

# Health workers primed to fight breast cancer in Malawi

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Cross section of some participants attending Malawi's first breast cancer training program for health workers. Credit: Charles Pensulo

Women in rural Malawi are learning how to detect breast cancer thanks to the country's first dedicated training program for health workers, aimed at reducing the burden of the disease.

Across sub-Saharan Africa, many countries are grappling with [high](#)

[mortality rates](#) from breast cancer, with the disease often diagnosed too late and access to treatments lacking.

In Malawi, breast cancer is the third most common cancer in women, with low survival rates from the time of diagnosis. Fewer than 10% of patients survive beyond 18 months, according to the Royal College of Surgeons in Ireland.

A new project by the college's Institute of Global Surgery is training frontline [health workers](#) to deal with the burden. More than 40 practitioners recently completed the intensive three-day breast health course program—the first of its kind in the country.

The project, called Akazi—which means women in the widely spoken local language, Chichewa—includes three components: national breast care assessment, services available in rural clinics, and services available in district and central hospitals.

The training project equips [health care providers](#) working in [rural communities](#) with comprehensive knowledge of the early detection of breast cancer and how to assess women with breast cancer symptoms.

"When we went through this course, we started giving health talks on breast cancer beside antenatal and others," Chipiliro Ngolombe, the nurse in charge at Chimembe Health Center, in Blantyre, told SciDev.Net.

"At first, we didn't have services because of the knowledge deficit. What we knew is what we were taught in school.

"But now five of our clinicians and nurses have been trained as well as informing men and women about the disease."

According to Ngolombe, [community leaders](#), including chiefs and clergy members, have also been mobilized to inform people about the disease.

"Now, almost 24,000 people in the hospital's catchment area know the symptoms of the disease and are coming in large numbers when they suspect any anomaly," he said.

While people were hesitant at first, there is now a large turnout where those diagnosed with the disease are sent to a major hospital for further treatment, Ngolombe said.

## **Breast cancer myths**

Jakub Gajewski, director of research program the Institute of Global Surgery and co-lead of the initiative, said the idea came from his [personal experience](#) almost a decade ago when some clinicians expressed their concern over the rise in breast cancer cases in Malawi and challenges such as women turning up late for treatment.

"I started inquiring about the reason behind it and one of the reasons is that there is very little awareness about what breast cancer is about," he said.

In Malawi almost a third of people live in rural places where associating diseases such as breast cancer with witchcraft is not unheard of, says Gajewski.

"Another thing that I observed was there were few treatment options," he added. "There was no mammography, no chemotherapy and no breast cancer surgeon at the time.

"What we found was shocking that there were only five hours of specialist time for a population of almost 10 million."

The Institute of Global Surgery worked with Malawi's Ministry of Health to establish a breast cancer curriculum for Kamuzu University of Health Sciences, after finding that medical schools in the country had no such offering.

Now Gajewski says he hopes to see the three-day course rolled out throughout the country to teach people about breast cancer and how to differentiate it from other malignancies.

The initiative has so far trained 150 people in Blantyre, the commercial city of Malawi, orienting them in the basics of breast cancer so they can reach out to people in rural areas, he said.

"In a country like Malawi, which struggles with resources, creating demand by [mass screening](#) is not the way to go," Gajewski added.

"What should be done is create awareness and training like our project has done for women who have breast symptoms."

Gajewski says the true toll of breast cancer in Malawi is hard to know because there is no national cancer register, but waiting lists for women to see a specialist in Lilongwe and Blantyre are telling.

"You will see that there are a lot of people who need help and they can only get help if there is a functional system in the country," he added.

## **Cancer skills gap**

Victor Mithi, president of the Society of Medical Doctors, Malawi and a cancer researcher, cited a number of challenges including a shortage of surgeons trained to operate on breast cancer and oncologists able to prescribe and treat it.

"What this means is that it takes months for patients to know their diagnosis from the time tissue is taken from breast mass to the pathology laboratory," he explained. "On top of that, people also present late to health care."

"Now this is sad because it is a disease that can be cured or treated if diagnosed early."

Mithi welcomed the Akazi project, saying it made women aware of how to safeguard themselves from [breast cancer](#) and seek medical care as early as possible.

"We also believe, through this education and training, even awareness through health care providers will increase and detecting it will be one of the major things that they will be concerned with."

Provided by SciDev.Net

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