

Assess Health-seeking Behavior on Cancer among Women Residing at Rahata Taluka

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Abstract

Introduction: The cancer is a major problem in developing countries. Cancer is most advancing health problem faced by overall world including India.

Aims: The aim of the study was to assess the health-seeking behavior and identify the hindrance factors on health-seeking behavior on cancer among women.

Methods: Using a descriptive, cross-sectional study design with stratified random sampling, 400 women residing in Rahata taluka were interviewed using a questionnaire. Descriptive statistics were calculated with the mean for variables that were normally distributed. Statistical Analysis was performed with SPSS software.

Results: Demographic data show that 41.75% of women were from the age group of below 35 years, 29.75% had a higher secondary education, 81.75% of women are Hindu, 47.75% of women live in nuclear family, 80.75% of women are married, 38.25% of mothers were house maker, and 48.5% of women have monthly family income of 1866–5546 Rs. The proportion of health-seeking behavior for cervical cancer among the study participants shows that majority of women believed that cancer treatment can be done properly if economic condition is well enough, better health facilities available, cancer awareness educational program through the health workers. The hindrance factor contributes the health-seeking behavior among the women. Majority of women that have lack of knowledge about disease, social stigma, fear of relationship after exposure of disease, socioeconomic condition, inadequate knowledge related to treatment, delay health-care system, delay diagnosis. Providing some education program, educational booklet, street play, and handouts medical camp, and short films are helpful for cancer prevention.

Conclusion: The awareness of cancer among women residing at Rahata Taluka was low. The result of the study concludes that certain factor contributes the health seeking behavior among the women. Hence, it is necessary to give them the right information on cancer and its prevention to women.

Keywords: Assess, behavior, cancer, health, study, women

Introduction

In day-to-day life, a non-communicable disease is challenges for health sciences among them the cancer is most advancing health problem faced by overall world including India.^[1]

The term cancer is used for malignant uncontrolled growth of cells and tissues. Cancer is a disease of the cell, in which the normal mechanism for control of growth and proliferation has been altered.

Prevalence estimates for 2012 shows that there were 32.6 million people (over the age of 15 years) alive who had had a cancer diagnosed in the previous 5 years.

In urban areas, cancer of the cervix accounts for over 40% of cancers while in rural areas, it accounts for 65% of cancers as per the information from the cancer registry in Barshi.²

Need of the study

Cancer is progressively becoming prominent health threat in high- and low-income nations among the chronic health problems. It is a worldwide problem affecting people in both wealthy and poor countries. [3]

A study conducted by Mounita Dason, the gendered experience with respect to health-seeking behavior in an urban slum of Kolkata, India.. The result shows that both men and women utilize formal and informal care, but with different motives and expectations, leading to contrasting health-seeking outcomes. The role of women in following and maintaining sociocultural norms leads them to focus on care that involves long discussions mixed with sociocultural traits that help avoid economic and social sanctions. [4]

Statement of Problem

“Health-seeking behavior on cancer among women residing at Rahata Taluka.”

Objectives

The objectives of the study were as follows:

1. To assess the health-seeking behavior on cancer among women.
2. To identify the hindrance factors on health-seeking behavior on cancer among women.

Materials and Method

Study Setting and design: This descriptive cross-sectional study was done in the women who are residing at Rahata taluka, Ahmednagar District, Maharashtra, India.

Sample size, Sampling Technique, Study duration and study population: The study sample size was 400 women. Study Participants were selected by stratified random sampling. During the study period 400 women who consented for the study were enrolled and were interviewed as per schedule, demographic data were asked first, followed by the question related to hindrance factor which affects the health-seeking behavior of women. An average 15 women were interviewed per day, and the duration for the interview was being approximately 20 min. Ethical approval from the institutional ethics committee of Pravara Institute

of Medical Sciences –Deemed to be University, Loni (Bk) was obtained. **(Registration No: PIMS/IEC/Dr/2018/69 dated on 11.12.2018)**

Data Collection

The data was collected by face- to -face interview held in a home at selected village of Rahata Taluka. The interview lasted for 20 minutes. Data Collection was guided by a pretested, Semi-Structured questionnaire consisting of both open as well as closed questions. The questionnaire had two Parts. They were, Socio-demographic characteristics of the study population and contributing and hindrance factors of cancer

Data Analysis

The collected data were organized, tabulated, and analyzed using descriptive and inferential statistics methods wherever required. The descriptive statistics such as percentage, mean, SD, and inferential statistics such as correlation and coefficient will be used. Further, the analyzed data will be presented in the form of tables, figures, and diagrams.

Results

Section 1: Demographic distribution

Demographic data show that 41.75% of women were from the age group of below 35 years, 29.75% had a higher secondary education, 81.75% of women are Hindu, 47.75% of women live in nuclear family, 80.75% of women are married, 38.25% of mothers were housemaker, and 48.5% of women have monthly family income of 1866–5546 Rs.

Interpretation

The proportion of health-seeking behavior for cancer among the study participants was only 77% of women sought medical help. About 83.5% of women took help from Pravara Rural Hospital. In the contributing factor, only 76% of women know about reproductive system and 29.5% of women are aware of the breast cancer. About 83% believe that support from family is required for cancer screening and treatment. About 55% believe that psychological support is necessary. About 66% affirm that the adequate economical support is required for cancer screening/treatment. About 100% of women say that test is costly. About 75% feel that

the relationship of partner plays an important role in effective cancer treatment. About 58.5% believe that face the difficult situations. About 74.5% believe that the live example of cancer person in the family and relatives makes you attempt for a cancer treatment. About 57.2% prepare mentally. About 46.5% feel that the decision-making in the family helps in seeking medical help. About 62.5% believe that on time and prompt decision to take treatment helps to prevent Cancer. About 51.5% acknowledge that the availability of health facility made you to seek medical help. About 71.65% says because of facility is available in private hospital like PRH. About 53.75% believe that the availability of treatment facility/hospital is not far away; is the factor for seeking medical help. About 31.63% prefer Pravara Rural Hospital. About 57.2% believe that the severity of cancer will make an individual to seek medical help. About 75.65% are get motivation to fight against cancer. About 67.5% are the advice and guidance from friends and relatives made you to seek medical help for cancer. About 78.5% are got correct and adequate information about cancer. About 75% believe that the low/free of cost treatment for cancer in Pravara Rural Hospital made to seek medical help for cancer. About 47.5% believe that available facilities. About 70.5% feel comfortable to interact with health-care professional and social workers. About 100% are known/understand the information about illness and available facilities in it. About 77% believe that role of health-care provider and social workers made you to seek medical help. About 100% believe that the way. It helps to get appropriate direction and prevent the delay in care. About 68.25% believe that the conduction of screening camp for cancer helps you to seek medical help. About 100% are known the available facility for cancer screening. About 85.5% feel any other factor make you to seek medical help. About 57.5% are want to prevent cancer disease, is must get information about healthy life style, diet, etc.

Conclusion

The proportion of health-seeking behavior for cancer among the study participants shows that majority of women's believed that cancer treatment can be done properly if economic condition is well enough, better health facilities available such as hospital infrastructure, cancer awareness campaigning program, educational program through the health workers, and social work

with the help of social workers helpful for the health-seeking behavior's on cancer.

Interpretation

the findings regarding hindrance factors on health-seeking behavior on cancer among women are showed that 76% of women are says no hesitate to contact health facility for their reproductive organ disease. About 52% are says fear of relationships with family and husband. About 83% of women say no they believe that the poor economic status is the reason for not seeking medical help. About 58.46% believe that cost of treatment was high. About 66.6% says no that the lack of awareness on cancer is chief the reason for not seeking medical help. However, 64.93% are unaware about screening test. About 75.25% of women say no they feel that the hospital facility is far away from the native place, which hindrance the seeking of medical help. However, 67.68% believe that not getting time to attend hospital. About 74.5% say no they feel that the fear of diagnosis as a cancer disease is the hindrance factor for seeking medical help but 100% have lack of knowledge and misunderstanding about disease. About 53.5% are believe that the fear related to treatment's/side effects make you not to seek medical help. About 100% have seen patient with cancer and side effects of treatment therapy. About 51.5% accept that the workload/family commitment make you not to seek medical help. About 65.5% are not getting time to attend the hospital. About 53.75% says no they feel that the lack of time from household work make you not to seek medical help. About 52.96% said that they have too much household work. About 57.5% says no they believe that the financial dependency is one of the hindrance factors for seeking medical help. About 46.47% of women's does not have earning member. About 67.5% are not feel that the fear, trust on god/spiritual belief, and practice made not to seek medical help. About 53.85% are fear of family support. About 70.75% says no the violation of privacy and confidentiality at health center is the factor for not seeking medical help. About 52.6% are believes that somebody may discuss about others health. About 70.25% not feel that the relationship with partner may be disturbed due to cancer diagnosis and its treatment, so you are not seeking medical help. About 76.47% are fear of breaking of relationship. About 77% are not believe that the inappropriate judgment/lack of decision-making

make you not to seek medical help and 56.52% social stigma. About 68.25% not affirm that the inadequate information, unavailability of specialty doctors is the reason for not seeking medical help. About 84.25% believe that specialty doctors are available only in big cities. About 85.5% not feel that any other factor which makes you not to seek medical help. About 100% are Lack of family support.

Analysis shows the hindrance factor that contributes the health-seeking behavior among the women. Majority of women that have lack of knowledge and misunderstanding about disease, fear of people knowing, cultural practice like social stigma, fear of relationship after exposure of disease, socio economic condition since cost of treatment if high, inadequate knowledge related to treatment, health care system delay related factor since specialty doctors are available only in big cities which cause delay diagnosis.

Discussion

Results of the study conclude that the proportion of health-seeking behavior for cervical cancer among the study participants shows that majority of women's believed that cancer treatment can be done properly if economic condition is well enough, better health facilities available such as hospital infrastructure, cancer awareness campaigning program, educational program through the health workers, and social work with the help of social workers helpful for the health-seeking behavior's on cancer.

The hindrance factor contributes the health-seeking behavior among the women. Majority of women that have lack of knowledge and misunderstanding about disease, fear of people knowing, cultural practice like social stigma, fear of relationship after exposure of disease, socio economic condition since cost of treatment if high, inadequate knowledge related to treatment, health care system delay related factor since specialty doctors are available only in big cities which cause delay diagnosis.

A study on survival of patients with cervical cancer in rural India.. The effect of socioeconomic factors was assessed using Cox proportional hazards regression analysis. The 5-year observed survival was 32.5%, ranging from 9% for Stage IV to 78% for Stage I cancers. Women with poor socioeconomic status (SES) had up to

70% higher risk of death. Higher household income was significantly associated with poorer survival. However, most women in the higher income group were married women and housewives, hence with no personal income, cervical cancer survival was disappointingly low in these rural populations of India and stage of disease at diagnosis was the strongest determinant. A higher household income is not always associated with women being empowered in terms of seeking healthcare. [6]

A study on perceived factors for delayed consultation of cervical cancer among women at a selected hospital in Rwanda: An exploratory qualitative study. Result revealed patient, health-care providers, and health-care system factors emerged from the participants' narratives as factors that contributed to the delay in seeking early diagnosis and treatment. The perceived patient-related factors were a lack of knowledge, cultural practices, age-related factors, fear of people knowing, and socioeconomic factors. Furthermore, the health-care provider delay-related factors were inadequate knowledge, unnecessary treatment, poor communication, and minimizing patients' symptoms, false diagnosis; health-care system delay-related factors included an ineffective transfer system and delayed diagnosis. [7]

A study on barriers for early detection of cancer amongst Indian rural women, among 35 years and above. Result revealed that awareness about symptoms, possibility of early detection, available tests, and possibility of cure of disease were low. Main barrier for screening was cognitive, that is, "don't know" answer by 83.99% of women for cancer cervix, 84.93% for cancer breast, and 67.26% for oral cancer. Awareness score was significantly associated with age ($\chi^2 = 17.77$, $P = 0.001$), education ($\chi^2 = 34.62$, $P = 0.000$), and income ($\chi^2 = 16.72$, $P = 0.002$) while attitude score with age ($\chi^2 = 16.27$, $P = 0.012$) and education ($\chi^2 = 25.16$, $P = 0.003$). Practice score was significantly associated with age ($\chi^2 = 11.28$, $P = 0.023$), education ($\chi^2 = 32.27$, $P = 0.003$), and occupation ($\chi^2 = 10.69$, $P = 0.03$). Awareness, attitude, and practice score of women having history of cancer in family or relative was significantly high than women without history. [8]

A study on beliefs, perceptions, and health-seeking behaviors in relation to cervical cancer: Among 36

women, aged 25–49 years, with no previous history of cervical cancer symptoms or diagnosis. Result revealed that three themes emerged: Feeling unprotected and unsafe, misbelief and wondering about cervical cancer, and fear of the testing procedure. Participating women had heard of cervical cancer but preferred to wait to access cervical cancer screening until symptom debut. It was evident that there are still barriers to cervical cancer screening among women in Uganda, where there is a need for culture-specific, sensitive information and interventions to address the issues of improving the cervical cancer screening uptake among these women.^[9]

A study on factors affecting uptake of cervical cancer screening among African women in Klang Valley, Malaysia, among ages 18–69 was conducted in three different churches with high numbers of African participants. Result revealed that the response rate was 98.2%, the majority (68.1%) of the respondents being aged 31–50 years and married. The prevalence of screening among the respondents over the past 3 years was 27.2%. Using $P = 0.05$ as the significance level, the final model showed that marital status ($P = 0.004$), knowledge ($P = 0.035$), perceived barriers ($P = 0.003$), and having a regular health-care provider ($P < 0.001$) were the only significant predicting factors of uptake of cervical screening among African immigrant women in Klang Valley, Malaysia.^[10]

Conclusion

Cancer is a major life-threatening disease and the most important obstacle to the increase in life. The result of study concludes that the hindrance factor contributes the health-seeking behavior among the women. Hence, it is necessary to give them the right information on cancer and its prevention.

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Conflicts of Interest: None

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