

Breast Cancer in Singapore and Malaysia

Breast cancer is the most common type of cancer found in females in both Singapore and Malaysia, with Singapore having the highest incidence rate in Asia.

A qualitative research study was conducted in these two countries to compare and explore what the barriers are preventing women with self-discovered breast lumps from seeking immediate medical help. Taking into consideration the ethnic population, 86 women diagnosed with breast cancer of all stages from 2008 to 2012 were recruited for the study. They were identified from two hospital databases – the National University Hospital (NUH) of Singapore and the University of Malaya Medical Centre (UMMC).

The study found few overall differences in the barriers and the pattern of help-seeking. Across ethnicities, more Malays tended to delay help-seeking and get advanced cancer as compared to Chinese and Indian patients.

The factors that led to early presentation reported in the study are (1) having knowledge of the disease, (2) performing regular breast examinations and (3) having positive encouragement from relatives to seek medical help.

The main barriers reported are (1) misattribution of symptoms, (2) misinformation from various sources and (3) fear of diagnosis and/or treatment. The preference for alternative and traditional medicine such as Chinese medicine and acupuncture as first-line treatments, and prioritising celebrations and holidays over help-seeking were also reasons for delayed presentation.

Misattribution of symptoms - A number of women interviewed noticed lumps in their breasts early on, but they misattributed them to causes such as breastfeeding and cyclical changes and thus failed to seek medical attention. Other women who had less common symptoms of breast cancer such as bloody nipple

discharge or armpit lumps were not aware of the different presentations of breast cancer. This reflects poor knowledge and awareness of breast cancer among women.

Misinformation - Some women reported that they were wrongly advised by their relatives who mislead them and told them that the lump in their breast was benign. Four other women interviewed were misled by online information and decided not to seek medical advice until their symptoms worsened. Women in Malaysia reported misdiagnosis by healthcare professionals, who told them that the lump in their breast was not related breast cancer. This misinformation is usually due to miscommunication between the patient and the healthcare professional, coupled with the patient's avoidance and selective hearing and failure in processing information.

Fear of diagnosis and treatment - Some women had fatalistic views about cancer and some had personal experiences of friends or family members suffering and dying of the disease which made them very afraid of the diagnosis of breast cancer. Although many women knew that the discovery of a breast lump is a common symptom of breast cancer, they delayed presentation upon discovery as they were in the avoidance phase. Some women delayed seeking medical help due to the stigma in their community and marital problems while others deliberately avoided medical help due to financial problems. In Malaysia, specifically, the fear of hospitalisation due to perceptions of poor quality of care and service in government hospitals caused delayed presentation.

The barriers reported in the study reflect the critical need to assess the quality of online breast cancer information and to research the impact of relatives on women's health decisions and behaviour. Moreover, in Malaysia specifically, there is a pressing need to improve public confidence in government hospitals.