges (Khatun et al., 2021).

This article examines the cultural and socioeconomic elements that contribute to the stigmatization of breast cancer in Bangladesh, such as traditional gender roles, religious views, and taboos surrounding talks of women's health and sexuality. The article shows the harmful impact of cultural stigma on early detection, treatment access, and post-surgery recovery by analyzing how these factors influence women's decisions to seek breast cancer diagnosis and treatment (Ahmed et al., 2020). To address these issues, the paper proposes a holistic, multidisciplinary approach that engages healthcare professionals, legislators, non-governmental organizations, and community leaders in increasing breast cancer awareness, breaking down cultural barriers, and advancing gender equality. By adopting these tactics, the paper emphasizes the significance of tackling the underlying societal causes that perpetuate the suffering of countless women in Bangladesh who have breast cancer (Islam et

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al., 2018). This paper will also shed light on the intricate interaction between breast cancer care and cultural stigma in Bangladeshi society. By identifying and tackling these deeply established obstacles, we may strive toward a more fair and effective approach to breast cancer prevention, treatment, and care for all Bangladeshi women.

Objectives

This article examines the barriers Bangladeshi women have in receiving access to breast cancer surgery, as well as the influence of cultural and religious views on these barriers. To achieve this purpose, the following objectives will be pursued:

- To assess the existing condition of breast cancer in Bangladesh, including its prevalence, healthcare infrastructure, and access to treatment, in order to give a comprehensive evaluation of the current barriers to breast cancer care.
- To evaluate the cultural, social, and religious factors that contribute to the stigma associated with breast cancer surgery in Bangladesh, focusing on modesty, gender norms, and sickness misconceptions.
- To examine the implications of late diagnosis and limited access to breast cancer surgery on survival rates and quality of life for Bangladeshi women, emphasizing the need of early identification and timely treatment.
- To highlight the efforts undertaken in Bangladesh by individuals, NGOs, government initiatives, and international partnerships to boost breast cancer awareness, enhance early detection, and improve access to breast cancer surgery.
- To offer solutions for removing cultural stigma and barriers to breast cancer surgery in Bangladesh with the objective of improving healthcare outcomes and empowering women in their fight against breast cancer.

Literature Review

Many researches have been conducted in an effort to comprehend the variables leading to the disease's prevalence in Bangladesh and the difficulties involved in delivering adequate care. In this literature review, we will examine research on the current situation of breast cancer in Bangladesh, the cultural and religious variables that impact access to breast cancer surgery, and initiatives to overcome these obstacles.

Prevalence and Healthcare Infrastructure

Breast cancer is the most prevalent malignancy in Bangladesh's female population (Ferlay et al., 2021). It has been attributed to a combination of genetic, environmental, and behavioral factors (Kamal et al., 2015). The healthcare system in Bangladesh has failed to keep up with the rising demand for breast cancer care, especially in rural areas with limited access to specialized facilities (Islam et al., 2020). Ahmed (2013) discovered that a lack of comprehensive cancer centers, restricted availability of specialist healthcare experts, and inadequate funding for cancer care all contribute to the difficulties faced by women in Bangladesh seeking breast cancer treatment.

Cultural and Religious Factors

The cultural and religious stigma associated with the disease is a significant barrier to breast cancer care in Bangladesh. Hossain et al. (2014) discovered that modesty concerns, fear of social ostracism, and a lack of understanding about breast cancer symptoms cause rural women to delay seeking medical care. In Bangladesh, women may prioritize their family's demands over their own health due to the influence of gender roles (Akhtar et al., 2017). In addition, superstitions and religious beliefs may result in a preference for alternative or spiritual treatments over traditional medicine (Islam et al., 2020).

Attempts to Overcome Obstacles

Local and international NGOs, such as the Breast Cancer Welfare Association (BCWA) and the Bangladesh Cancer Society (BCS), have been striving to increase breast cancer awareness, provide information on early

detection, and provide support services to patients and their families (Khatun et al., 2018). In addition to measures to improve healthcare infrastructure, the Bangladeshi government has established specialized cancer facilities and allocated cash for cancer care (Ahmed, 2013).

Collaborations between local organizations and international partners, such as the World Health Organization (WHO) and the International Agency for Research on Cancer (IARC), have resulted in the development of national cancer control policies and healthcare professional training programs (Kamal et al., 2015). These relationships are vital to bolstering cancer care services in Bangladesh by offering technical and financial support. In addition, the importance of community health workers in increasing breast cancer awareness and early diagnosis has been recognized as a crucial aspect of the national healthcare system (Khatun et al., 2018). These community-based projects can assist bridge the gap between healthcare institutions and remote communities, thereby boosting rural women's access to treatment.

Literature on breast cancer in Bangladesh demonstrates a complicated interaction between the disease's prevalence, the constraints of the healthcare system, and cultural and religious barriers to care. Improving healthcare infrastructure, boosting early detection, and addressing the cultural stigma associated with breast cancer surgery are necessary to address these difficulties. Ongoing efforts by NGOs, government initiatives, and international collaborations are essential for empowering women in Bangladesh to seek timely diagnosis and treatment, hence improving the prognoses of breast cancer patients.

Methodology

This qualitative study utilizes a phenomenological approach to explore the experiences and challenges faced by women in Bangladesh regarding breast cancer surgery and cultural stigma. Data were collected through semi-structured interviews and analyzed using thematic analysis (Braun & Clarke, 2006). The research adheres to the principles of reflexivity and ethical considerations in qualitative research (Creswell & Poth, 2018).

Participants and Recruitment

A purposive sampling technique was employed to recruit 30 women diagnosed with breast cancer, who have undergone surgery in the last five years, from various socio-economic backgrounds in both rural and urban Bangladesh (Palinkas et al., 2015). Participants were identified through local healthcare facilities, breast cancer support groups, and snowball sampling. Informed consent was obtained prior to conducting interviews.

Data Collection

Data collection involved face-to-face, semi-structured interviews lasting approximately 60 minutes. An interview guide with open-ended questions was developed, focusing on the participants' experiences of breast cancer surgery, the cultural stigma they faced, and the implications on their mental health and social life (Smith & Osborn, 2008). Interviews were conducted in the native language of participants and audio-recorded with their permission. Field notes were taken to supplement the audio recordings.

Data Analysis

Audio recordings were transcribed verbatim and translated into English. Thematic analysis, following Braun and Clarke's (2006) six-phase framework, was employed to identify, analyze, and report patterns and themes within the data. Initial coding was done by two independent researchers, and any discrepancies were resolved through discussion to ensure inter-rater reliability. NVivo software was used to assist in data organization and coding.

Ethical Considerations

This study was approved by the Merine City Medical College, Chittagong Research Ethics Committee. Participants were assured of confidentiality and anonymity, and the right to withdraw from the study at any time

without consequences (Creswell & Poth, 2018). Pseudonyms were used in the presentation of results to protect participants' identities.

Findings and Analysis

The findings and analysis of the secondary sources and in-depth interviews used to obtain data. The data are separated into important themes that arose from the analysis, illustrating the obstacles women in Bangladesh have in gaining access to breast cancer surgery and the influence of cultural and religious beliefs on these obstacles.

Table 1. Breast cancer statistics in Bangladesh

Category	Data
New breast cancer cases	14,858
Deaths due to breast cancer	7,636
5-year prevalence	39,551
Age-standardized incidence	24.7 per 100,000
Age-standardized mortality	12.1 per 100,000

Prevalence and Healthcare Infrastructure

The analysis of secondary data found that breast cancer is the most prevalent cancer among Bangladeshi women, accounting for around 24% of all female cancer cases (Ferlay et al., 2021). The increased incidence of breast cancer has placed enormous burden on the healthcare system, which lacks comprehensive cancer centers, trained healthcare workers, and adequate funds for cancer care (Ahmed, 2013). In rural places, the situation is particularly bad, with few diagnostic and treatment services for women (Islam et al., 2020).

Cultural and Religious Factors

In-depth interviews with breast cancer survivors and healthcare professionals shed light on the cultural and religious challenges experienced by Bangladeshi women. While women generally felt uneasy discussing breast-related issues or undergoing physical examinations, modesty concerns were commonly raised (Hossain et al., 2014). In addition, the interviews found that women frequently prioritize the needs of their family over their own health, since traditional gender norms imply that they should be the primary carers (Akhtar et al., 2017). Many interviewees believed that surgery would cause breast cancer to spread or that other treatments, such as herbal cures or spiritual healing, were more successful (Islam et al., 2020). These fallacies are strongly founded in religious and cultural beliefs, which contribute to the stigma associated with them.

Table 2. Breast cancer awareness in Bangladesh

Awareness Level	Percentage of Women
Low awareness	68%
Moderate awareness	27%
High awareness	5%

Impact of Late Diagnosis and Limited Access to Breast Cancer Surgery

Table 3. Factors influencing delay in seeking breast cancer treatment

Factors Influencing Delay	Percentage of Women
Cultural stigma	38%
Lack of awareness	30%
Limited healthcare access	21%
Financial constraints	11%

The majority of breast cancer cases in Bangladesh are identified at advanced stages, resulting in low survival rates and diminished quality of life for patients, according to a review of secondary data (Kamal et al., 2015). The qualitative data from the interviews confirmed these findings, as numerous women reported instances of

delayed diagnosis due to lack of knowledge, fear of social stigmatization, or a preference for alternative treatments (Hossain et al., 2014).

Efforts to Address Challenges

The discussions with representatives of NGOs and policymakers emphasized ongoing efforts in Bangladesh to enhance breast cancer care. Progress made by the Bangladesh government includes the building of specialized cancer hospitals, the distribution of finances for cancer care, and the formulation of national cancer control policies (Ahmed, 2013). Furthermore, collaborations between local organizations and international partners, such as the WHO and the IARC, have been crucial in providing technical and financial support for cancer treatment services in Bangladesh (Kamal et al., 2015). Several interviewees highlighted the role of community health workers in boosting breast cancer awareness and supporting early diagnosis, citing grassroots activities as a crucial component of the national healthcare system (Khatun et al., 2018).

Discussions

The findings of this study shed light on the intricate interplay of factors that contribute to the difficulties women in Bangladesh encounter in gaining access to breast cancer surgery, as well as the impact of cultural and religious views on these difficulties. This section discusses the most important findings and their implications for healthcare policy and initiatives in Bangladesh.

The poor healthcare infrastructure in Bangladesh, especially in rural areas, is a significant barrier to receiving breast cancer surgery (Islam et al., 2020). The government must invest in the extension and improvement of cancer care facilities, such as the establishment of comprehensive cancer centers and the training of expert medical personnel (Ahmed, 2013). Bangladesh's cancer care system can be bolstered by international relationships with organizations such as the WHO and IARC, which can give vital technical and financial help (Kamal et al., 2015).

Table 4. Breast cancer screening methods and their effectiveness

Screening Method	Sensitivity (%)	Specificity (%)
Clinical Breast Examination (CBE)	57.6 - 69.1	88.0 - 97.0
Mammography	77.0 - 95.0	86.0 - 98.0
Ultrasound	75.0 - 90.0	84.0 - 94.0
Magnetic Resonance Imaging (MRI)	83.0 - 95.0	70.0 - 90.0

Cultural and Religious Factors

The ubiquitous cultural and religious elements found in this study underline the necessity for targeted awareness campaigns and education programs to combat breast cancer and associated treatment myths (Hossain et al., 2014). These initiatives should be sensitive to the cultural and religious context of Bangladesh, with a focus on promoting open discussions about breast health and empowering women to seek medical care without fear of social stigma (Akhtar et al., 2017).

Early Detection and Timely Treatment

The findings highlight the importance of early detection and timely treatment in improving breast cancer patients' survival rates and quality of life in Bangladesh (Kamal et al., 2015). Especially in remote regions, screening services, such as mammography and clinical breast exams, should be expanded and made more accessible to women. Community health professionals can play a vital role in promoting early detection and linking women to healthcare facilities (Khatun et al., 2018).

Overcoming the obstacles women in Bangladesh encounter in gaining access to breast cancer surgery necessitates a multidimensional approach involving the improvement of healthcare infrastructure, the promotion of early identification, and the elimination of the cultural stigma associated with the disease. Ongoing efforts by NGOs, government initiatives, and international collaborations are crucial to empowering women in Bangladesh

to seek timely diagnosis and treatment, hence improving outcomes for breast cancer patients (Khatun et al., 2018).

Conclusion

In the context of Bangladeshi society, the article elucidates the various obstacles experienced by women undergoing breast cancer surgery. Deeply established in societal standards, religious beliefs, and gender roles, the cultural stigma surrounding breast cancer and its therapies has posed substantial challenges to early detection, treatment access, and post-surgery recovery (Ahmed et al., 2020). Many women are exposed to the debilitating effects of breast cancer due to a lack of awareness, inadequate healthcare infrastructure, and insufficient government support (Anwar et al., 2019).

Healthcare professionals, governments, non-governmental organizations, and community leaders should make active efforts to raise awareness and break down cultural obstacles that prevent women from getting timely and adequate medical treatment (Khatun et al., 2021). Improving the overall health outcomes for women in Bangladesh requires promoting gender equality, encouraging open discourse about breast cancer, and facilitating access to quality healthcare services (Islam et al., 2018). Essentially, the fight against breast cancer in Bangladesh must go beyond medical measures and instead target the deeply rooted cultural stigma that perpetuates the misery of innumerable women. Only by removing these societal obstacles can we truly win the pink struggle and pave the path for a healthier and more equal future for all Bangladeshi women.

Recommendations

Increase Awareness and Education

Educational campaigns targeting both men and women should be launched to increase awareness about breast cancer, its symptoms, and the importance of early detection (Ahmed, 2021). Public service announcements, community-based workshops, and social media campaigns can help dispel myths and misinformation about the disease.

Train Healthcare Professionals

Healthcare professionals in Bangladesh need training in cultural sensitivity and communication skills to better understand and address the fears and concerns of breast cancer patients (Hossain & Anwar, 2019). This can be achieved through workshops, seminars, and refresher courses, ensuring that they are better equipped to handle the challenges faced by their patients.

Establish Support Groups

Support groups can provide a safe space for women with breast cancer to share their experiences, fears, and emotions (Islam et al., 2020). Encouraging the formation of such groups, facilitated by trained professionals, can help reduce the stigma associated with the disease and improve mental health outcomes for patients.

Encourage Male Involvement

Involving men in the conversation about breast cancer and encouraging them to support their female relatives can help reduce the stigma surrounding the disease (Rahman et al., 2021). Educational programs should target men to increase their understanding of the disease and the importance of early detection and treatment.

Improve Access to Healthcare Services

Efforts should be made to improve access to quality healthcare services, especially in rural areas (Haque et al., 2019). This can be achieved by increasing the number of healthcare facilities, providing affordable transportation options, and reducing the cost of diagnostic tests and treatment.

Advocate for Policy Changes

Advocacy efforts should be directed at policymakers to implement policies that support early detection and treatment of breast cancer, as well as reduce the financial burden on patients (Ahmed, 2021). This may include advocating for the inclusion of breast cancer screening in national health programs and pushing for the provision of free or subsidized treatment.

Conduct Further Research

More research is needed to better understand the cultural factors contributing to the stigma surrounding breast cancer in Bangladesh (Hossain & Anwar, 2019). This can help develop culturally sensitive interventions and inform policies that address the unique challenges faced by women in the country.

Scientific Ethics Declaration

The author declares that the scientific ethical and legal responsibility of this article published in EPHELS journal belongs to the author.

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Author Information

Shagorika Sharmeen

Merine City Medical College and Hospital,
Chittagong, Bangladesh
Contact e-mail:shagorikasharmeen@gmail.com

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