



Awareness about cancer among the public in Dakshina Kannada district of Karnataka, India

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Abstract

Cancer is a curable disease that can turn terminal when presented for treatment in its later stages. While it is a non-communicable illness, many factors contribute to its prevalence including genetics, lifestyle and exposure to toxic waste. Social work involves helping individuals, families and communities to improve their overall well-being to enhance social functioning (Healy, 2014). Oncology social workers help patients and their families cope with the distress brought on by cancer from its onset to the treatment or terminal stage (Mostert, 2017). Social workers in the Dakshina Kannada area, therefore, must create awareness on the causes of various cancers, their advancement and treatment to increase the current cancer survival rate (Mostert, 2017; National Institute of Cancer Prevention and Research, 2017). This paper reviews the cancer awareness levels in the Dakshina Kannada district of Karnataka state in India to determine the levels of cancer awareness causal factors and possible solutions that social workers can use to solve the issues this raises.

Keywords: cancer, treatment

Introduction

India has the most cancer incidences and deaths in the world. Cancer incidences in Karnataka between 2011 and 2014 increased from 52099 to 56330 while deaths increased from 22923 to 24785 (Indiastat, 2014) ^[4]. The leading causes of cancer deaths in India are oral, breast and cervical cancer where the latter is the key reason for death amongst women (Breast Cancer India, 2014; World Health Organization, 2016) ^[12]. This paper reviews studies conducted in Dakshina Kannada, a rural district located in Karnataka, to determine the level of cancer awareness and outline recommendations that oncology social workers can use to improve the condition in this area.

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Literature review

A study of 3 different rural areas of Dakshina Kannada conducted by the Department of Oral & Maxillofacial Surgery at the Nitte University shows that people are aware of the existence and dangers of cancer but they are still slow to seek medical care due to their social economic state and widespread stigma associated with cancer. Another study conducted by WHO in Nigeria lists stigma, discrimination, poverty and illiteracy as the main drivers of lack of awareness of breast cancer among women. A research published in the South Asia journal of cancer in 2014 lists the cognitive barrier

as the main cause of lack of awareness where family history contributes to awareness levels. "Social Work Theories in Context: Creating Frameworks for Practice" is a book that outlines the duties of a social worker in creating change for vulnerable populations such as women, the poor and those with disabilities. One of the most effective strategies they use is providing these populations with knowledge about the problems they face and their possible solutions (Healy, 2014) ^[3].

Methods

Three studies that detail the incidence of oral, breast and cervical cancer are intensely reviewed to pick out what they state about the level of cancer awareness presented in various areas of Dakshina Kannada. The first article is "Oral cancer awareness in rural Karnataka - are they aware?" By Gopinath Thilak P.S., Renita D'leema & Vinayak Kamath (2015) ^[2], the second is "A Profile of Breast Cancer Cases in Dakshina Kannada District: A Hospital Based Study" by Hezil Deepika Saldanha, Leena J B (2014) ^[10] and "Profile of cervical cancer patients attending Tertiary Care Hospitals of Mangalore, Karnataka: A 4 year retrospective study" by Aadhya Sharma (2017) ^[6]

Findings

The first study uses questionnaires to determine the level of awareness regarding the causes of oral cancer, how it spreads, its relation to AIDS and family history and the levels of stigmatization. The results are shown in the table below (Gopinath Thilak, D'leema, & Kamath, 2015) ^[2].

Table 1

	Know about oral cancer	Think cancer is communicable	Oral cancer is common in AIDS patients	Know anyone who has had oral cancer	Have had family who suffered or died from oral cancer	Would avoid a person with oral cancer	Think Oral Cancer is Curable
Yes	86.9%	3.4 %	3.4%	23.6%	12.4%	34.9%	34.8%
No	13.1%	79.0%	47.9%	76.4%	87.6%	57.6%	20.2%
I don't know		17.6%	15.0				44.9%
Maybe			33.7%			5.7%	

The second study had a sample of 109 patients of whom 30% aged 41-60 were from urban Dakshina Kannada and 70% aged 51-60 from the rural areas and the majority of them were married. Breast cancer appears in 4 stages, and results show that women presented illness at stage II B for rural women and IIA for urban women. The survival rate after five years is as follows (Saldanha, & Leena, 2014)^[10]

Table 2

Stage of cancer	I	II	III	IV
% of survival in 5 years	87.5%	74.48%	73.46%	11.48%

The third study uses patients aged 28 to 85 with 58.3% being urban women and 41.7% from rural areas. In total 51.9% of women present illness at stage IA to IIB while 48.1% from stage IIIA- IV. Although the latter is a smaller value it is significantly large as this translates to deaths (Kulkarni, 2017)^[6].

Discussion

80% of India’s population is from rural areas and are socially and economically disadvantaged which is represented by their rate of cancer awareness. From the results, most people who are diagnosed with cancer in India only seek medical help in the final stages of illness due to lack of knowledge especially in the rural areas (Saldanha, & Leena, 2014)^[10]. Literacy levels are responsible for these values. Having family or knowing someone who has had cancer is positively correlated with higher levels of awareness of the disease. However, high levels of stigmatization may be the cause of people failing to seek early medical care (Gopinath Thilak, D’leema, & Kamath, 2015)^[2].

Conclusion

The findings of this study reveal that social workers are needed to help the people of Dakshina Kannada improve their lives especially in regard to cancer. Those in rural areas are socially disadvantaged by their high illiteracy and poverty levels which makes it hard for them to either access or understand information about cancer. Therefore, the first line of action would be to distinguish the myths from the facts concerning cancer illness. The signs and symptoms regarding various forms of cancer should also be made known to people as well as appropriate action such as visiting hospitals to get checked and discouraging stigmatization (Healy, 2014)^[3].

One of the most significant roles that oncology social workers can play in this situation is advocacy. They should work to make the government and medical community see the importance of making cancer screening available in hospitals even during routine checkups for an affordable price (Healy,

2014)^[3]. Treatment options and facilities should also be made accessible especially to poor rural communities. Offering support before, during and after treatment makes the process bearable for patients and their families and would also reduce stigmatization of victims by other members of society (Mostert, 2017)^[8]. It is clear that survival rate reduces as the disease advances (Kulkarni, 2017; Montgomery, Dune, Shetty, & Shetty, 2014)^[6, 7].

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