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Breast Cancer Outreach in Ghana: A Review of Awareness Campaigns and the Role of Social Work in Expanding Functional Knowledge

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Abstract

Breast cancer is the leading cause of cancer-related mortality among women in Ghana, and prevention measures have evolved to include a multi-pronged strategy; however, mortality rates remain unacceptably high, given that nearly 50% of women diagnosed with the disease do not survive. This narrative review identified three sub-categories of breast cancer outreach in Ghana: health promotion campaigns, media outreach, and policy initiatives. While efforts have raised awareness, they fall short of increasing women's functional knowledge—the practical, actionable understanding of risks, symptoms, and screening practices. This paper details the relevance of social work to the country's emerging multimodal approach to expanding functional knowledge. The author concludes with recommendations for social work practice and education, including advocating for the expansion of national policy initiatives.

Background

As in the broader sub-Saharan Africa (SSA) region, breast cancer awareness and outreach are urgent concerns in Ghana, West Africa. Breast cancer is the leading cause of cancer-related mortality among Ghanaian women, accounting for approximately 18.7% of all new cancer cases [1]. Across the country, nearly 70% of cases are diagnosed at advanced stages, resulting in a breast cancer fatality rate of nearly 47% [2]. According to Global Cancer Observatory data for 45 sub-Saharan African countries, Ghana ranks eleventh and thirteenth in terms of breast cancer incidence and mortality rates, respectively [2]. Another concern is the relatively young age at diagnosis, often affecting women aged 40 –49 [3].

Efforts to promote breast cancer awareness in Ghana have progressed over time, from an early period of strong stigma and silence to the current advocacy and emergence of national campaigns, similar to global trends. Severe knowledge deficits and pervasive culturally bound health beliefs about the disease hampered early prevention efforts. Additionally, initial efforts to explore the pattern and incidence of breast cancer in Ghana were hindered by limited resources and a lack of registry data to track the country's breast cancer burden [4]. Foundational research conducted over a decade ago emphasized the urgent need for promoting early detection, increased public education, and improved treatment access. Edmund et al.[5] noted that more than three decades after the first publication about breast cancer in Ghanaian women, patients continued to present with advanced invasive cancers. While Ghana has made progress in improving breast cancer survival outcomes over the past two decades, the survival rate remains alarmingly low [2].

Today, most studies in Ghana routinely report that a high percentage of women are aware of breast cancer; however, their ability to recognize symptoms and risk factors, as well as pursue recommended screenings, remains limited [3]. In a sample of women living with breast cancer at Ghana's Korle-Bu Teaching Hospital, Nsaful [6] found that ninety-one percent (91.3%) of women were aware of breast cancer before being diagnosed. Nearly 83% of women had heard of the Breast Self-Examination (BSE); however, only 42% practiced self-examinations. Similarly, in the Bibianai municipality in Ghana, Ofosuhene et al. [7] reported women's strong awareness of breast cancer, while knowledge of risk factors, signs, and symptoms was lacking. Furthermore, over half were unaware of BSE. A cross-sectional descriptive survey of 1672 reproductive-aged women (aged 18-60) in the northern (Tamale) and southern (Accra) sectors of the country found that, despite a high level of awareness of breast cancer screening (approximately 84%), the use of any of the known screening methods was just around 10% [8]. Currently, research focusing on understanding Ghanaian women's barriers to screening and early detection, which fall into four categories: knowledge deficits, socio-cultural beliefs, economic limitations, and geographical differences.

Knowledge deficits: Many women are aware that breast cancer exists, but they knowledge on the importance of early detection through BSE or clinical screenings. Among study participants from the Ashanti Region, Asante et al. [3] found that although participants reported strong awareness about breast cancer, there was a significant knowledge deficit about breast cancer risk factors and symptoms. In another study, Dadzi and Adam [9] found similar results in the Volta Region, where 56% of participants were unable to list one risk factor for breast cancer. Among the participants, only 12% identified a strong family history of the disease as a risk factor. Furthermore, across the two studies, 37% and 32%, respectively, of participants erroneously believed that placing money in one's bra was a risk factor for developing breast cancer. Moreover, fewer than half of the women in the Ashanti region sample could identify more than two clinical symptoms or the appropriate age to begin mammography screening [3]. Thus, research highlights how specific knowledge regarding risk factors, screening, and treatment remains a critical gap.

Socio-cultural beliefs: Research indicates that some Ghanaian women view a breast cancer diagnosis through a lens of fatalism and may attribute the diagnosis to spiritual attacks [10-12] or punishment for an immoral lifestyle [13]. Women with such beliefs often seek help from herbalists or prayer camps before approaching medical facilities [14]. Ghanaian women have expressed fear of a mastectomy and its associated stigma, such as a loss of femininity or marital security, which limits their engagement with campaigns that emphasize clinical interventions and leads to delayed diagnosis [15]. Other examples of cultural construction of the disease include the widespread perception of breast cancer as a highly stigmatized disease resulting in inevitable death, leading to avoidance coping behaviors, such as delays in seeking modern medicine to avoid a breast cancer confirmation [13]. In other cases, women may prioritize spousal approval before seeking treatment, such as clinical breast examinations (CBE) or mammography. Consequently, many women do not take action without the explicit support of their husbands or other significant family members [12].

Economic limitations: The National Health Insurance Scheme (NHIS) in Ghana is considered one of the most advanced health systems in Africa [16]. However, the active enrollment rate is only about 52%, and enrollment is positively associated with income and education. There are several reasons individuals do not enroll, including affordability, a perceived lack of need, and a lack of credibility in the system [17]. The out-of-pocket costs of diagnostic services (e.g., mammography or biopsies) and treatment can be prohibitive for many, even when awareness is present, further limiting enrollment in comprehensive insurance coverage, especially in rural areas [17, 18]. This financial burden, disproportionately borne by rural populations, creates an urban-rural health disparity, in which urban women have greater access to awareness campaigns and specialized oncology units [19]. Moreover, research has shown that higher levels of education are associated with better understanding of the disease as well as a higher likelihood of self-reported breast cancer screening practices [4].

Geographical disparities: Across Ghana, advanced medical care, such as screening facilities, tends to be concentrated in the urban centers, particularly in the two largest cities, Accra and Kumasi. In rural regions, such screening facilities are scarce [19]. In fact, the farther a person has to travel to a screening facility, the higher the likelihood of a late-stage diagnosis [20]. Thus, rural communities tend to be underserved and underinformed. At the same time, once messaging reaches rural communities, it may be ineffective if campaigns do not incorporate regional dialects and local broadcasters to address localized misconceptions about risk factors and symptoms. Based on their work in northern Ghana, Asobayire and Barley [11] found that the community had no word for "breast cancer," highlighting how language barriers and a lack of readily available interpreters can hinder the effective communication of health information.

Methods

This narrative review aims to provide a comprehensive analysis of current literature on breast cancer awareness campaigns in Ghana. Unlike systematic reviews, which focus on answering a specific clinical or empirical question through exhaustive searches, narrative reviews aim to answer the question, "What do we know about a topic?" Narrative reviews are distinguished by their ability to identify and summarize published work on a topic, with a focus on providing a comprehensive background for understanding current knowledge [21]. Grant and Booth [22] describe the narrative review methodology as typically following four pillars: (1) a strong database search with flexible inclusion/exclusion criteria; (2) selection of literature based on relevance to the narrative rather than quality appraisal of studies; (3) data synthesis focused on findings woven into a conceptual discussion; and finally, (4) analysis that frames the current knowledge and often outlines future directions. Accordingly, this narrative method employed a broad focus, and the methodology followed the standard guidelines for literature search, selection, synthesis, and analysis.

The search strategy included several databases, including PubMed, Web of Science (Core Collection), CINAHL, MEDLINE, Academic Search Ultimate (all via the EBSCOhost platform), and Google Scholar to identify relevant literature. Additionally, the search included gray literature from targeted websites of relevant national and international organizations, academic databases, and Ghanaian government sites. The search strategy extended to news media and website articles, as well as peer-reviewed conceptual or research articles, based on their relevance to the topic, without specific inclusion criteria. Findings provide a cohesive understanding of where the discourse currently stands within a conceptual framework.

Results

The results of the narrative review highlight the transition from general awareness to the current evolving landscape of breast cancer outreach in Ghana. Outreach efforts fall under three strategic categories: (1) education and awareness campaigns, (2) media coverage, and (3) policy initiatives. These areas, discussed below, include public health campaigns, the integration of media and emerging digital health tools, and the push for national advancements and policy reforms.

Public Health Campaigns: Consistent with the global observance of October as Breast Cancer Awareness Month, which began in 1985, Ghana's national public health initiatives, such as "Pink Month," have increased visibility. In particular, over the past five years, awareness activities have seen a significant surge [6]. The Walk for the Cure Campaign, founded by Breast Care International (BCI), offers year-round national initiatives, including routine outreach screenings in rural districts and marketplaces. The campaign addresses geographical barriers by extending outreach beyond Accra and rotating through regional capitals (such as Kumasi, Tamale, and Sunyani). It also features breast cancer survivors to combat the stigma associated with the disease, address persistent barriers of late-stage presentation, and mitigate geographic disparities. Additionally, groups like *Pink for Africa* provide prostheses and financial support for treatment costs.

Media and Digital Tools: Recent campaigns leverage a range of media, including radio, television, and digital tools to maintain awareness and encourage regular Breast Self- Examination (BSE). The BrAware App Campaign is a digital health intervention that provides continuous education and automated monthly reminders to help women perform self-exams. Recent pilots of Health Education have launched SMS and voice-messaging campaigns in local dialects to bypass linguistic barriers in English-language media [23]. Patients receive information about breast cancer from multiple sources. In one study, Nsaful [6] notes that the vast majority of patients learned about breast cancer from media sources (TV, radio, print, or internet).

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Policy and National Initiatives: The National Strategy for Cancer Control (NSCC) represents the government's systematic, year-round effort to raise awareness and improve cancer treatment. The policy-driven effort aims to integrate breast health education into outpatient services at primary healthcare facilities [24]. Training is a core component of NSCC, and the aim is to shift the responsibility for performing Clinical Breast Examinations (CBEs) to nurses and midwives. Still, implementation and data monitoring remain a challenge. To bridge these gap, other national initiatives have joined the effort. For example, the Ghana Society of Radiographers (GSR) organizes the annual "GSR Pink October/Ultrasound Awareness Month," a dedicated initiative to increase education, training, and early detection. Additionally, the GSR and the Ministry of Gender, Children, and Social Protection partner to offer free screenings [25].

Discussion

Breast cancer awareness and educational initiatives in Ghana are building and represent a layered approach combining public health campaigns, media coverage, community outreach, and national policy initiatives. Overall, research shows that knowledge of the disease is generally high, except in certain rural locations, indicating that the next level of research efforts should focus on functional knowledge—the difference between knowing and understanding the actions necessary to promote early detection and treatment. Functional knowledge of cancer prevention involves mitigating 5-10% of genetic risk by addressing 90-95% environmental and lifestyle factors. Furthermore, taking proactive steps requires knowledge of risk factors, understanding symptoms, and regular screenings [26]. Findings reveal that while Ghana's multi-pronged approach is actively advancing, outreach should be expanded and tailored to address the known associations between accessibility, outcomes, and cancer rates in Ghana [24]. The current strategy is shifting toward an intentional focus on opportunistic settings across schools, community practitioners, religious institutions, and allied health facilities.

Dedey et al. [27] carried out a multisite, cross-sectional study in 14 high schools in two regions in southern Ghana to assess the baseline student knowledge of breast cancer. The students' knowledge was found to be inadequate, particularly regarding risk factors, breast self-examination, and breast cancer screening. Consequently, the authors argue that integrating breast cancer education into the national senior high school health curriculum is a critical public health strategy. Doing so would accomplish multiple institutional objectives, including normalizing breast health awareness and routine self-examination, providing population-wide education to dispel myths, and addressing knowledge gaps among both genders.

Another recent shift involves direct engagement with traditional medicine practitioners (TMPs). Ethnographic studies in regions like the Talensi District show that herbalists are often the first consulted for breast cancer symptoms [14]. These initial consultations can cause delays that result in patients arriving at hospitals with Stage III or IV tumors, drastically reducing survival rates. Thus, Adam et al. [14] highlight the importance of engaging directly with Ghana's TMPs, who are deeply involved in breast cancer consultations and care, but lack comprehensive breast cancer knowledge.

Additionally, more research should focus on the efficacy of leveraging religious institutions for breast cancer outreach, given that active faith-based participation—such as attending church or mosque services—is extremely high, with roughly 83.8% of Ghanaians attending services at least once a month [28]. Religious institutions provide safe spaces for hosting awareness talks and screenings during or after services to increase functional knowledge in a trusted environment. Providing a platform for survivors to provide testimonials can reduce disease-related stigma and fatalism.

Finally, as Ghana builds a structured breast cancer control strategy, including a national cervical and breast cancer screening program, the way forward will depend not only on women's agency but also on engaging, educating, and in some cases, re-skilling a range of health and allied health professionals. Effah et al. [29] describe a task-shifting model used by the Cervical Cancer Prevention and Training Centre (CCPTC) in Battor, Ghana, where general health workers, midwives, and nurses are trained via modular programs to deliver combined cervical and breast screening in a largely opportunistic setting directly within community outreach zones. Expanding the reach of general health workers and allied health professionals to address breast cancer awareness and functional knowledge holds implications for Ghanian social work professionals to help form the backbone of these efforts.

Implications for Social Work

Social workers in Ghana serve in many roles, including health educators across various settings and in multiple capacities; thus, their professional expertise dovetails with breast cancer awareness and education. Moreover, Ghana's national primary healthcare strategy inherently includes social work tenets, particularly through the Community-based Health Planning and Services (CHPS) initiative, which has been the foundation of Ghana's primary care system for over two decades [30]. The CHPS model is designed to provide essential health services at the community level and address significant gaps in health literacy, such as in the case of risk factors and symptoms of conditions like breast cancer. Aligned with social work practice aims, CHPS focuses on bridging the gap between clinical services and community needs through key mechanisms, including decentralization of healthcare to reach underserved populations, the use of trained professionals to conduct home visits and school health programs, and the mobilization of community volunteers to deliver community education.

Within this model, social work practitioners may act as liaisons between traditional community leaders and health programs, providing breast cancer awareness outreach. In local settings, social workers engaged in community organizing can bridge structural barriers by mobilizing communities for health outreach through durbars (traditional community gatherings) and home visits. Social workers are trained to navigate between their professional principles and local cultural beliefs; therefore, they can help provide adequate educational interventions to mitigate stigma and erroneous beliefs about breast cancer, which are recognized as critical barriers to cancer treatment across Ghana's various communities [13, 24].

Additionally, social work education in Ghana is uniquely positioned to bridge the gap between biomedical health services and community-based awareness by integrating health literacy and advocacy into the core curriculum. Through elective courses on medical social work, programs can help address the significant knowledge gaps between awareness of breast cancer and functional knowledge of risks and symptoms. Students can be trained as volunteers or participate in field placements to provide culturally responsive health information that aligns with local values. Because social work interns are frequently placed in high schools, they are ideally positioned to implement breast cancer educational programs in school-based settings, as recommended by Dedey et al. [27].

Similar to calls for social work programs in Ghana to institute mental health training [31], authors advocate for establishing oncology social work within Ghanaian universities as a strategy to strengthen national public health campaigns through multi-professional collaboration [32, 33]. Amonoo et al. [33] note that, "while social workers constitute the majority of psychosocial oncology clinicians in high-income countries, social workers in Ghana and most sub-Saharan countries lack training in psychosocial oncology" (p. 142).

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Additionally, in sub-Saharan Africa, where formal infrastructure for psychosocial oncology is currently lacking, social workers are critical to all aspects of cancer education and care [32].

Finally, with its strong focus on macro practice, social work education in Ghana can also empower communities and advocate for policy changes, such as expanding the National Health Insurance Scheme (NHIS) to cover comprehensive breast cancer screenings and diagnostic costs, thereby addressing the structural needs of patients. Full integration of comprehensive cancer care into the NHIS is needed to reduce the financial burden on patients and improve survival rates in Ghana [34]. Working with GASOW (Ghana Association of Social Workers), a professional body for trained social workers often involved in national social policy, social workers should advocate with the Ministry of Health (MoH), which serves as the primary oversight body responsible for formulating national health policies and ensuring equitable resource distribution.

Social workers are critical to every aspect of cancer awareness, education, and outreach; therefore, it is incumbent on the profession to possess the basic knowledge and understanding for prevention. Health education campaigns that are developed by organizations and professional bodies that recognize and prioritize women's health are crucial to improving awareness, expanding education, and driving action to combat breast cancer mortality.

Conclusion

Ghana's efforts to prioritize breast cancer awareness and outreach have evolved over the decades to include a multifaceted approach to increase early detection, which improves prognosis while reducing mortality and morbidity. Although these efforts successfully raised women's general awareness of the disease, they fall short of increasing functional breast cancer knowledge, wherein women fully understand risk factors, recognize symptoms, and engage in screening practices.

The social work profession brings a unique set of skills to cancer awareness and public health education. The country's current national focus to deliver culturally tailored programming, community clinics, and educational materials to underserved communities aligns precisely with social work practice, education, and policy objectives. Consequently, social work practitioners and educators in Ghana are poised to join national efforts to advance public awareness and expand functional knowledge of breast cancer.

Conflicts of Interest: The authors declare no conflicts of interest.

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