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Education and Awareness

5 Key Insights Into How Women Really Feel About Their Breasts

How do women's feelings about their breasts impact breast health? We asked 3000 women in the first ever Novartis Breast Health & Experience Index.

Oct 01, 2025

When do conversations around breast health begin?

Formally, they often start in grade school, when lessons on puberty introduce the idea of developing breasts. But informally, the conversations are everywhere. They show up in rules about what young girls can and cannot wear, in dress codes and sports uniforms, in expectations around breastfeeding and motherhood, in fashion, media, and jokes that keep breasts in the spotlight while making them hard to talk about openly.

They surface in decisions about support and comfort, in intimacy, in fitness and pain, in aging and menopause, in the everyday negotiations women make with their own bodies.

From an early age, these conversations begin shaping how women see their own bodies. They can influence confidence, self-image, and even how openly a woman feels she can talk about her health. And we know that how women feel about their breasts impacts how they take care of them.

To better understand these realities, Novartis partnered with The Harris Poll to develop the Breast Health & Experience Index, a first-of-its-kind look at how more than 3000 women in the United States, both with and without breast cancer, think about, talk about, and care for their breast health. And as we learned, these feelings run deep.

The Index revealed common themes that highlight both what unites women in their experiences and what continues to be overlooked in conversations about breast health.

1. Identity Is a Big Part of the Story



Over 2 in 3

(66%) US women say breasts are a large part of their identity.

Breasts are not only physical. For many women, they are tied to identity and self-image. The Index revealed that 40% of US women – and nearly two-thirds (63%) of women with breast cancer – say they feel self-conscious about their breasts or chest area.

One in 3 women overall, and more than two-thirds of breast cancer patients, describe their relationship with their breasts in negative terms. For some, that negativity becomes a source of anxiety: 23% of women without a diagnosis and 56% of women with breast cancer reported that their breasts are a source of worry.

"More than half of US women say society's view of breasts shapes how they feel about their own."

The pressure to "make up for it" - if you feel badfy about your breasts - also surfaced. Nearly 1 in 3 US women, and almost half of breast cancer patients, said they feel they need to put more effort into other aspects of appearance - such as weight, makeup, or clothing - because of how their breasts look. After a diagnosis, these emotions can intensify into something harder to name: grief, loss, even disconnection from one's own body.



2. Silence Carries Consequences

Outside of clinical settings, many women rarely talk about their breasts, and our index provides valuable insight into why that is.

More than half of US women (56%) say society's view of breasts shapes how they feel about their own, while a similar proportion say society actively shames people for talking about them. Half of women report that the sexualization of breasts makes it harder to openly discuss breast health.

This silence and objectification have real effects. One in 3 women say they feel uncomfortable discussing breast

conversations about their breast health with others.

wish they had more open

2 in 5 1 in 2

health outside the doctor's office, limiting everyday conversations with friends, family, or peers that could normalize breast health and foster empowerment to take proactive steps. And many wish the situation were different. The lack of dialogue not only deepens isolation but also makes it harder for women to feel seen and supported in asking the questions they have.

3. Knowing Is Not the Same as Doing



For many women, the barrier is not information, but hesitation. Women need more than facts to take control of their breast health. They need encouragement, practical support, and permission to put their health first, whether that is scheduling screenings, asking follow-up questions, or seeking a second opinion.

Only 1 in 3 US women perform monthly self-exams and

fewer than 1 in 3 US women under 45 do self-exams regularly.

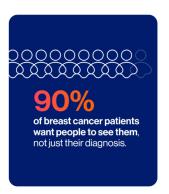
Learn more about the importance of breast screenings here ...

4. A Diagnosis Does Not Define a Woman

For many women, a breast cancer diagnosis reshapes how they are seen and how they see themselves, but they do not want the diagnosis to be the whole story.

At the same time, the experience is often overwhelming. More than 8 in 10 women reported feeling unprepared for their diagnosis, and nearly two-thirds wish they had been more in control of their breast health earlier in life.

These findings underscore both the vulnerability of the moment and the resilience that follows. Women want to be recognized in their wholeness — as parents, partners, professionals, people — while also receiving the knowledge, resources, and support that allow them to move forward with confidence.



5. But The Impact Lasts Beyond Treatment

56% wanted more from their care team during this experience.

Treatment for breast cancer may end, but its effects can continue to shape women's lives in ways that are rarely discussed. Nearly half of breast cancer patients in the Index said their diagnosis negatively affected their self-image, and 41% reported challenges with intimacy and dating

Careers are not immune either, with 1 in 5 women saying their work life was impacted as a result of a diagnosis. These lasting effects show that breast cancer does not end when treatment does—it leaves echoes that can touch identity, relationships, and daily routines long after.

People living with breast cancer, regardless of stage, seek a sense of normalcy and refuse to be defined solely by their diagnosis. They deserve to feel empowered to ask

questions, seek knowledge and make confident decisions about their care. By equipping women, healthcare providers and trusted community voices with resources that address fears, answer their questions, and break down barriers across breast health - we're transforming worries into a shared mission.

Learn more about how we are championing patient needs across the continuum of breast health here.

Methodology

The research was conducted online in the United States by The Harris Poll on behalf of Novartis among 2039 US women age 18 or older ("US Women") and 1001 US women age 18 or older diagnosed with breast cancer ("Breast Cancer Patients"). The survey was conducted June 11 – 23, 2025.

Data are weighted where necessary by age, race/ethnicity, region, education, marital status, household size, employment, household income (not included for Women diagnosed with Breast Cancer), and smoking status to bring them in line with their actual proportions in the population.

Respondents for this survey were selected from among those who agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within ± 2.5 percentage points for US Women and ± 4.4 percentage points for Breast Cancer Patients using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest

All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

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