



Social sensitization of breast cancer by the directorates of social activity

D.r / Chafik Ikoufane

Mouloud Maameri University, Algeria

the Algerian government has given importance to socio-cultural animation Through the laws. It has established directorates across the country's states, interested in helping the weak and the poor people.

Health issues are among the most important programs that these institutions aim to disseminate and raise in the community, Especially breast cancer, which has spread significantly among women in the recent period. but the geographical distribution of the population in Algeria between the urban and rural areas may affect the equitable distribution of the sensitization and prevention process against cancer, Especially since the statistics provided during the year 2018 indicated that women infected with this disease outside the urban areas are more than women in urban areas. What makes us look at the Role in sensitization played by the directorates of social activity on this disease between the urban and rural areas.

Social activity has a very important role in communicating the sensitization message, which is the link between the sensitization message and the recipient, so, the success of the social activity is determined by the use of psychotherapy methods through educational and social programs that help the patients to raise their morale and help theme.

One of the other roles is the development of society by linking urban and rural areas in the framework of social interaction activities and highlighting the role of the revitalization process, not only culturally but also socially to improve public relations at various levels. This study is directly related to the third axis,

"the masses as regions", where women are taken as a social field to study through the activation programs related to breast cancer awareness and to evaluate the impact on the mental and physical health of this group of society.

In this study we will use two research methods :

_ The first method is the statistical method through the Social sensitization activities by the directorates of social activity of each of the urban and rural areas to know the communication strategy adopted between the regions

_ The second method is descriptive analytical method by distributing an information form to women in both urban and rural areas to know their opinions and evaluation of the sensitization programs of these institutions.

This study aims to :

--- Know the relationship between geographical regions And communication strategy of social activity directorates on sensitization about breast cancer

--- Evaluation of sensitization programs Which are carried by the directorates of social activity Through statistics provided by official institutions.

--- Know the opinions and attitudes of women about sensitization campaigns and the effectiveness of these campaigns and its ability to prevent women from cancer.

--- Provide solutions to improve and activate women's sensitization programs on breast cancer.

As a general conclusion of this study :

The results of this study has great importance in understanding the government communication strategy in Social sensitization of breast cancer

As well as the impact of the geographical area in the orientation of awareness campaigns.

In addition to evaluating the impact of this social activity on reducing the incidence of breast cancer in women.

Conceptual framework

A conceptual framework links various concepts and serves as an impetus for the formulation of theory (Seibold, 2002). The sensitizing concepts included in my study formed the conceptual framework. These concepts were derived from a thorough review of the literature on social funds, poverty reduction, and community development. The reviewed literature indicated that the basic theoretical argument was that involving local community residents in partnership-based social fund projects could create social capital and foster empowerment of the community, and of lower income people, in particular. *Partnership based* means that stakeholders from various social sectors—public (government), private (business), and civic (community)—were involved in the funded projects. The concepts of community participation, social capital, and empowerment seemed to underpin social funds as an approach to poverty reduction, and I assumed that these concepts contained theoretical ideas that would help to set the context and direction for my study. Therefore, I decided to examine the nexus among them.

Hence, the conceptual framework for the study included three sensitizing concepts, which formed part of the analysis. I treated these concepts as variables through the specification of procedures to measure them (Blaikie, 2000). The concepts provided an analytic frame, serving as a point of reference and a guide in the analysis of data with theory-producing potential.

Community participation was deemed essential to every phase of a JSIF-funded project—from identifying and preparing the project to managing and evaluating it. Moreover, predetermined criteria for approving the allocation of funds included community participation in all phases of the project and a (minimum) 5% contribution from the local sponsor. In theory, the “demand-driven” approach used by JSIF allowed poor communities to articulate their priority needs and to receive funding for projects selected by the community (Bowen, 2003, p. 27). JSIF claimed to value local knowledge and involvement in the

design of projects. This was indicative of a “bottom-up” approach to local development.

According to one report, the Jamaica Social Investment Fund had put “a strong emphasis on using participatory approaches which allow all, young/old, men/women, poor/less poor and those traditionally unseen and unheard to be actively involved” in the JSIF-funded development projects (Jupp, 2000a, p. 2). After reviewing the literature, I concluded that “how such an ‘emphasis’ is translated into action needs to be examined, and how effective this approach really is remains to be seen” (Bowen, 2003, p. 29).

A detailed review of the literature revealed that community participation was often treated as synonymous with citizen participation. Citizen participation is defined as “the active, voluntary engagement of individuals and groups to change problematic conditions and to influence policies and programs that affect the quality of their lives or the lives of others” (Gamble & Weil, 1995, p. 483). Community participation, therefore, was seen as citizen engagement in the change or development process at the community level. In reviewing the literature, I argued, “To the extent that a CBO (community-based organization) truly represents ordinary citizens, the two concepts, *community participation* and *citizen participation*, properly merge in relation to a social fund project” (Bowen, 2003, p. 28, italics in original).

The term *community participation*, or *citizen participation*, was defined operationally more easily than the other concepts were. In my study, *community/citizen participation* was defined as the active involvement of local community residents, and particularly persons identified as poor, in the social fund project and in project-related activities. Genuine participation, and not mere presence, would be indicated by, inter alia, community members’ roles in designing, implementing, monitoring, evaluating, and maintaining the project;

sharing of information and contribution of ideas; and contributions to decision making.

Environmental Links to Breast Cancer

A growing body of evidence from experimental, body burden and ecological research indicates that there is a connection between environmental factors and breast cancer. There are over 85,000 synthetic chemicals on the market today, from preservatives in our lipstick to flame retardants in our sofas, from plasticizers in our water bottles to pesticides on our fruits and vegetables.

The U.S. government has no adequate chemical regulation policy, which allows companies to manufacture and use chemicals without ever establishing their safety in humans. As the use of chemicals has risen in the U.S. and other industrialized countries, so have rates of breast and other cancers.

Key facts about the environment and breast cancer:

- Seventy percent of people with breast cancer have none of the known risk factors. The so-called known risk factors, like late menopause, having children late in life, and family history of cancer are present in only 30 percent of breast cancer cases.
- Non-industrialized countries have lower breast cancer rates than industrialized countries. People who move to industrialized countries from countries with low rates develop the same breast cancer rates of the industrialized country.
- Estrogen is a hormone closely linked with the development of breast cancer. Numerous synthetic chemicals, called “xenoestrogens,” act like estrogen in our bodies, including common weed killers and pesticides, plastic additives or by-products, ingredients in spray paints and paint

removers, and polyvinyl chloride (PVC), used extensively in the manufacture of food packaging, medical products, appliances, cars, toys, credit cards, and rainwear.

In April 2010 the President's Cancer Panel declared: "The Panel was particularly concerned to find that the true burden of environmentally induced cancer has been grossly underestimated [and] ... the American people—even before they are born—are bombarded continually with myriad combinations of these dangerous exposures."

They urged the President "to use the power of [his] office to remove the carcinogens and other toxins from our food, water, and air that needlessly increase health care costs, cripple our Nation's productivity, and devastate American lives."

Social Injustices Lead to Unequal Exposures

Just as environmental factors been largely ignored as possible risk factors for breast cancer, so have the complex issues of social inequities – political, economic and racial injustices. The extent and type of toxins we're exposed to often depends on where we live and work. Poorer communities — both urban and rural — shoulder an unequal share of the burden of exposure to toxic materials.

The social determinants of breast cancer likely contribute significantly to the development and mortality of the disease, and these involuntary factors are shown to be of greater impact on women of color and low-income women, since these populations are at greater risk for exposure to toxins and social injustice-related stresses.

Low-income women are also less likely to have access to healthy foods and quality healthcare. Compelling research and simple intuition tells us that true reduction of both breast cancer incidence and death from the disease requires a better understanding of how the complex tangle of the environmental and social factors, genetics and personal behavior results in different outcomes for different ethnic and economic groups.

Working to prevent breast cancer through lifestyle choices ignores the hard fact that we don't all share equal access to the same "lifestyle choices." When we focus on the benefits of individual diet and exercise, we lose sight of the social justice issues that limits access to affordable healthy food and regular exercise for many in our society. We strongly feel the best approaches are a combination of individual AND societal changes so that EVERYONE has the option of limiting their risk of getting breast cancer.

4 Ways Nurses Can Help Raise Breast Cancer Awareness

October is National Breast Cancer Awareness Month, which is a great time for nurses across the country to educate their patients about the disease and raise public awareness of the benefits of healthy lifestyles in reducing the risk. Breast cancer is the most common cancer among women worldwide; however, it can be found in men as well. Currently, there is no cure for the disease. Therefore, the earlier it is identified, the better the outcome.

A nurse's role in breast cancer prevention is crucial, and there are several ways that you can help patients reduce their risk. It is important that you have the knowledge and are up to date on current recommendations for screenings as well as other methods related to the diagnosis and evaluation of the disease. Raising awareness is an important first step in the battle against breast cancer.

Here are four ways you can help your patients:

1. Encourage women to become familiar with what is normal for them through breast self-exams.

This will help women detect any unusual changes in their breasts early. Most women know what is normal for them; however, the awareness may be concealed. For men, signs to watch include a lump felt in the nipple, pain, and an inverted nipple.

2. Recommend breast screening based on age group, family history, race, and ethnicity.

The American Cancer Society recommends that women who are at an average risk of breast cancer should begin annual mammograms at age 45 and should get mammograms every year. Women age 55 years and older should get mammograms every 2 years. The risk is increased in those with a first-degree relative (such as a mother, sister, or daughter) with breast cancer. White women are slightly more likely to develop breast cancer than African American women.

3. Encourage healthy lifestyles.

Educate patients on the health benefits of eating more fruits and vegetables; being active and maintaining a healthy weight; limiting alcohol consumption; staying away from tobacco; and reducing exposure to radiation.

4. Offer support.

Encourage women and men to talk about their concerns regarding their risk of developing cancer, breast screening, and available treatments. It is important that your patients have as much information as possible about breast cancer and effective prevention strategies. Mortality from breast cancer can happen at any age group, and developing awareness of the risk factors plays a critical role in prevention.

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