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Original Research Article

Why women with advanced carcinoma cervix do not seek medical help early: a tertiary hospital based Indian study

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ABSTRACT

Background: Cervical cancer is a disease which claims maximum number of deaths in developing countries. Objective of this study was to understand the reason for delayed approach to medical help in women with advanced carcinoma cervix.

Methods: It was a cross-sectional study. Information obtained from women with carcinoma cervix clinical stage IIb and above with proven histopathological diagnosis was recorded in the predetermined format.

Results: Almost all the subjects were illiterate and were from lower socioeconomic strata and rural areas. None of them knew about the disease and its symptomatology. About 82% of the patients were symptomatic since 5-10 years however took no medical care during the period and 2/3rd of them even did not reveal their problem to any of the family members. About 79% of the subjects had never used any contraception and none had knowledge about its role in preventing infection. Majority of them (98%) had no idea about the role of PAP smear in screening carcinoma cervix. All of them said if they had knowledge about the disease, they would have sought medical help much earlier.

Conclusions: The most important reason for delayed approach in our study was found to be lack of knowledge about the disease. Therefore, till such time that we have national screening program in place, these women who are at high risk of developing carcinoma of cervix should be targeted and educated through mass media so that these women could seek medical help in early stages.

Keywords: Advanced stage, Cancer screening, Carcinoma cervix, Illiteracy, Rural background, PAP smear

INTRODUCTION

Cervical cancer is a disease which claims maximum number of deaths in developing countries.¹ The principal behind management of this health problem lies in prevention. With simple tests like PAPs smear, this cancer can be detected in precancerous stage however we are unable to launch a nationwide cervical cancer screening program.² In India most of the cases (85%) of cancer cervix present in advanced stages.³ The later the stage poorer is the prognosis. Also, the management of advanced stage is a costly affair. This study was done to

understand the reasons underlying in delay in seeking medical help.

METHODS

It was a cross sectional survey carried out from January 2015 to December 2016.

Inclusion criteria

- Patients attending the outpatient departments of gynaecology and radiotherapy with a diagnosis of

histologically proven stage 2b and above of cervical carcinoma were included in the study.

Exclusion criteria

- Stage less than 2b of cervical carcinoma were excluded from the study.

Total of 100 women were interviewed. A written informed consent was taken from the patient. A questionnaire was prepared to obtain all the necessary information.

Ethical clearance was taken from the institutional ethics committee.

Statistical analysis

A simple grid was prepared to collate the data in the questionnaire and proportion of respondents answering for each question was calculated.

RESULTS

Total of 100 women having carcinoma cervix 2b and beyond were interviewed. Most of the patients were above 40 years of age, belonged to lower socioeconomic strata, were from rural areas and were illiterate. All of them were housewives. Almost 70% of women had four or more living issues (Table 1).

Table 1: Demographic profile of women with advanced carcinoma cervix.

Demographic profile	Number of patients (n = 100)
Age (years)	
< 40	15
40-60	44
> 60	41
Education status	
Illiterate	88
Primary school passed	12
Age at marriage (years)	
< 18	68
> 18	32
Parity	
≤ 2	8
3	22
≥ 4	70

Most common complaint was irregular bleeding (61%) followed by discharge PV (41%) and post-coital bleeding (22%). About 82% of the patients were symptomatic since 5-10 years however took no medical care during the period and two third of them even did not reveal their problem to any of the family members. More than half of them did not visit a gynaecologist for the last five years (Table 2).

Table 2: Symptomatology and knowledge of women presenting with advanced carcinoma cervix.

Complaints	
Irregular bleeding	61
Postcoital bleeding	22
Discharge PV	41
Duration of first symptom (years)	
<5	18
≥5	82
Time interval of first visit(years)	
<5	16
≥5	84
Last visit to gynecologist (years)	
<5	44
>5	56
Contraception use	
Yes	21
No	79
PAP smear test	
Yes	4
No	96
Knowledge about PAP smear role in screening	
Yes	2
No	98
Knowledge about carcinoma cervix	
Yes	2
No	98

Majority of the patients (68%) were married before the age of 18 years. About 79% of the patients had never used any contraception in lifetime and none had knowledge about its role in preventing infection. Around 52% were in clinical stage 2b and rest were in higher stage at the time of diagnosis. About 80% of the patients never visited a doctor for their medical problems and took over the counter drugs on their own (Table 2).

Majority of them (98%) had no idea about the role of PAP's smear in screening carcinoma cervix and 94% of them never had a PAP's smear testing. Around 3% of the patients had family history of carcinoma cervix while none knew the symptoms of carcinoma cervix. None of them knew about the availability of vaccination for the prevention of the cancer. All patients said that they would have come earlier if they had prior knowledge about cancer cervix (Table 2).

DISCUSSION

Study revealed poor level of knowledge about carcinoma cervix, its symptomatology, screening tests and vaccination among women with advanced cervical cancer.

Similar is the situation in rural areas of other states. Aswathy et al, in a study in 809 women from rural population of Kerala found that majority of women

(89.2%) were unaware of risk factors and only 6.9% had undergone screening.⁴ One third of the population were desirous of undergoing screening but had not done it primarily due to lack of knowledge.

Another study done by Harsha et al in Mangalore on knowledge and screening for cervical cancer among women (n = 83) attending out-patient departments of Kasturba Medical College found poor knowledge about cervical cancer and its screening.⁵

In a similar study by Bansal et al, conducted on 400 women attending the outpatient department of AIIMS, Bhopal, women were found to have suboptimal knowledge and majority had never undergone screening inspite of having higher level of education.⁶

Poor awareness level was found in another study by Archana et al conducted at AIIMS, Rishikesh on women attending outpatient departments in which 74% of respondents had never heard of cervical cancer.⁷

In this study, 82% of the patients were symptomatic since more than five years but took no medical care because of lack of awareness about the disease.

When the western world has drastically reduced the incidence of carcinoma cervix through national screening program, authors were far from achieving this goal. Rural India which constitutes 70% of our population is even unaware about the disease itself.

CONCLUSION

The most important reason for delayed approach in this study was found to be lack of knowledge about the disease. Therefore, till such time that author have national screening program in place, these women who are at higher risk of developing carcinoma of cervix should be targeted and educated through mass media so that they could seek medical help in early stages.

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