

Editorial

To Know and to Act: A Tale of the Magnitude, Diagnostic Barriers and Effect of Knowledge on Adoption of Breast Cancer Prevention Modalities in Uganda

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The global burden and effects of breast cancer are life-long and devastating with varied outcomes. In Uganda, breast cancer is rated the third commonest among women of child bearing age after cancer of the cervix and Kaposi sarcoma, and its occurrence has more than doubled. This has seen a rise in the associated fatalities, and may portend global efforts towards attaining life-long maternal health. To avert this, the need to educate women on how to conduct Breast Self-Examination (BSE) and where to obtain a Clinical Breast Examination (CBE) has been upheld to abate its delayed diagnosis and therapeutic intervention. This has conversely endured atrocious within the public purviews in the facet of individual, community and health facility barriers, to the magnitude of less than 50% of the suspected cases seeking and being timely initiated into care.

Diagnostic aspects like BSE, BCE, breast imaging and pathology are a basis for screening and confirmatory diagnosis. While BSE has been emphasized and regarded effective for early intervention among the pre-menopausal women, it is jeopardized by the socio-cultural norms. On the other hand, breast imaging and pathology examination are rather costly and compels use of sophisticated devices and expertise which are limited in a low resource setting. This may harness disease progression, which coupled with a deteriorated immunity may worsen the prognosis.

Based on these, adoption of breast cancer awareness, prevention and improved health care seeking patterns may befit the highly-at-risk populations and give some hope of life. More, its awareness ought to be imparted and early campaigns directed to school girls with emphasis on how to conduct BSE and where to obtain a CBE to lessen late-stage breast cancer detection and treatment. To achieve this, a multi-sectorial strategy through health education in varied forms across the cultural domains is key. In this, three key players may deem necessary to the adoption of breast cancer prevention modality i) mandatory health sensitization and massive screening among girls in their early secondary schools education, ii) emphasis of correct identification of signs and timely seeking of healthcare, and iii) concerted support services nearer to the communities like outreach services. This is attained through a multi-pronged approach; Firstly, the government both centrally and locally ought to create awareness and prevention modalities among women of child bearing age. Secondly directed health education to emphasize the positive attributes of early breast assessment towards breast cancer prevention needs to be carried out at the village level through the village health teams; also telling the success stories of benefit noted of early screening and treatment. To best address this, all stakeholders should be involved and engaged in the breast cancer screening and intervention campaigns including community health workers, religious leaders, cultural leaders and the government. Also, health programs in form of the media coverage through written and oral, radio and television could alleviate breast cancer awareness, the need of its early diagnosis, as well as prompt treatment. This will avert breast cancer morbidity and mortality in urban, peri-urban and rural areas of Uganda.