

Health system professionals' perspectives on breast cancer in Pakistan

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Breast cancer: Magnitude of the problem in Pakistan

- Population 160 million
- Females aged > 20 years: 38 million (approx)
- High incidence rates in Pakistani women
- Two third (63%) present at advanced stages of cancer¹
- Reported highest age specific incidence rates in the world for the age group 20-24 ¹

¹ Bhurgri, Y., Kayani, N., Faridi, N., Pervez, S., Usman, A., Bhurgri, H., Malik, J., Bashir, I., Bhurgri, A., Hasan, S.H. & Zaidi, S.H.M. (2007). Patho-epidemiology of breast cancer in Karachi '1995-1997'. Asian Pacific Journal of Cancer Prevention, 8, 215-20.

High incidence and high mortality

Cancer site Breast	World	More developed countries *	Less developed countries *	RR [†] LD:MD [‡]	Pakistan *	RR P:MD [§]
Incidence / 100000	37.4	67.8	23.8	0.4	50.1	0.74
Mortality / 100000	13.2	18.1	10.3	0.8	22.0	1.22
Case fatality (%)	35.3	26.7	43.3	1.6	43.9	1.64

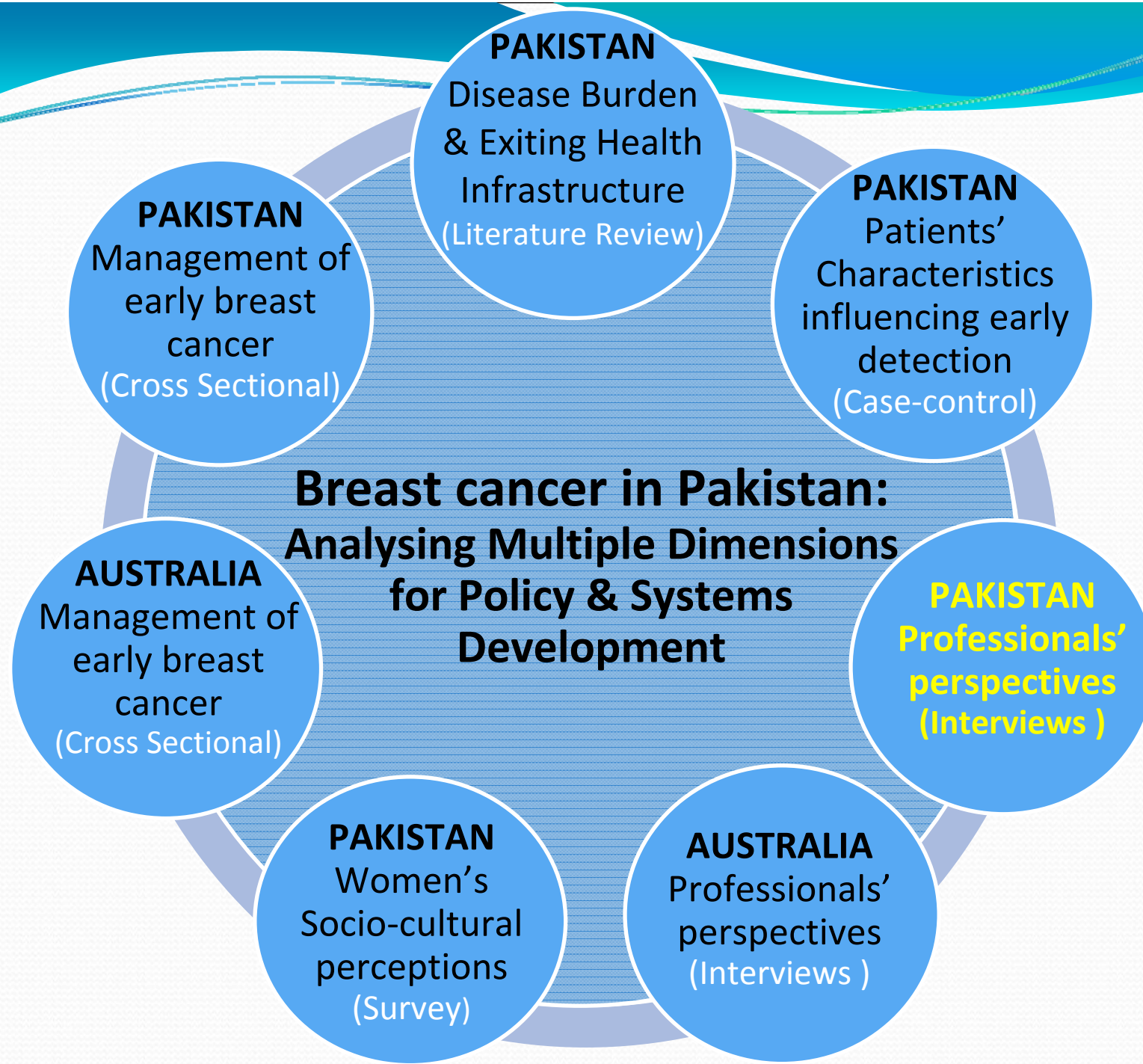
Table 1: Breast cancer incidence, mortality age standardized rate (ASR) per 100000 and case-fatality by World, More and Less Developed Countries and Pakistan - IARC 2002

* Data for these regions generally cover the time period 1993-97 while for Pakistan the data are from 1995-97

[†] RR = relative risk (author calculated)

[‡] LD=less developed, MD=more developed

[§] Pakistan:More Developed



Methods

- Key stakeholders: Health professionals , policy makers, advocacy groups
- Sampling: Snowballing
- Data collection: In depth interviews
- Analysis: Thematic analysis

Participants

• Potential candidates identified	22
• Participated	10
• Refusals	4
• No breast cancer experience	4
• Unavailable	4

Participants

- Non Governmental Organizations 2
 - Non-profit NGO + national health sector think tank, focusing on health policy issues. Developed a National Action Plan on Non-communicable Diseases (NAP-NCDs)
 - NGO running a state-based Pink Ribbon Pakistan awareness campaign. Raising awareness + some service provision
- Public sector tertiary hospitals 2
 - Head of Oncology department at a 1700 bed state run facility
 - Head of Oncology department at a 1200 bed federal government facility

Participants

- Private sector tertiary hospitals 5
 - Head of breast unit within large Department of Surgery
 - Academic surgeon, member of College of Physicians and Surgeons Pakistan
 - CEO of a major cancer hospital (100,000 patient visits a year)
 - Head of Pathology at a private medical college - participated in development of the NAP-NCDs
 - Head of Family Medicine

- Government 1
 - Chief of the National Health Policy Unit, Department of Health

Themes

- Health system
 - Availability of services
 - Suitable early detection
 - Public vs private difference
 - Ethics of early detection
- Socio-cultural
 - Talking about breast
 - Provider-Patient interaction
 - Role of the family
 - Culture based censorship
- Policy and politics
 - Lack of representation
 - Programme-Policy translation gap
 - Competing interests

Health system

- ***Availability of services:***

“...I do not know of any primary health care facility that offers diagnosis or treatment. There are very few secondary care facilities that do likewise. And of course there are facilities available at the tertiary care centres”

- ***Suitable early detection:***

“these are essential therapeutic interventions, we should aspire towards but the reality of implementing them is very very harsh unfortunately”

Health system

- **Public vs. Private difference:**

“...70% of the people access care in the private sector, the state of dilapidation that the public infrastructure is in is not a secret anymore, it is documented through the data of the health management and information system. I mean even despite all the efforts at revitalizing the public infrastructure there are huge gaps, I mean in district hospitals you don't have radiologists, they are not qualified”

- **Ethics of early detection:**

“so if you are going to do early detection you must have something to be able to deal with it, so that its not just detection and exposing of anxieties but that indeed you are able to address it with actual interventions that you make a difference to the woman's life”

Socio-Cultural

- ***Talking about breasts:***

“in our clinical practice we see women in advanced stages of cancer, who would not talk about their ailment. You know it is considered taboo, they wouldn’t want to expose themselves”

- ***Provider-Patient interaction:***

“Yes, I think it has a lot to do with culture, women are very reluctant to have their breast examined even by fellow female colleagues”

Socio-Cultural

- ***Role of the family:***

“And then that taboo that husband does not allow his wife to get her mammary glands checked by a doctor or some other health care provider”

- ***Culture based censorship:***

“few years ago I had made with one of the television channels a series of talks recorded to be telecast on the television and you know they were censored in Islamabad that how can you talk about breast cancer ... now almost every month or two months I am called by one or another TV channels to talk on breast cancer”

Policy and politics

- **No representative of the affected population:**

“... breast cancer is widely prevalent but to my information, it is mostly prevalent in the lower (socio-economic) segment of society, ... that segment of population does not have that voice ...”

- **Programme-policy translation gap:**

“although in the previous government there was a Prime Minister’s wife’s initiative of establishing cancer centres in the country, but that is still going on and not much progress has been made”

- **Competing interests:**

“... successive governments have felt they are very committed to Lady Health Workers and communicable diseases, so there is this traditional issue of non-communicable diseases taking a back seat”

Overall impression + policy implications

- Pakistan's inadequate health care service is used as an explanation by all participants
- Professionals feel that women's health issues are under-represented as are health issues concerning people with poor socio-economic status
- Professionals considered patients/community as needing to take more responsibility
- Cultural concerns were highlighted with little reference to the secular changes
- Non communicable disease issues considered of lesser importance
- Programmes and projects are not translated into policy



Health system in Pakistan

Public

Private

Primary

Lady Health Worker (1000)
Maternal & Child Health Centres (4-5000)
Family Welfare Centres (4-5000)
Dispensaries (4-5000)
Reproductive Health Services (4-5000)
Basic Health Unit (10000)
Rural Health Centre (40-50000)

Secondary

District
Headquarter
Hospital
(0.5-1 million)

Tertiary

Teaching
Hospitals
(1-2million)

Ambulatory clinics
Maternity homes
Group clinics
Large hospitals
Welfare institutes