



A CROSS-SECTIONAL STUDY TO ASSESS THE PREVALENT MYTHS AND MISCONCEPTIONS AMONG THE CARE-GIVERS OF THE PATIENTS WITH CANCER

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INTRODUCTION

- ❖ GLOBOCAN 2020 → 19.3 million new cancer cases & 10.0 million cancer deaths.
- ❖ World Cancer declaration (UICC, 2013); its 5th target states –
“By 2025, stigma associated with cancer will be reduced and damaging myths and misconceptions about the disease will be dispelled.”
- ❖ Heterogeneity in cancer incidence and patterns across India → <33% patients present at an early stage.
- ❖ Curable cancers that can be detected early by screening → missed due to prevailing myths and misconceptions.
- ❖ Social, emotional and financial devastation partly attributable to cultural myths and taboos.
- ❖ We are undertaking this project to debunk the prevailing myths and raise awareness in family members of cancer patients.

MATERIAL & METHODS

- ❖ STUDY DESIGN & SETTING:- Cross-sectional questionnaire-based survey at a tertiary teaching hospital, North India.
- ❖ SAMPLE SIZE:- 400 care-givers (aged 18-70 years), batches of 20-25 participants per week.
- ❖ QUESTIONNAIRE:- 10 close-ended questions (based on data from [National Cancer Control Program, India](#)); confidentiality maintained for responses, translator available for those not able to read and write.
- ❖ After completing the questionnaire, a health care worker discussed the questionnaire and clarified all the myths.

RESULTS

- ❖ Median age of participants **45 years** (IQR 35-59).
- ❖ Majority of participants were **males** (85%; n= 340 participants).
- ❖ Based on the analysis of our questionnaire the **commonly prevalent myths and misconceptions** about cancer are as follows-
 - ✓ *Cancer is contagious.*
 - ✓ *Cancer occurs in individuals who have done harm to others*
 - ✓ *Trauma results in cancer.*
 - ✓ *Cancer is always very painful*
 - ✓ *Diagnostic needle biopsy contributes to the spread of cancer*
 - ✓ *All cancers require same treatment.*
- ❖ Post-counselling sessions, the **follow-up and compliance of the cancer patients improved** in our OPDs.

S. NO	MYTHS	AGREE		DISAGREE		NOT SURE	
		NUMBER (N)	PERCENT AGE (%)	NUMBER (N)	PERCENT AGE (%)	NUMBER (N)	PERCENT AGE (%)
1.	Cancer spreads from one person to another.	83	20.8%	198	49.5%	119	29.8%
2.	Cancer is most commonly an inherited disease and so it runs in families.	22	5.5%	298	74.5%	80	20.0%
3.	Cancer affects elderly people only	44	11.0%	336	84.0%	20	5.0%
4.	Cancer occurs in individuals who have done harm to others	104	26.0%	276	69.0%	20	5.0%
5.	Injuries such as falls cause cancer	91	22.8%	221	55.3%	88	22.0%
6.	Cancer is always very painful	182	45.5%	120	30.0%	98	24.5%
7.	Diagnostic needle biopsy contribute to the spread of cancer	63	15.8%	60	15.0%	277	69.3%
8.	Cancer treatment should not be administered to elderly patients	3	0.8%	377	94.3%	20	5.0%
9.	All cancers require same treatment.	60	15.0%	280	70.0%	60	15.0%
10.	All patients with cancer die irrespective of treatment	3	0.8%	377	94.3%	20	5.0%

Table 1. Distribution of response of care-givers to various Myths enlisted in the questionnaire.



Figure 1. Counselling sessions for care- givers.

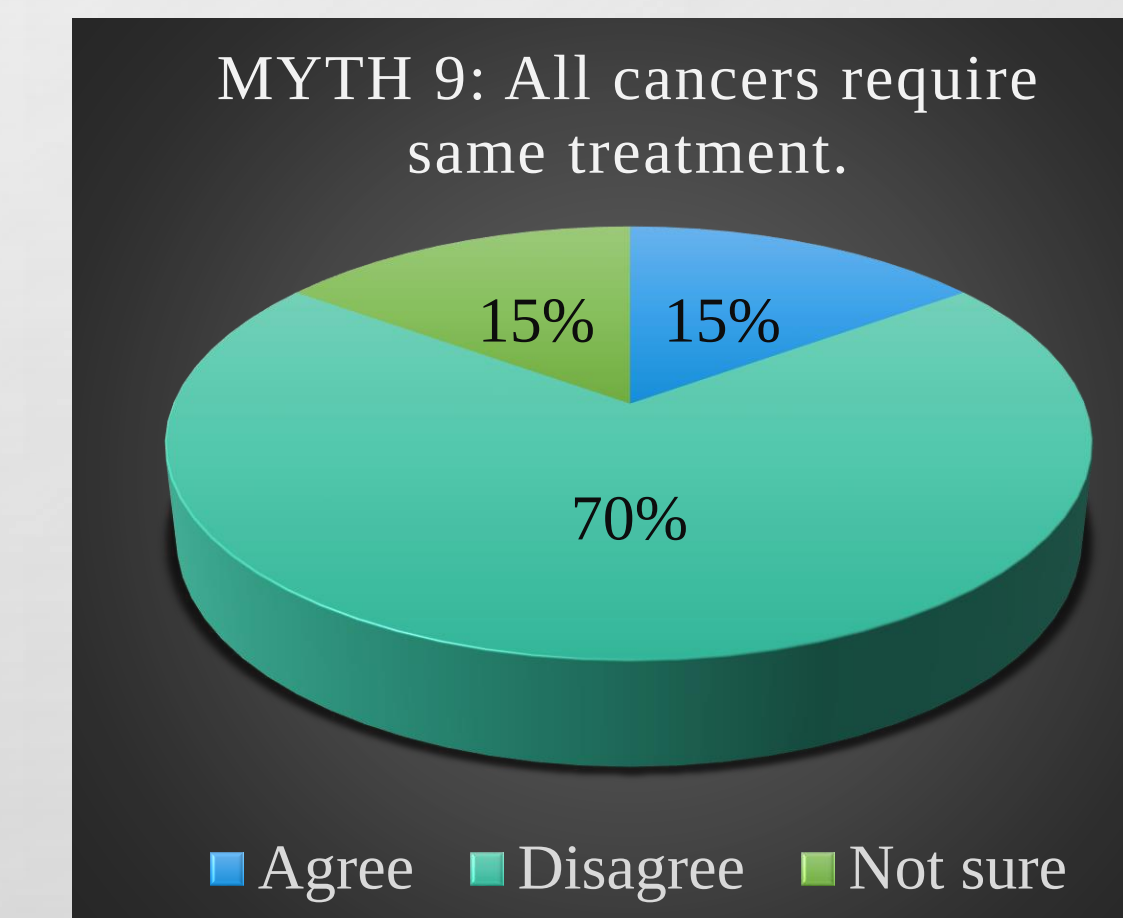
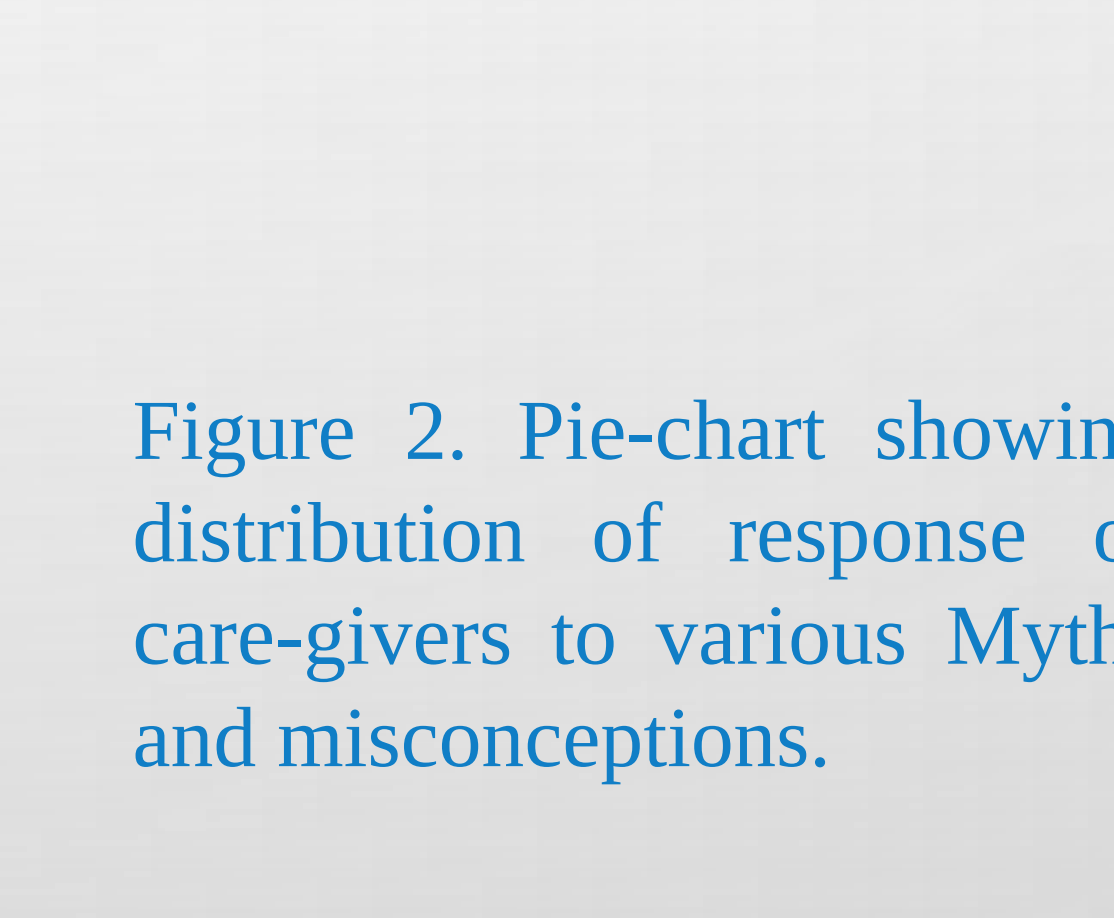
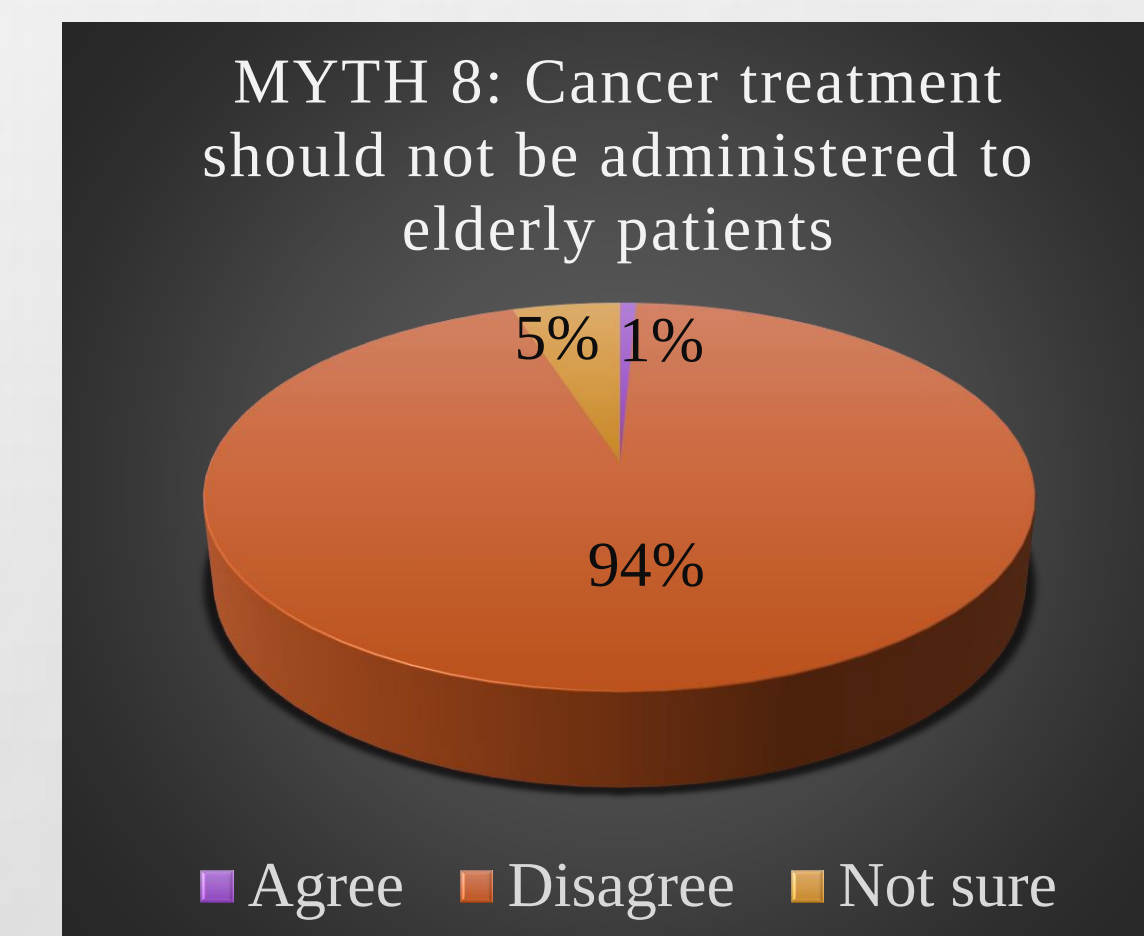
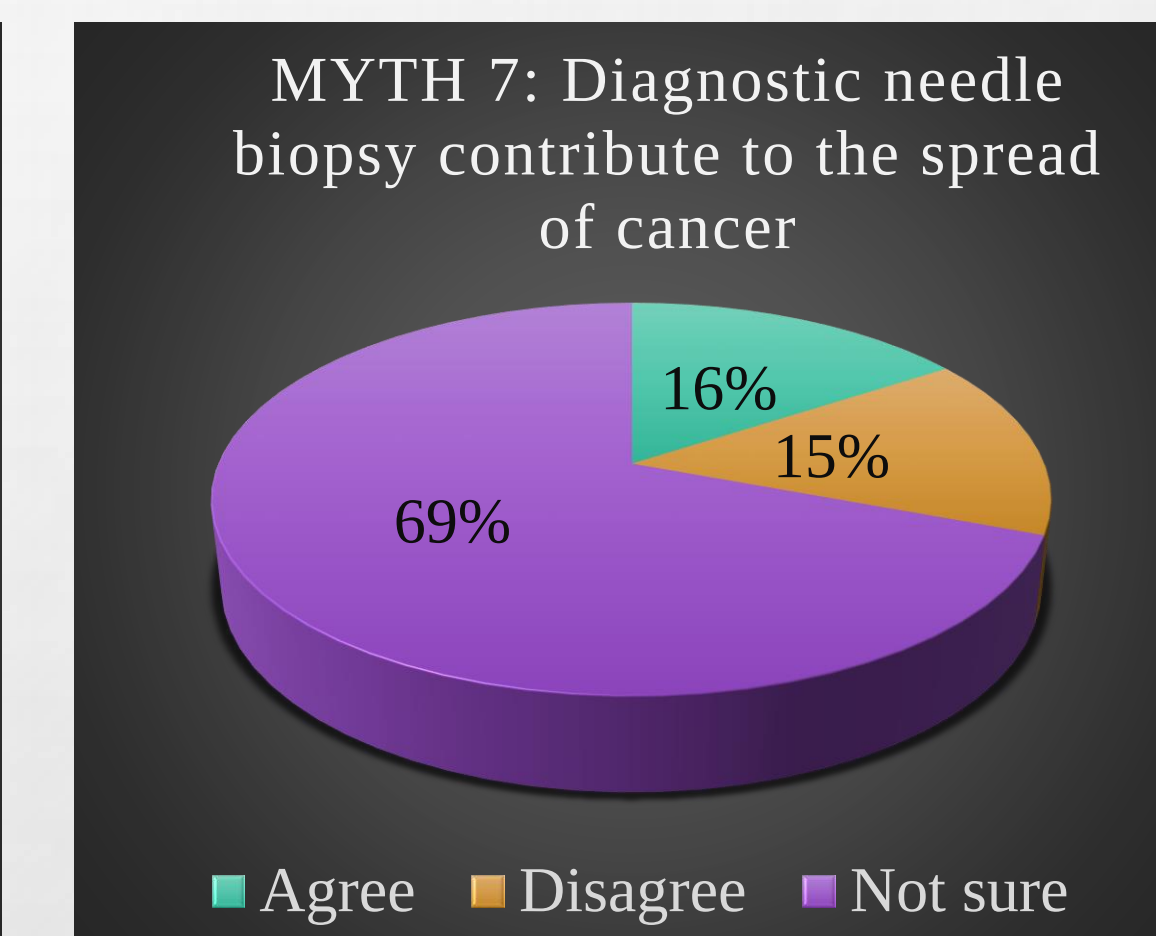
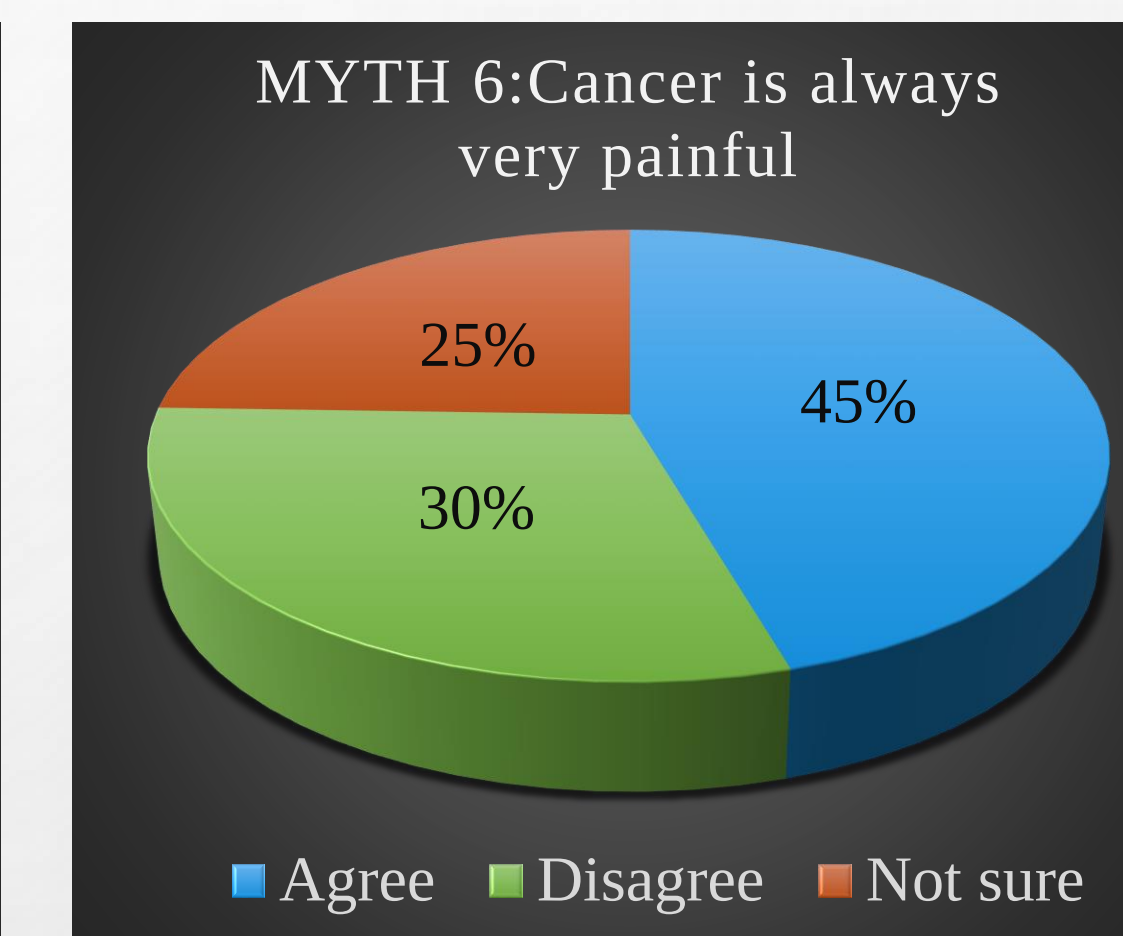
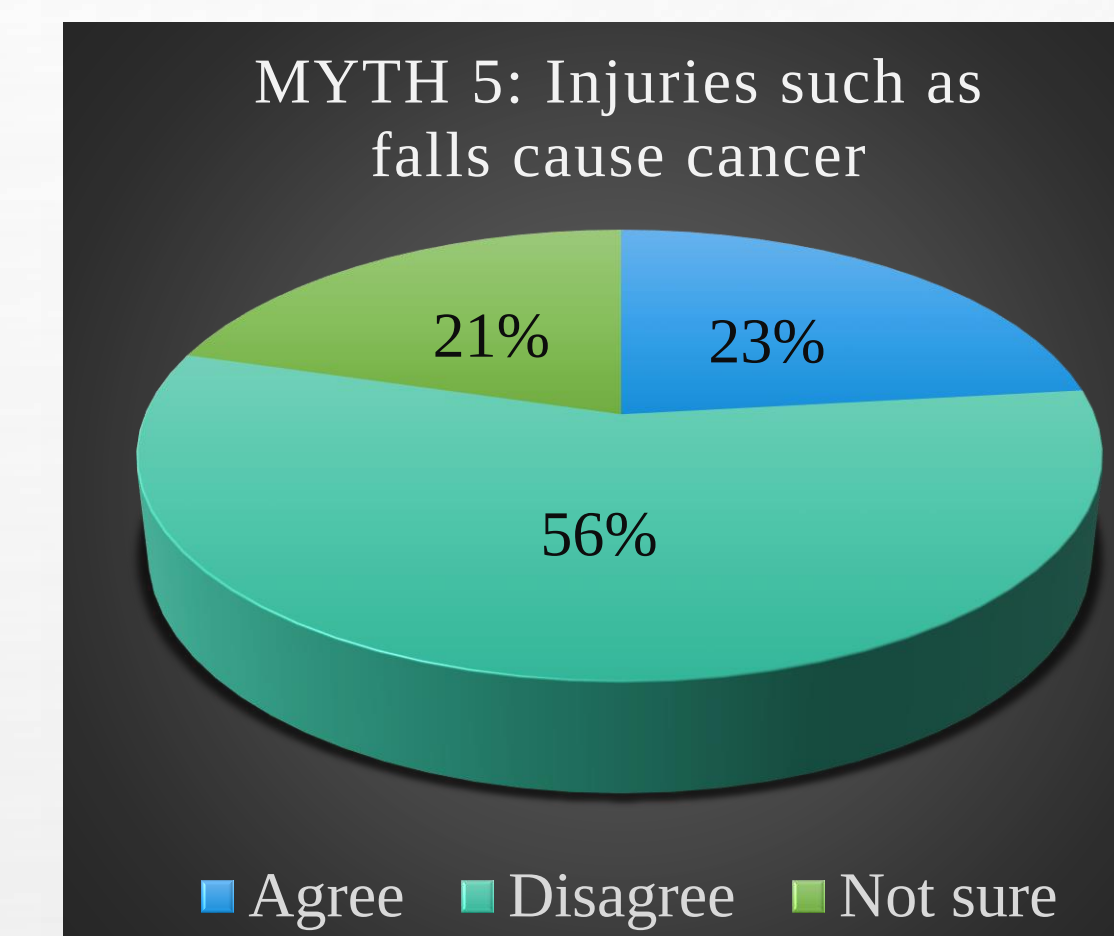
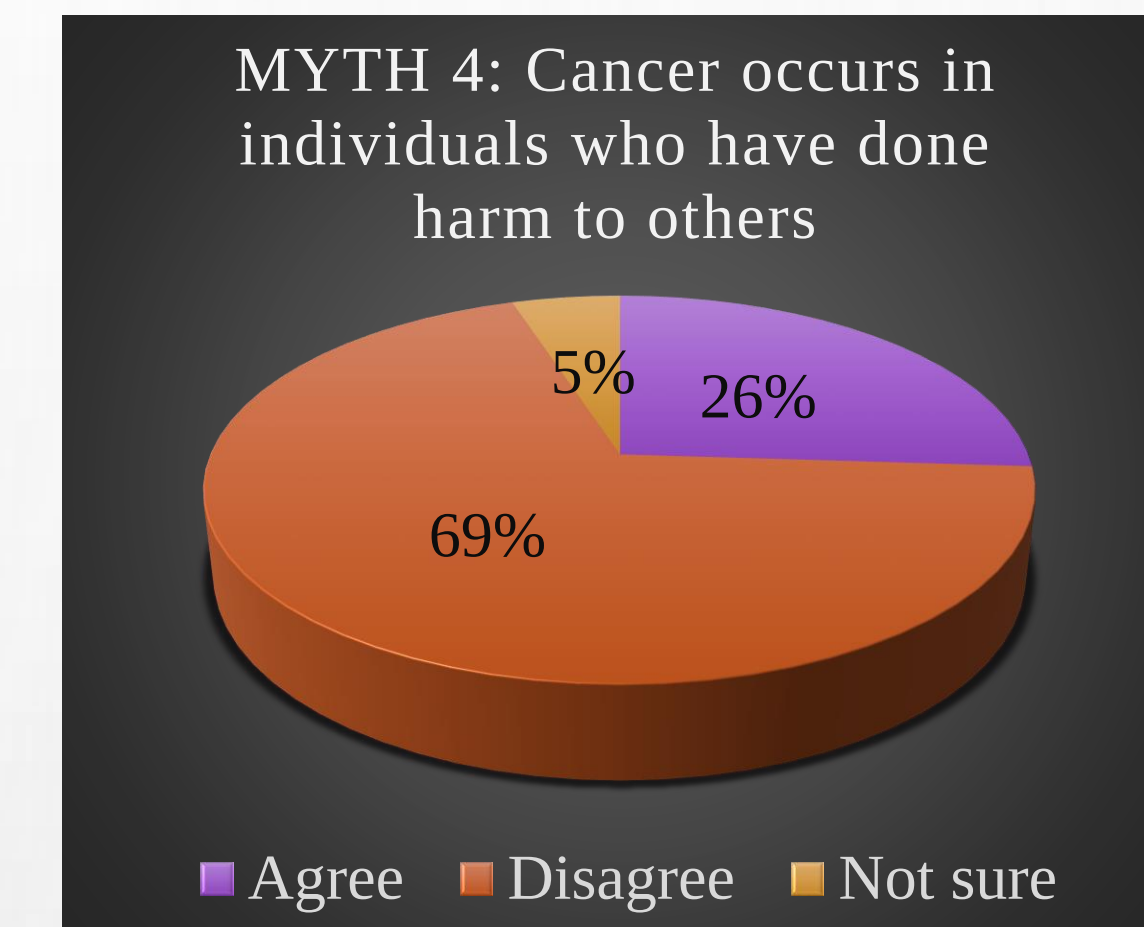
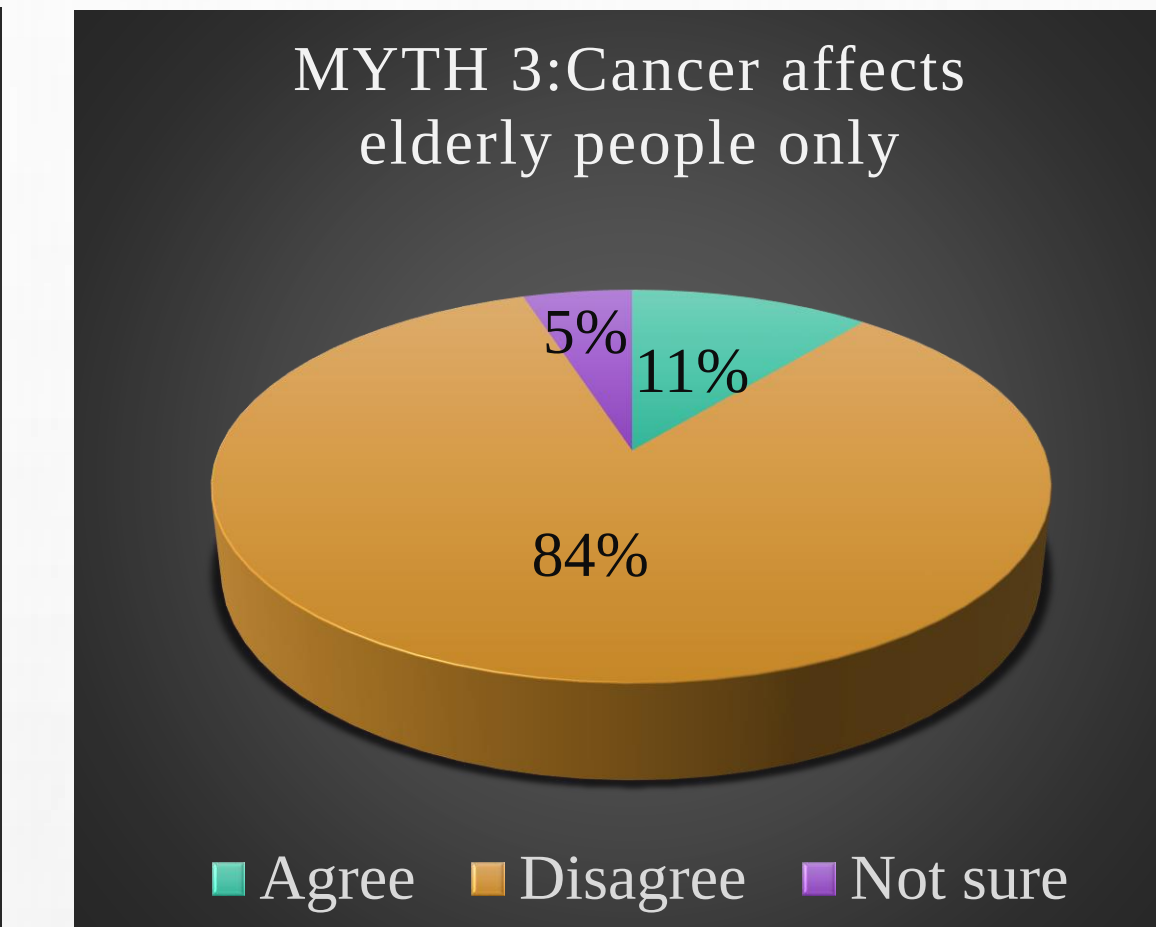
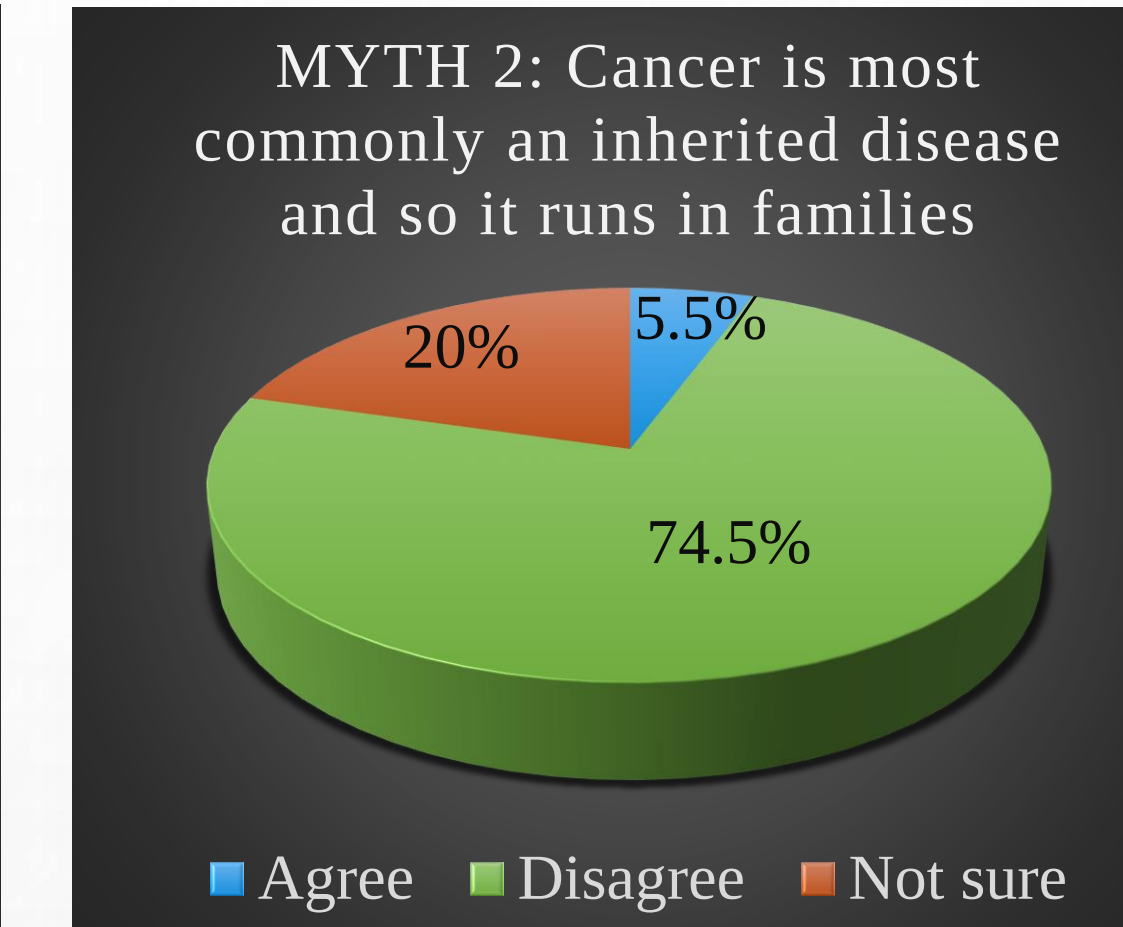
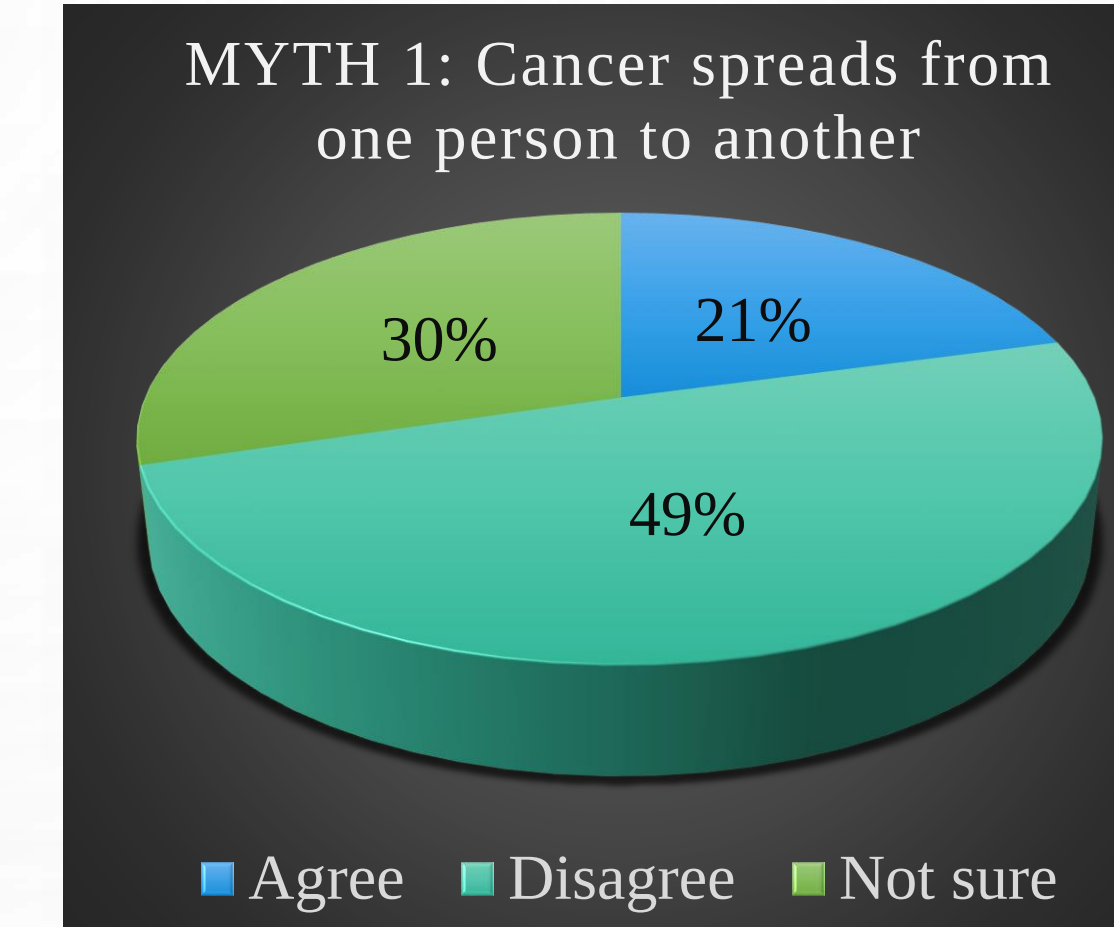


Figure 2. Pie-chart showing distribution of response of care-givers to various Myths and misconceptions.

CONCLUSION

- ❖ Cancer is a disease where myth can *prematurely end a life*.
- ❖ Diagnosis of cancer does not indicate that the person is suffering from an incurable disease where death is inevitable.
- ❖ There are **widespread myths and misconceptions** in the minds of the caregivers of the cancer patients.
- ❖ Active measures must be taken by the treating oncologist especially in LMIC to debunk the taboo associated with CANCER, widely prevalent in the society, *to avoid any primary delay* in cancer treatment.
- ❖ Information gathered from questionnaires can lay a strong foundation for formulating the speech content for care-givers' counselling sessions.

WE AIM TO EXPAND THE HORIZON OF CANCER CARE DELIVERY IN LMIC BY CONDUCTING COMMUNITY BASED OUT REACH PROGRAMMES TARGETED AT DEBUNKING THE WIDELY PREVELANT MYTHS ASSOCIATED WITH CANCERS

Check – out for additional information



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