



Research Article

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Health Literacy and Breast Cancer among Indian Women: A Study of under-privileged women of New Delhi

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ABSTRACT

As per recent statistical observations, breast cancer accounts for approximately 28.2 percent of the total cancer cases in females in our country (American Cancer Society, 6th January 2024). It has overtaken cervical cancer to become the most widespread cancer type in the subcontinent. Despite the Breast Cancer Population Screening Programme implemented by the Ministry of Health and Family Welfare, only 1.6 percent of women in the 30–69 age group have undergone screening (Health World, 2024- an associate branch of The Economic Times). These figures highlight a severe gap in early detection efforts.

As per recent research findings, a considerable number of deaths and severe cases of breast cancer are reported by underprivileged women of poor households in India. This is due to a lack of knowledge and awareness. Women often ignore the symptoms of breast cancer due to the pressure of being ideal housewives and perfect mothers, which restricts them from focusing on their own health and well-being. The fault does not lie in the illness, but in the mindset of society. As per medical experts, chemotherapy and oncology can increase chances of survival by 15 percent in the initial stages but show no effect in the third and fourth stages. Naturally, most underprivileged women have stage four cancer and therefore their survival becomes unlikely to prevail.

This had also been observed in a study conducted by the Breast Cancer Organisation on 28th April, 2023 on the factors affecting breast cancer and its detection. Instead of funding machines and equipment for chemo, it is more practical to work towards incentivizing programmes to prevent the disease while it still can be. This can be done by increasing awareness about prevention of the disease, encouraging intake of healthy food or providing safe and clean food and water facilities in underdeveloped areas, genetic testing and counseling for all females with a family history associated with breast cancer, etc. This study will focus on the level of awareness about breast cancer amongst underprivileged women in the slum area of Pandara Road as a case study.

The research aims to highlight the knowledge and awareness gap among underprivileged women, identify key social and cultural barriers to screening, and suggest practical awareness-raising and preventive strategies that can be implemented at the community level. By targeting prevention and early detection, the findings are expected to guide more effective, socially sensitive interventions and improve survival chances for women in similar socio-economic settings.

INTRODUCTION

Breast cancer has become the most common type of cancer in India, surpassing even cervical cancer with over 216, 108 cases all across the country, as per recent reports published by the American Cancer Society (Sathishkumar et al., 2024) In previous times, it was believed that breast

cancer could be transmitted through means of physical contact (Agha et al., 2021) As a result, women in Indian societies, while already being victims of gender inequality and assault, were mistreated even further. Evidently, many females refrain from getting health checkups, despite visible symptoms. It is also due to a lack of knowledge and

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awareness that today's female population is unaware of the adversities of breast cancer. As per National Library of Medicine, 60 percent Indians are diagnosed at stage III or IV of the disease. According to the government, self-examination is the most favorable method of early detection, which should be done on a daily basis after a woman turns 30, but it is not always reliable as there are majorly two types of breast cancers: carcinomas, which can be seen and felt in the form of lumps in areas near the breasts, but ductal carcinoma starts in the cell lining of milk ducts and is therefore not visible or felt physically (Breast Cancer Research Foundation, 2023). Reports suggest that women living in urban areas are more likely to get breast cancer than women in rural areas due to environmental factors like pollution, chemical leaks and construction of big industries which usually takes place in urban areas only. Furthermore, due to an increase in the sedentary lifestyle of women in urban areas, they get exposed to obesity and later age at first childbirth which boost the chances of breast cancer. (Sengupta et al., 2021) The status of health literacy about breast cancer in India varies from one area to another. For example, in the state of Kerala, 70-75% of women in urban areas of Kerala are aware of breast cancer symptoms and the importance of early detection and regular screenings (Gupta et al., 2020; Indian Cancer Society, 2021) and approximately 50-60% of women in rural areas are aware of the symptoms, risk factors, and the importance of early detection (ICMR, 2021) Kerala is often commended due to a high general literacy rate over 90% (Government of Kerala, 2021) especially among women. On the other hand, in the state of Bihar, only about 20-25% of women in rural areas are aware of breast cancer symptoms and the importance of early detection. A very low participation in breast cancer screening programs is seen due to limited access to healthcare facilities and financial constraints. Many rural areas here lack basic healthcare infrastructure, resulting in delayed diagnosis and treatment (NCRP, 2022; WHO, 2020). Without education and knowledge about such a concerning issue, the lives of women will be at stake and the nation will crumble in the hands of misery. Certainly, there is an urgent need to create awareness about this issue throughout the country. This can be done through literacy programs and similar initiatives taken by the government and concerned bodies. Educational programs that focus on teaching women about the risk factors, symptoms, and the importance of regular self-examinations and screenings are required to be conducted, similar to programmes conducted in the past like the Breast Cancer Awareness Programme conducted by India turns pink at Korukkupet in July of 2020. Implementing and expanding national screening programs, such as regular mammography, can significantly improve early detection rates. Studies have shown that regular breast cancer screening can reduce the mortality rate of this

cancer by 20-30% (WHO, 2021) Awareness should be made not solely about breast cancer and its symptoms, but also about different schemes provided by the government and nearby NGOs for women already having it or showing early symptoms. For example, the Pradhan Mantri Jan Arogya Yojana, launched on September 23, 2018, under the Ayushman Bharat healthcare programme, aims to provide health coverage of up to ₹5 lakh per family per year for secondary and tertiary care hospitalization. The scheme targets economically weaker sections and poor families, covering over 50 crore beneficiaries identified based on the Socio-Economic Caste Census (SECC) data. (NIH, 2022) Educational workshops about such topics should be conducted in slums and rural areas by non-government organizations and concerned authorities, along with Health fairs which typically offer free breast cancer screenings and educational workshops. By engaging local populations through interactive sessions, health fairs aim to empower women with knowledge and encourage them to seek timely medical assistance. A survey is to be conducted in slum areas of India, regardless of being in the category of rural or urban areas. Women with a history of breast cancer or exposed to the same due to hereditary characteristics, are to be interviewed about the same and the impact of this disease on their lives as well as their families. A collaborative approach involving government agencies, NGOs, and community leaders is necessary to combat a widespread disease like breast cancer and save the lives of thousands of women in India.

The Health Belief Model (HBM) and Social Cognitive Theory (SCT) can be addressed with regard to health behaviors and perceptions pertaining to breast cancer awareness. In HBM, perceived susceptibility, severity, benefits, and barriers drive women's engagement in preventative behaviors such as breast self-examinations or screenings. SCT focuses on observational learning, social norms, social support, and self-efficacy. Framed in this way, socio-cultural expectations, stigma, and low perception of susceptibility help explain the under-utilization of screening services despite their availability.

LITERATURE REVIEW

"The human spirit is stronger than anything that can happen to it" as stated by the well-known author C.C Scott, is often used in the context of conquering cancer in women, specifically breast cancer. This is truly a motivational statement, which is often used by women battling the same. What is concerning is the increasing need to use it, i.e, the rapid escalation in cases of breast cancer around the world, every single day. In a country like India alone, the total number of cases have exceeded 216,108 and over 98000 deaths have been incurred so far- the highest in the world. (GoI, Ministry of health and family welfare, & Roy et al., 2024) Simply stating, the reason behind such casualties is due to lack of awareness about this disease in both



rural and urban areas of the country, despite the growing economy and advancements in technology. A recent study conducted in rural areas of North India by the National Library of Medicine reported that only 29 percent of women were aware of breast cancer and its symptoms. On the other hand, the study conducted in urban Delhi found that 54 percent of women were aware of breast cancer, but only 18 percent knew how to perform breast self-examinations. As per reports, only 10 to 12 percent of the total cases of breast cancer in the subcontinent have been detected at an early stage (ICMR, 2019) It has been seen that the trend of breast cancer is rising in younger Indian women, as more than 25 women in every one lakh develop breast cancer and over 13 give in to the disease. (Agarwal, 2022). Most aware citizens assume that breast cancer is caused due to family history, but there are a plethora of other factors and symptoms of the same. For example, beginning one's menstruation cycle at a younger age (before 12) may increase the risk of breast cancer, so can conspicuous consumption of alcohol, a sedentary lifestyle, intake of hormone therapy medicines and obesity (Mayo Clinic, 2024). Essentially, in a society like ours, women are supposed to take care of the family and in case they encounter some problem, related to health, finance, etc. they are bound to counter it themselves without support from others. Hence, they refrain from getting health checkups to avoid adversities, if any arise. Stated simply, they believe that they will have to become liable towards their families and counterparts for support. Approximately 60-70 percent of breast cancer survivors in urban areas report receiving strong emotional support from their families, particularly from spouses and children. In rural areas, this percentage drops to around 40-50 percent, with many women reporting a lack of understanding about the disease from family members, which can lead to social stigma and isolation. (NCGIndia, 2023) There consequently arises a need to create awareness about such an issue aggravating at an alarming pace. The stated problems cannot be conquered through treatment, medication or surgery, but a strong will to overpower this disease, which can only be strengthened through education, the most powerful weapon of all. The Indian government has recognized the importance of increasing breast cancer awareness and literacy as part of its broader public health efforts and has worked towards incentivizing the same, with very little progress. The government has increasingly engaged in Public Private Partnerships like the Pink Chain Campaign with the Indian Cancer Society (ICS) and Pfizer to integrate the private sector expertise and resources in breast cancer awareness and treatment initiatives. Many NGOs like YouWeCan and pharmaceutical companies have been instrumental in organizing awareness camps and subsidizing treatment costs. They have enhanced the reach and effectiveness of breast cancer initiatives, particularly in urban centers. However, reaching the most marginalized

communities has always been a challenge. (ICMR, 2022) Since a problem is better understood at a primary and personal level, it is necessary to conduct a proper survey in the slum areas of the country, about the status of health literacy of breast cancer among the urban, suburban and rural groups of the society.

Research Questions

As per the information about breast cancer presented above, this research tries to answer the following questions:

- i. Is there awareness among underprivileged women about breast cancer as a disease and its symptoms?
- ii. Are they aware of self-examination for the disease, or nearby screening camps in local dispensaries? Has the government taken any initiatives that have reached them and actually benefited their strata?
- iii. In which stage is the cancer in women (self or known) detected? Do these women receive emotional support from their families? Are they mistreated by society, having been affected by breast cancer?

METHODOLOGY

This study used a structured survey questionnaire and actual quantitative data collection tool. We surveyed the slums of Pandara Road; a colony in Central Delhi, because it has a large underprivileged population, poor healthcare, and is located near some major government hospitals, making it an appropriate urban low socio-economic community for our study regarding health literacy gaps in cancer screening awareness. One hundred underprivileged women aged 30-69 were surveyed, among an estimated 150 eligible area women. A convenience sample was used as the participants needed to be quickly accessible since most women in the community worked informally. Trained volunteer participants were stationed at a camp set up outside of the village entrance, containing the slum - in very close proximity to women in popular gathering spaces to approach them directly. Data was collected through Google Form questionnaires using verbal administration to participants to ensure that the varying literacy rates were accounted for. The questionnaire combined closed-ended and multiple-choice questions exploring awareness, symptoms, prevention behaviors, and source of information on breast self-examination, while banners and boards attracted the women and communities' attention to inform them about the survey in several places highly trafficked by the residents of the slum.

Analysis of survey data, quantitatively coding awareness and level of engagement in prevention behaviors using descriptive statistics and exploring contingency relationships between awareness, social economic constructs and screening behaviors or engagement of breast self-examination through cross-tabulating. An example would be comparing national screening uptake

(<1.6%) to the reported awareness of screening in the community, using screening barriers (income, education and households' roles) to determine statistically significant relationships to screening behavior.

FINDING AND ANALYSIS

Demographic details of the respondents

Majority of the respondents (66.7%) were aged between 26 to 33 years. The fact that 66.7% of the respondents in the survey are aged between 26 to 33 years has very important implications for the findings. This age group falls usually within the reproductive years and can be influenced by their sense of awareness and concern over breast cancer, as they are likely to have health issues related to family planning, maternal health, and general wellness. Their health literacy levels could also depend on the quality of education, availability of health information in their areas, and level of exposure to health sensitization programs. Consequently, results from the survey may indicate an awareness gap on breast cancer or simply misconceptions characteristic of the younger populations, which is different from older age groups in terms of health literacy. The demographic trend indicates that there could be a specific need for targeting breast cancer education programs towards these younger populations residing in slums, both with regard to preventive practices and strategies for early detection.

Employment status

Knowing the employment status of respondents is important while conducting this survey because it gives an idea about their socioeconomic background, which plays a significant role in health awareness and access to medical facilities. As 66.7% of respondents are employed, then several factors come into play:

Time Limitations

Working people may not have much time to consult doctors, attend health awareness programs, or undergo periodic health check-ups. This can result in delayed detection and treatment of breast cancer and other diseases.

Economic Stability

Work typically ensures some measure of economic autonomy. Working women might be relatively more exposed to medical care provisions such as diagnostics and treatments. But again, this will only be at the mercy of office policies or culture.

Workplace Interventions

Employment can provide opportunities for workplace health programs, including breast cancer awareness lectures, screening camps, or workshops, which could increase awareness about symptoms and prevention.

Health Literacy Impact

Working women are likely to be more exposed to information through friends, employers, or digital sources. However, the gaps in symptom awareness depicted in the table indicate that even working women require more targeted education.

Awareness about the disease

According to the survey, even though 91.7 percent of the women interviewed were aware of breast cancer, the other 8.3 percent had not even heard of such a disease, let alone know its symptoms or cures. This is alarming, considering breast cancer is one of the most critical health challenges in India, being the leading cause of cancer among women. This shows that there is not much health literacy about breast cancer in underprivileged areas.

These gaps should be addressed by targeted awareness campaigns, localized interventions, and accessible screening facilities in order to counter the growing burden of breast cancer in the country. This data is thus a call for increased outreach efforts in areas that are still unaware.

From the 91.7 percent women aware about breast cancer, only 58.3 percent are aware of its symptoms. Basically, only this part of the 'aware' crowd is actually aware of the disease, since it's absurd to know about a condition without its symptoms. This lack of awareness about its symptoms is a great barrier to the early detection and timely intervention for the disease. It shows the seriousness of the matter and the importance of conducting more targeted awareness campaigns in underprivileged areas about educating women on early signs of breast cancer.

The knowledge of the family history of breast cancer is a critical factor in assessing health literacy since it illuminates the predisposition of the respondents to the disease and their awareness of associated risks. Since only 8.3% of the respondents reported a family history, this raises the need to evaluate how awareness campaigns address both hereditary and non-hereditary risks. Women with a family history are more likely to be aware of their increased risk and may show better health-seeking behavior, like regular check-ups or participation in screening programs. Their responses can be used as a benchmark to compare awareness levels with the majority who do not have a family history. This small percentage also underlines the need to educate the vast population that may not feel themselves at risk and design targeted interventions such as genetic counseling or preventive screenings for those with hereditary proneness.

Healthcare and sanitation

A significant portion, 58.3 percent, report getting monthly health checkups, offering insight into the general health awareness and behavior in the surveyed slum areas.

This relatively high percentage therefore indicates

that most women generally take care of their health. This is beneficial for the knowledge towards more awareness pertaining to breast cancer and other health issues. Regular health check-ups are associated with good health literacy since they increase opportunities for accessing medical advice, screenings, and information about preventative measures such as awareness about breast cancer. However, this raises other questions regarding quality and accessibility to these checkups since most of the slum areas have restricted healthcare infrastructure. This finding means that even though a high proportion of the population is using healthcare services, there is still a possibility of a knowledge gap in terms of particular health concerns such as prevention and early detection of breast cancer. This could guide healthcare initiatives into focusing on incorporating education about breast cancer in routine check-ups, ensuring that health services offered are holistic and address relevant health issues for the community.

The finding that 91.7% of the respondents do not conduct regular checks for lumps has significant implications. This result is an important reflection of self-awareness and preventive health behaviors related to breast cancer. Absence of a routine of self-examination indicates the importance of knowing the symptoms of this disease. This is a statistics which calls for educational interventions of a specific nature towards making people conscious about the importance of self-examination. Again, it implies community-based interventions to teach individuals how to carry out such acts in a proper way so that a woman can take care of herself. In addition, it suggests that healthcare services and awareness campaigns have to focus on eliminating any kind of misconception or fear about doing a breast self-exam in order to enable the people not to avoid doing so.

It can be interpreted as a good indicator of the overall sanitation and living conditions in the slum areas if 91.7% of the respondents reported access to clean drinking water and toilet facilities which adds to their general health and well-being. This can be associated with improved public health infrastructure, thereby potentially supporting efforts in carrying out awareness campaigns and health-related programmes.

Generally, access to clean drinking water and sanitary facilities would imply a degree of public health development in an area. This, at least on a very basic level, may reflect that there is some government or NGO involvement. In this context, the presence of basic health education is favorable because the fulfillment of these needs makes the community likely to receive more health information.

In addition, this may also influence the overall health literacy of the community. Good hygiene and sanitation are related to the prevention of many diseases, which could enhance the community's general awareness and interest in health issues. This could be a good opportunity for public

health campaigns on breast cancer to incorporate hygiene and self-care messages into their delivery. However, the presence of these facilities does not mean that there is widespread health literacy, and so the results of the survey suggest that there is a need for targeted breast cancer education in these areas.

33.3% of the respondents reported that government initiatives, like breast cancer awareness programs or screening camps, have been initiated in their area. This indicates a substantial shortage of healthcare delivery and public health services in terms of addressing breast cancer in slum areas. Although the government might have taken some initiatives, their reach, accessibility, and effectiveness seem limited because only a third of the respondents are aware of them. This suggests that awareness and screening services for breast cancer are either inadequate or distributed unevenly, hence leaving the vast majority of the population without access to vital information and preventive services.

Government involvement in organizing awareness campaigns or screening camps is important in enhancing health literacy about breast cancer. Effective government initiatives can provide education on self-exams, symptoms, risk factors, and the importance of early detection, along with facilitating access to medical professionals who can offer screenings. That only a small proportion of the population is aware of such initiatives, either means that the initiative reaches very few in the target population or that some or many of these persons face a kind of barrier preventing participation in the same.

This is an important outcome for the overall conclusions derived from this survey. It implies that the general level of awareness about breast cancer among the surveyed slum areas is likely to be low, which can be reflected in the knowledge and practices of respondents in relation to early detection, such as that 91.7% do not practice regular self-examination. The lack of large-scale screening initiatives and educational outreach may be partly responsible for the low levels of self-examination and general knowledge about breast cancer, and therefore more vigorous and targeted health education programs in these communities are necessary.

Government and health organizations should expand these initiatives in ways that make them accessible, culturally relevant, and inclusive to improve health literacy. Raising awareness is possible in the community through local leaders or influencers educating people on the critical information surrounding breast cancer, its risk, and the imperative need for early detection.

Social Implications

Since only 50 percent of the women reported being able to talk about breast cancer freely in their households, an understanding of culture and social relationships as a mediator in health literacy and attitudes regarding breast

cancer surfaces.

This divide has significant implications for the research. Discussions at home about breast cancer treatment improve health literacy because they create an environment where individuals feel free to share knowledge, receive advice, and interact positively on seeking healthcare services. In a household where these discussions are not encouraged, women may feel isolated, cannot voice health concerns, or fear medical attention due to stigma, fear or lack of knowledge.

The 50% figure indicates that there is still much work to be done in breaking cultural taboos and eradicating stigma surrounding breast cancer. This indicates that health education campaigns in slum areas should focus not only on increasing awareness but also on creating an environment where breast cancer can be discussed openly. Community workshops, peer support groups, and targeted messaging through local leaders or media can help normalize conversations about breast cancer and encourage families to view it as a manageable health issue rather than a taboo subject.

Also, the lack of open communication within half of the households might also explain why preventive behaviors, including self-examination or participation in screening programs, are relatively low. In a situation where open communication is not present, women may not be empowered to seek health advice or even discuss symptoms; which causes a delay in early detection and treatment. This barrier has to be addressed to improve the health literacy level in these communities to reduce the burden of breast cancer.

The finding that 83.3% of women previously diagnosed with breast cancer reported it was detected in the late or metastatic stages is a concerning indicator of significant delays in diagnosis and treatment within the surveyed population. This result suggests major gaps in early detection practices, health literacy, and access to timely medical care in the slum areas. Late-stage diagnoses are often associated with poorer prognosis, higher treatment costs, and greater emotional and physical burdens on patients and their families, which underscores the critical need for interventions to promote earlier detection.

Additionally, these delays may arise due to cultural stigma, fear of diagnosis, and limited access to affordable healthcare and reliance on alternative remedies.

The high percentage of late-stage diagnoses also reflects a potential inadequacy in public health systems, including the lack of widespread screening programs and awareness campaigns targeted at high-risk or underserved populations. This is supported by the fact that few women regularly perform self-examinations or have access to government-initiated screening camps. Together, these factors perpetuate a cycle where breast cancer is detected too late, reducing the chances of effective treatment and survival.

To address this issue, the research emphasizes the urgent need for community-focused interventions, including education campaigns about early symptoms and self-examination techniques, regular and accessible screening camps, and improved healthcare infrastructure in slum areas. These efforts should aim to normalize early detection practices, reduce fear and stigma, and empower women to take proactive steps toward their health, ultimately reducing the prevalence of late-stage breast cancer diagnoses.

The fact that 60% of the women who had been diagnosed with breast cancer stated they received no emotional support from family members shows a huge social and emotional gap in their experience of handling the disease. This lack of family support implies cultural stigma, as discussed earlier. It also indicates the solitude and burdens which many women are subjected to, especially at diagnosis, treatment, and recovery stages. This not only affects the mental well-being of women but also their adherence to treatment. Family care is very fundamental during times of adversity, such as diagnosis of breast cancer. A supporting family is what encourages the woman to see the doctor promptly, follow treatment plans, and deal with the emotional and financial burdens that accompany such medical issues. Conversely, lack of support will discourage them from discussing the symptoms, leading to delayed diagnosis, and it seriously impacts their willingness to be treated.

An educational approach should include factors that reduce stigma, increase empathetic understanding, and encourage open expression within families; engaging male members of the family and community leaders in such campaigns could be of particular value.

The lack of support from families underscores the call for more significant interventions on a systemic level: establishment of support groups, counseling services, and peer networks within the community. These forms of support are helpful in assisting the women diagnosed with breast cancer emotionally, thereby providing them with advice on treatment procedures, filling in the lapses of less-than-supportive family dynamics, leading to better treatment and results.

Discussion and conclusion:

The findings of this research point out a critical gap in the awareness of breast cancer, early detection, and supportive care among underprivileged women in the slum areas of Pandara Road, Delhi. Although there is a general awareness of breast cancer among 91.7% of the respondents, the level of knowledge about its symptoms, preventive measures, and the availability of resources remains alarmingly low. Only 58.3% report being aware of its symptoms; 91.7% say they do not regularly perform any self-exams, meaning very little actionable information is being dispersed, which severely disrupts early stages of detection, and only 33.3%



reported seeing government-led cancer initiatives for breast cancer, indicating little public health promotion to marginalized segments.

Among women previously diagnosed, 83.3% reported late-stage or metastatic detection, which is largely due to limited awareness and access to early screening facilities. This late detection has a correlation with poorer survival rates and underscores the urgency for implementing more accessible and targeted screening programs. In addition, 60% of the women diagnosed reported that they did not receive support from their families, which underlines the social and emotional isolation that many women experiences, making the physical and psychological burden of the disease even worse. Although 50% of the respondents said they were comfortable discussing breast cancer treatment within their households, the other half had significant cultural or societal barriers to open communication, further limiting their ability to seek timely care and support.

The demographic data of respondents, particularly the high proportion (66.7%) aged 26–33 years, suggests a critical opportunity to target young, reproductive-age women for awareness programs. This age group, being more likely to balance familial responsibilities, often neglects personal health, increasing their vulnerability to delayed detection and treatment. The fact that 58.3% of the respondents reported monthly health checkups gives a baseline level of health-seeking behavior that can be tapped into to include breast cancer education and screening into the existing health services.

To bridge these gaps, a multi-faceted approach is necessary. Education of women and their families through community-based programs about the self-examination importance, symptoms, and benefits of early detection are at the forefront of these recommendations. Government policies should be included in increasing the outreach of free or subsidized screening camps and conducting culturally sensitive community-based awareness campaigns. Counseling services, peer support groups, and family-oriented awareness initiatives are important to develop a supportive social environment. Holistic improvement of these gaps will lead towards better health literacy, early diagnosis, and improved treatment for women in such poor and vulnerable communities.

In addition, outreach strategies must be culturally sensitive and responsive to the unique challenges faced by underprivileged women. Collaboration among healthcare providers, community leaders, and other local organizations will be pivotal in ensuring the availability of resources and support among marginalized populations. India is working to improve the quality of life for women in vulnerable populations and reduce the mortality rate due to breast cancer. These efforts are set to redefine the landscape of healthcare, bringing hope of a future when breast cancer can be eradicated through prevention, early

interventions, and timely treatments.

Limitations of this study

Sample Size and Representation

Since this study was done in the slum areas of Pandara Road, Delhi, with a sample size of 100 women, it does not represent the total population of underprivileged women across Delhi or other urban, rural, and suburban areas of India.

Lack of Diagnosis Data

The research is based solely on the responses of the women surveyed and lacks clinical diagnosis or diagnostic information about their actual health status. As a result, it does not allow for linking their awareness levels to confirmed breast cancer cases or their diagnosed stages.

Generalizability of Findings

The sample study could, however, not generalize it for the entire distressed women from India. As variations in the practices, literacy level, healthcare accessibility might have varying effects towards awareness and attitude creation about breast cancer varied according to different regions.

Implication of the study

- 1. It has noted huge gaps in the awareness about breast cancer among the disadvantaged women requiring focused health education interventions.
- 2. It emphasizes the importance of integrating breast cancer awareness into routine healthcare check-ups, especially in marginalized communities.
- 3. Findings indicate that increasing access to early detection services in slum areas can reduce the number of late-stage breast cancer diagnoses.
- 4. The study appeals to family support in managing breast cancer, thus supporting the need for education to reduce stigma.
- 5. It calls for government and community-based interventions to enhance health literacy and promote preventive measures among the disadvantaged population.
- 6. The findings of the survey suggest that the health infrastructure and facilities in slums need to be developed for better cancer detection and treatment results.

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