

TOBACCO RELATED CANCER AND HEALTH SEEKING BEHAVIOUR

This chapter presents tobacco related cancer and health seeking behaviour of the respondents and this chapter also deals with prospective and prescriptive health seeking behaviour of cancer patients in Cachar District to assess the health seeking behavior of this population. Prospective behaviour strongly supports a causal relationship between smoking and cancers of lung, oral cavity, pharynx, larynx, and esophagus. The health-seeking behaviour of the respondents reflects the awareness about disease and the health services available in this particular area. In the present study, it is additionally found that the health seeking behaviour is very poor among the rural peoples of this area. It is noticed that the respondents are expert on their live and as such, they adopt appropriate disease control behaviour or treatments according to their level of knowledge and experience and accept the illness as a part of their lives. Prescriptive behaviour takes into account the socio-economic conditions that a person faces in the every phase of life. These conditions are said to affect the behavioral pattern.

Health is a relative state in which one is able to function well physically, mentally, socially, and spiritually in order to express the full

range of one's unique potentialities within the environment in which one is living. In the words of René Dubos, “health is primarily a measure of each person's ability to do and become what he wants to become.” (www.freedictionary.com, 2009).

Health is a process of expanding consciousness that synthesizes disease and non-disease and is recognized by patterns of person-environment interaction. An understanding of pattern is basic to an understanding of health, and involves the movement from looking at parts to looking at the whole. Pattern is defined as information that depicts the whole and gives an understanding of the meaning of relationships. Person and environment are defined as co-extensive, open energy fields. The two evolve together and move toward increasing complexity and diversity, manifested in patterns of interaction that occur along continua of time and space. Health Seeking Behavior defined as a state in which a person in stable health is actively seeking ways to alter his or her personal habits or environment in order to move toward a higher level of health. “Stable health” is defined as the achieving of age-appropriate illness prevention measures, with reporting of good or excellent health, and signs or symptoms of disease, when present, being controlled. (www.freedictionary.com)

Cancer is a leading cause of death all over the world which requires an immediate attention of making the health care system more responsive to address both preventive and curative measures. Infrastructure plays a vital role in addressing the factors causing illness. It has been seen that there are shortage of infrastructure and facilities and for which the patients have to move out from this area which is not feasible for many of them, another most important constraints is specifically there shortage of qualified oncologists in the health centers. From the study it is found that the respondents encounters many constraints like community level barriers i.e. cultural differences, fear of deportation from the family and transportation issues. The most alarming constraint is institutional level barriers i.e. poor treatment services. Due to the ignorance, the respondents visit traditional healers and ill-qualified medical practitioners or they take medicines from any medical stores without consulting doctors, even after diagnosis.

Health behaviour can be something that is done once, or something that is done periodically, like getting immunizations or a flu shot. It can also be something that one does only to oneself, such as putting on sunscreen, or a behavior that affects others, like putting up a shade cover so that children at a playground are protected from the sun. Other health behaviours refer to actions that are performed over a long period of time, such as eating a

healthful diet, getting regular physical activity and avoiding tobacco use. It is these latter types of behaviours, which are sustained patterns of complex behaviour that are called "lifestyle" behaviours. A composite of various healthful behaviours is often referred to as "healthy lifestyle." However, most people do not practice either healthful or risky behaviours with complete consistency, someone might get regular, health-promoting exercise several times a week but be a cigarette smoker who seldom brushes his or her teeth; or someone might quit smoking, only to begin eating chocolate as a substitute. In the ideal, the person who practices a variety of behaviours in a health-enhancing manner can be described as living a healthy lifestyle. More realistically, many people practice some, but not all, lifestyle behaviours in a consistently healthful manner.

Habit is an "accustomed way of doing things", habits are said to have three characteristics: (a) they are acquired through repetition (b) they are automatic, and (c) they can be performed only under similar circumstances. Habits accumulated through generations emerge as customs and customs in turn create habits once formed persist and influence human behaviour.

The most important thing in this study is the habit relating to use of tobacco, so the study reveals about tobacco habit in this region. This habit is very common in use and very much responsible for causing cancer. Here it

can be seen that 80.7 % of the respondents have the habit of taking tobacco in chewing form and 19.3% of the respondents, which include children and women, don't take tobacco. The respondents, who take tobacco, are mostly youngsters and smokeless tobacco companies often target young people with their marketing campaigns. This type of marketing or advertisement cleverly targets mostly younger consumers to start buying their products.

As discussed above that any types of addiction is very much harmful for the individual as well as for the family. Researcher's observation from the field reveals that predominant respondents have gained the habit from their peer groups, which stimulates the youngsters to experiment the new habits as a matter of entertainment, like smoking, drinking, taking drugs etc. But the problem is that if anyone tries it once, he/she starts taking this regularly. Some starts to imitate the adults around them, usually parents who smoke or drink, set an example for their children. Most people, who smoke or drink, have seen at least one from their parents or relatives to smoke or drink. It seems to be alright to do it and they take it up as an accepted norm. Some teenagers consider it as a habit in order to appear cool and grown up or to imitate role models etc. Some start taking due to the peer pressure even in the early age, some take when they feel helpless or some take to get relief from stress.

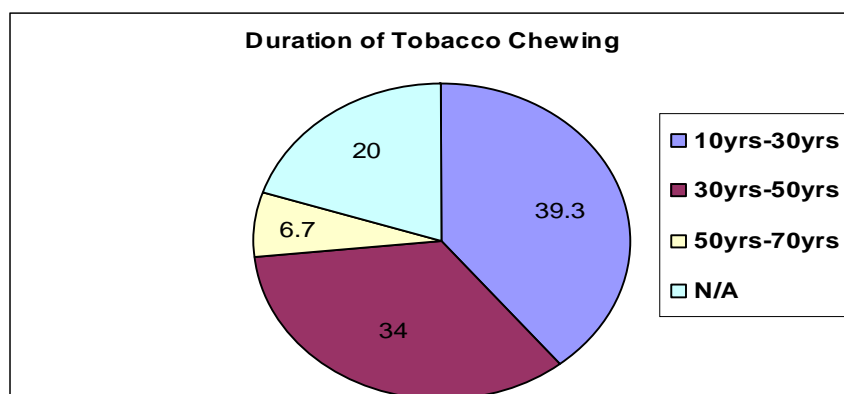
Betel quid is one of the most commonly used psychoactive substances. It has been estimated that there are 600 million betel quid chewers worldwide (Wen et al., 2010). People who chew betel quid but do not smoke cigarettes or consume alcohol were reported to have an odds ratio of 10.97 (95% confidence interval: 3.22-37.34) for contracting oral cancer (Yen et al 2008). Another case-control study found betel quid chewer had an odds ratio of 6.9 (95% confidence interval: 3.1-15.2) for developing oral cancer after adjustment for smoking and drinking alcohol (Ko et al., 1995). Tobacco consumption remains the most important avoidable cancer risk. Between 25 and 30% of all cancers in developed countries is tobacco-related. India is the third largest producer and consumer of tobacco. The country has a long history of tobacco use in a variety of ways of chewing and smoking. The habits of chewing (15–70%) and smoking (23–77%) vary considerably from area to area (WHO, Geneva. 1995). It has been estimated that in 1996, 184 million persons used tobacco in the country in one or other form (Report of GOI, 2001). The cancer risk of tobacco use has been extensively investigated. The principal impact of tobacco smoking is seen in higher incidence of cancers of the lung, larynx, esophagus, pancreas, and bladder. Bidi smoking is associated with cancer of oropharynx as well as larynx. (Nandakumar, A. et al and Sankaranarayanan, R. et al). Tobacco-

related cancers account for nearly 50% of all cancers among men and 25% of all cancers among women. The burden of tobacco-related cancers in India by 2001 has been estimated to be nearly 0.33 million cases annually. These estimates are based on occurrence of cancer of mouth, pharynx, larynx, esophagus, lung, bladder, and pancreas (Murthy, N. S. et al). There are predictions of incidence of 7-fold increase in tobacco-related cancer morbidity between 1995 and 2025. Further there will be an overall increase by 220% of cancer deaths simply related to tobacco use by the year 2025 (NCCP, GOI).

It is observed in the study that 25.3% of the respondents started tobacco chewing at the age of 10-20 years, 42.7% of the respondents started at the age group of 20-30 years i.e. the middle age, 12.7% started at the age group of 30-40 years and 19.3% of the respondents don't take tobacco. People started taking tobacco at any age and the various probable reasons or factors that make the respondents to take-up this habit are to get rid of stress, parents smoke, to feel like grown up, peer pressure, work pressure etc. Most people start taking tobacco from their teenage and become addicted by the time they reach adulthood. Some have tried to quit but failed because tobacco chewing is very a strong addiction. This type of habits is very difficult to quit or leave. During sickness when doctors advise them to quit

these habits, some of them can stop it but some can't do so as they have become more addicted. From the study it is found that very less number of respondents have given up these habits. Very less percentage of respondents (5.3%) have stopped taking tobacco in the age group of 30-40 years, 11.3% in the age group of 40-50 years, 9.3% in the age group of 50-60 years, 4.0% in the age group of 60-70 years and 70-80 years. Among the rest 66.0% of respondents, some don't take tobacco and some are still continuing it because they have become addicted of it. In this study it is found that some respondents have left the habit of chewing tobacco at different ages as they have been advised by the doctors to leave because they are suffering from various types of cancer.

Chart 6.1: Duration of tobacco chewing

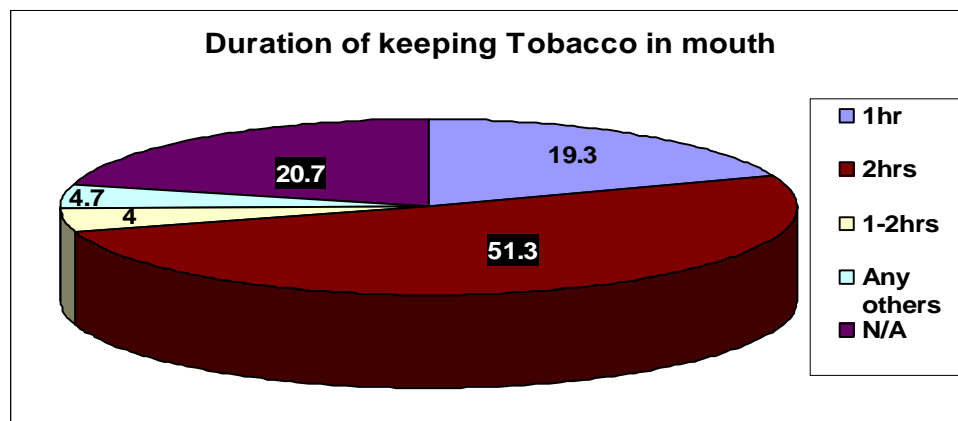


Source: Primary Data

With regards to duration of chewing tobacco by the respondents, the researcher has seen that 39.3% of respondents started taking tobacco in the at age of 10-30 years. The 34% and 6.7% of respondents developed the habit

of taking tobacco at age of 30-50 years and 50-70 years respectively. Duration of taking tobacco varies from respondent to respondent as some of the respondents have left the habit according to the advice of doctors after the diagnosis of cancer. The sufferings of the disease are very much painful and to reduce that they become bound to leave the habit of taking tobacco.

Chart 6.2

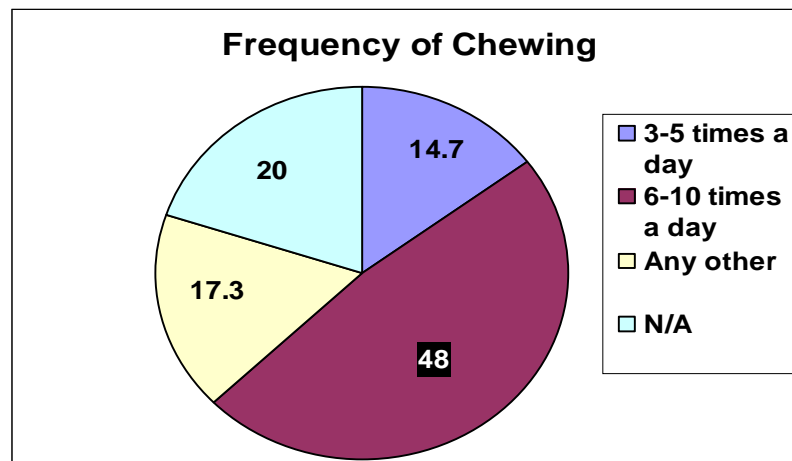


Source: Primary Data

Tobacco users keep chewing tobacco in their mouths for several hours to get nicotine because they enjoy in taking nicotine which gives them energy. The people usually spit out the bolus after chewing tobacco. In this study, it is explored that 80% of the respondents spit out the bolus and 20% do both spit and swallow the bolus. Some respondents spit tobacco bolus because if they don't spit and swallow, they feel bad and some love to swallow the bolus.

The above pie chart depicts the duration of keeping tobacco in mouth by the respondents. It was said that very less number of respondents (19.3%) keep tobacco in mouth for an hour, whereas 51.3% of respondents keep it for two hours and 4.0% keep for an hour-two hours. Rest 4.7% of respondents has not mentioned anything and 20.7% have shared that they don't keep tobacco inside the mouth during sleep.

Chart: 6.3: Frequency of Chewing



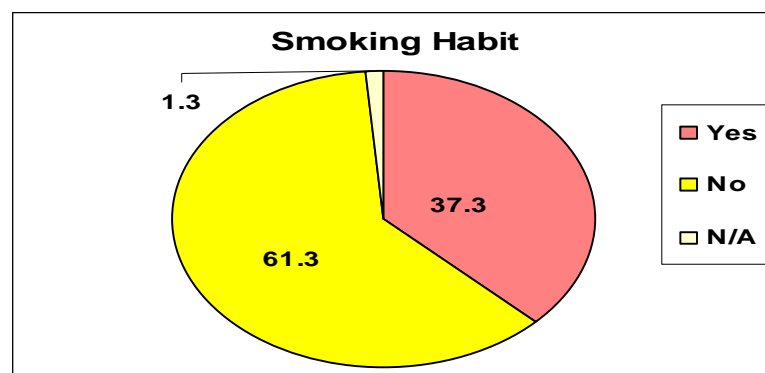
Source: Primary Data

Frequency of chewing tobacco varies among the respondents because it depends on their addiction level. Sometimes it also depends on the occupation of the respondents because if a respondent works hard, he/she will take tobacco frequently. It can be clearly seen from the above chart that 14.7% of the respondents chew tobacco in 3 - 5 times in a day, 48.0% of the respondents take 6 - 10 times in a day, and 17.3% have remained silent.

Cigarette smoke contains about 4,000 different chemicals which can damage the cells and systems of the human body. These include at least 80 chemicals that can cause cancer (including tar, arsenic, benzene, cadmium, and formaldehyde, nicotine which is a highly addictive chemical which hooks a smoker into their habits and hundreds of other poisons such as cyanide, carbon monoxide, and ammonia).

Every time a smoker inhales these chemicals are drawn into the body where they interfere with the cell function and cause problems ranging from cell death to genetic changes which lead to cancer. (Bedford, 2013).

Chart: 6.4: Smoking Habit

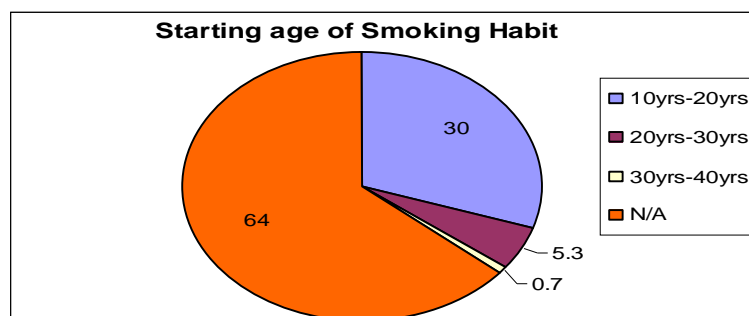


Source: Primary Data

The link between alcohol and tobacco smoking has important implications for those in the alcohol treatment field. Many alcoholics smoke, putting them at high risk for tobacco-related complications including multiple cancers, lung disease, and heart disease. (Grucza, R.A)

This chart analyses that 37.3% of the respondents have the habit of smoking, which is the most important cause of cancer and 61.3% of the respondents don't smoke and 1.3% have not revealed anything. Most smokers begin smoking during adolescence or in early adulthood. Smoking has the elements of risk-taking and rebellion, which often appeal to young people. The presence of peers who smoke and media featuring high-status models smoking may also encourage someone to smoke because teenagers are influenced more by their peers than by adults. It is observed that, children of smoking parents are more likely to smoke than children of non-smoking parents. M. Bartal (2001) discussed about the ways of consumption of tobacco, i.e. smokeless tobacco and cigarette smoking and explored very useful facts and data for the other researcher to continue research in the similar fields.

Chart 6.5: Starting age of Smoking



Source: Primary Data

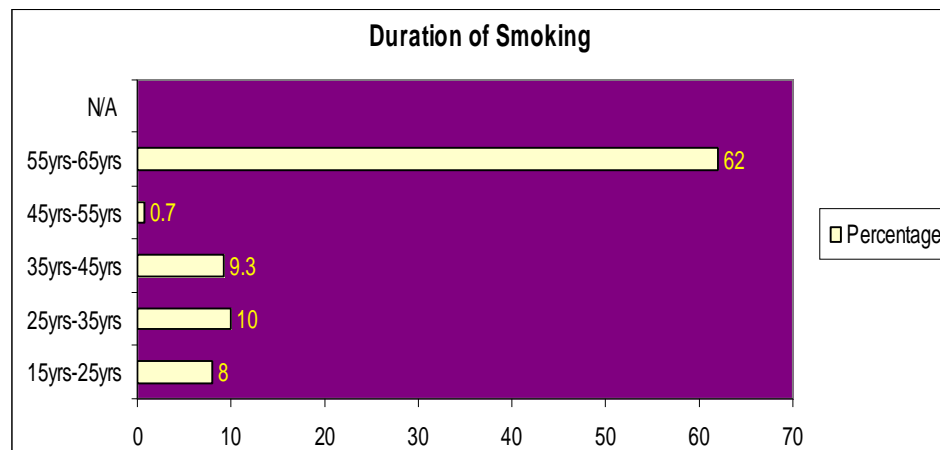
It can be seen that 30% of the respondents from the age group of 10-20 years developed the habit of smoking, 5.3% of the respondents started

smoking in the age group of 20-30 years and the minimum numbers of respondents (0.7%) started in the age group of 30-40 years. Most people start smoking at young age. Some teens say that they just wanted to try it or they think it is good to smoke. Other respondents have different views because they admit that due to tension, work pressure etc. they have started smoking.

It is understood that in every age group there are very less number of respondents could give up smoking habit. Only 2.7% of the respondents both are from the age of 30-40 years & 40-50 years and 1.3% of the respondents from 50-60 years have left the habit of smoking. A very less number of respondents (2%) is from the age of 60-70 years and above 70 years stopped taking tobacco. And doctor's advice is the only factor that made the respondents to stop the habit of taking tobacco as they are suffering from a very deadly and fatal disease. It is the toughest things for smokers to say no to tobacco but when the doctor has explained or given information about the danger of taking tobacco to the respondents, they have followed the doctor advice. On the other hand, some respondents have expressed that they are spending a good amount of money daily due to this habit and after the diagnosis of cancer they have come to know the relation

between these habits and cancer. Many have realized and stopped these habits and are saving money as well as improving health too.

Chart 6.6: Duration of Smoking

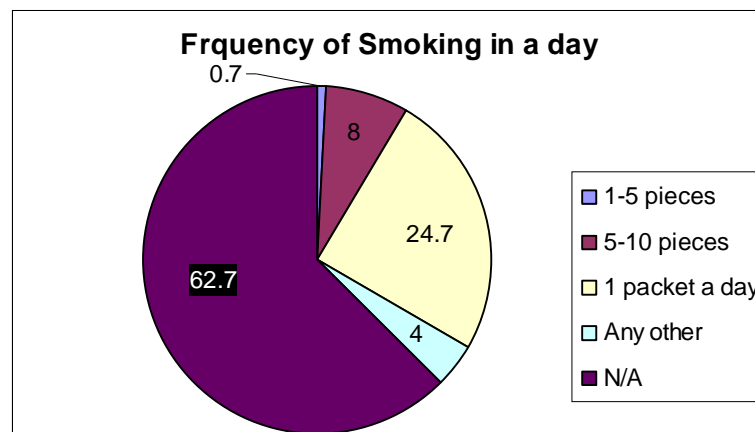


Source: Primary Data

It has been observed that 10% of the respondents from the age group of 25-35 years and 9.3% from 35-45 years are continuing the habit of smoking. The 8% and 0.7% of the respondents are from the age of 15-25 years and 45-55 years respectively fall in the same category. The rest 62% of respondents of 55-65 years have this habit of smoking. Duration of daily smoking is an indicator of exposure to increase the risk of health. If a respondent reports that he smokes on regular basis, the duration is calculated as the difference between the starting age and the current age of that respondent. If a respondent reports that he used to smoke daily in the past but do not smoke now, the duration is calculated as the difference between the age of quitting smoking and the age of starting smoking. Smoking is a

serious health risk and one can have countless negative impacts on health. It is known that taking tobacco causes a range of serious illnesses that can end our lives and makes us suffer from lung cancer, throat cancer, mouth cancer and many more. Similarly, the study of Ministry of Health, China (2006) reveals the fact of increasing smoking tendency in youths.

Chart 6.7: Frequency of Smoking in a day



Source: Primary Data

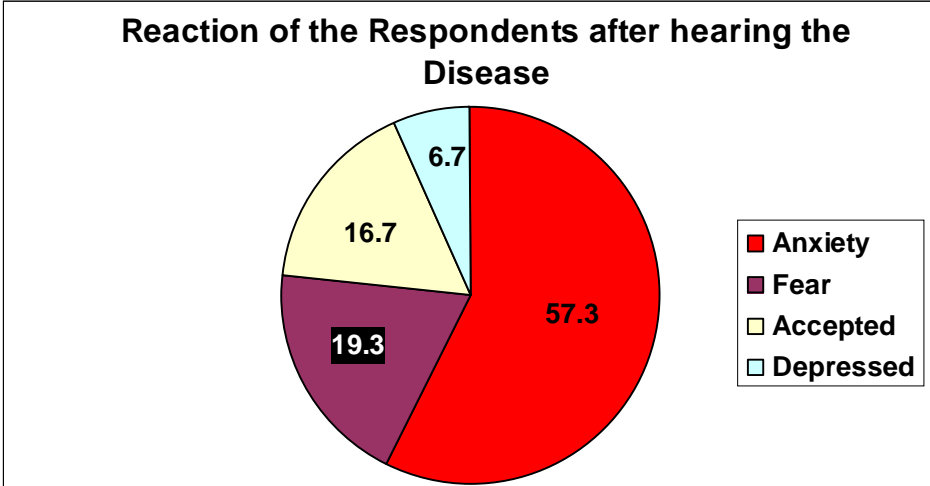
The chart explores that 24.7% of respondents smoke 1 packet per day, 0.7% have the frequency of smoking 1-5 pieces per day, 8.0% of the respondents takes 5-10 pieces, and 4.0% have not mentioned anything. It is a traditional belief that only for ceremonial purposes tobacco is being used today. To some extends it is a status symbol and low educational level is also responsible for taking tobacco because the people are not aware of the bad affects of tobacco. As a result, the people don't bother about the frequency of taking tobacco.

Most of the young generations live with their parents who are alcoholic or who drink too much. Alcoholism is a disease and it needs to be treated. Sometimes what starts with a bad habit can become a very big problem in future. For example, people may drink to cope with problems like boredom, stress, or financial troubles. Some of the respondents use to drink alcohol because it is very easily available. According to the respondents, they drink alcohol because it has become their habit. They also reported that after consuming the liquor they start argument with the family members. It is found that only 0.7% of the respondents from the age group of 30-40 years have stopped taking alcohol and 1.3% has stopped at the age group of 50-60 years. The respondents have left the habit of taking alcohol because they have been forced to stop and some have stopped due to their betterment of their health. 98.0% of the cases are not able to stop taking alcohol.

But the reactions are very true from the part of the respondents shown in chart below. Throughout the process of diagnosis, treatment and recovery most of the cancer affected people periodically experience reactions of sadness and grief. On knowing the fact that they have cancer; they often have feelings of disbelief, denial, or despair. They may also experience

difficulties with sleeping, loss of appetite, anxiety and a preoccupation with worries about the future.

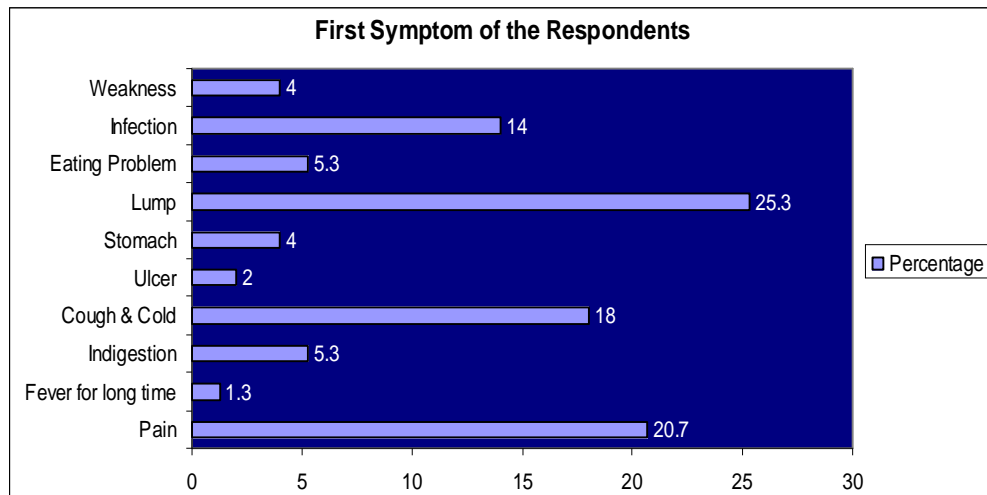
Chart 6.8: Reaction



Source: Primary Data

The symptoms and fears usually lessen a person to adjust with the process of diagnosis. A person who cannot adjust with the process of diagnosis after a long period of time and who loses interest in usual activities may be depressed. Fear is an overwhelming emotion that the patients and families experience before, during and even after hospitalization or treatment. These symptoms include fear for the well being of the family, fear of discomfort or pain and the fear of death etc.

Chart: 6.9: First Symptoms



Source: Primary Data

Before going to interpret the table, it is pertinent to know some facts about signs and symptoms. Both signs and symptoms are signals of injury, illness, disease or some abnormalities in the body.

A sign is a signal that is being observed by someone else, maybe a loved one or a doctor, nurse or other health care professional. For example, fever, fast breathing, and abnormal lung sounds heard through a stethoscope may be signs of pneumonia.

A symptom is a signal that is felt or noticed by the person who has it but may not be easily felt by someone else. For example, weakness, aching, and feeling breathing problem may be symptoms of pneumonia.
(www.cancer.com)

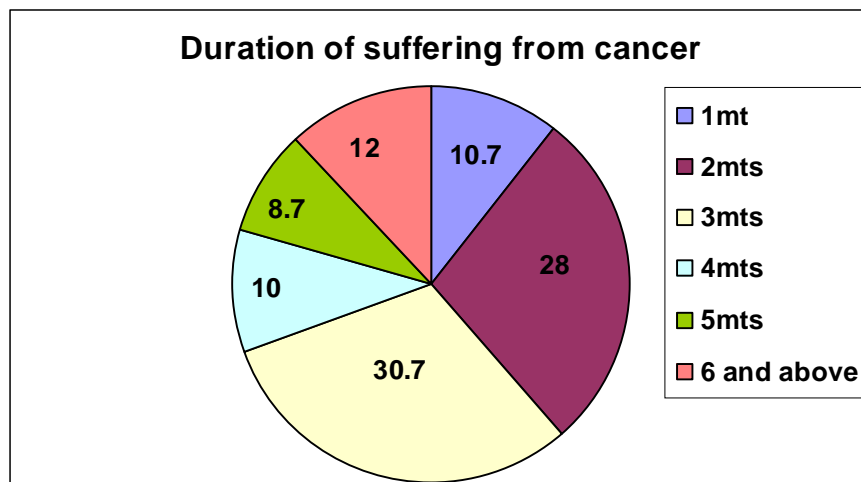
Having one sign or symptom may not be enough to figure out the exact disease. For example, a rash in a child's body could be a sign of a number of things, such as poison ivy, measles, a skin infection, or a food allergy. But if the child has the rashes along with other signs and symptoms like a high fever, cold and a sore throat, then only a doctor can get a better picture of the illness. Sometimes, signs and symptoms of a patient even don't give a doctor enough clues about the illness and the [tests](#) such as x-rays, blood tests, or a biopsy reveals the actual disease.

The study found that respondents do not have any knowledge of this disease and are unable to recognize at the early stage. They are not good in self reporting signs and symptoms or physical discomforts of this disease but they are good in reporting the signs and symptoms of simple health problems such as fever, pain, cough etc. Lack of nutritious foods, irregular diets, unpurified water and the habits like smoking, chewing tobacco etc. are the main factors of getting affected by cancer.

Now, the above table shows that 20.7% of the respondents have suffered from severe pain and after diagnosis have come to know that they are suffering from cancer, 1.3% of the respondents have suffered from fever for a long time, 5.3% have faced problems like indigestion and eating problem and 18.0% have suffered from severe cough and cold. The 2.0% of

the respondents have faced the problem of having ulcer and for which they have consulted with doctor before the diagnosis of cancer. The maximum percentage (25.3%) of the respondents has complained of having lumps in different parts of body. The 4.0% and 14.8% of the respondents have suffered from too much weakness & stomach problems and infection respectively.

Chart: 6.10: Duration of Suffering

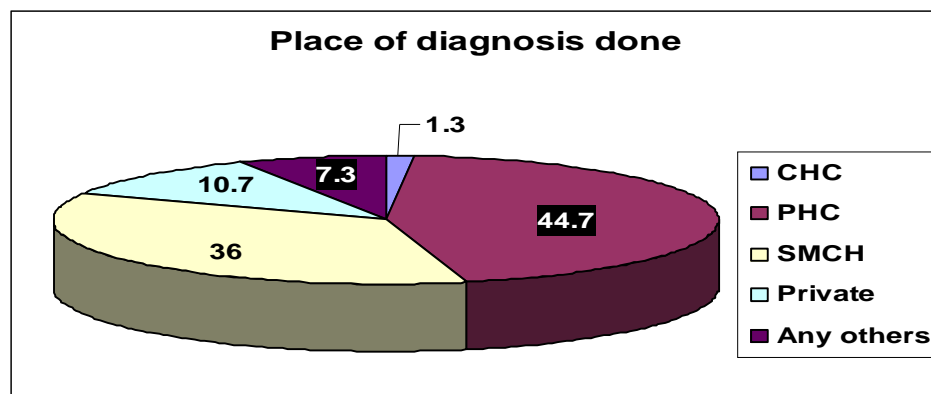


Source: Primary Data

This chart clearly depicts that 10.7% of the respondents are suffering from the disease for one month, 28.0% of the respondents are suffering for two months, 30.7% are suffering for last three months, 10.0% of the respondents are suffering from cancer for four months, the minimum percentage (8.7%) of respondents are suffering for five months and 12.0% are suffering for last six months. From of this study it is observed that many

patients suffer from cancer for a long time also. The survival rate among different cancer patients vary greatly, so it is very important to observe that how well treatment works for different types of cancer patients.

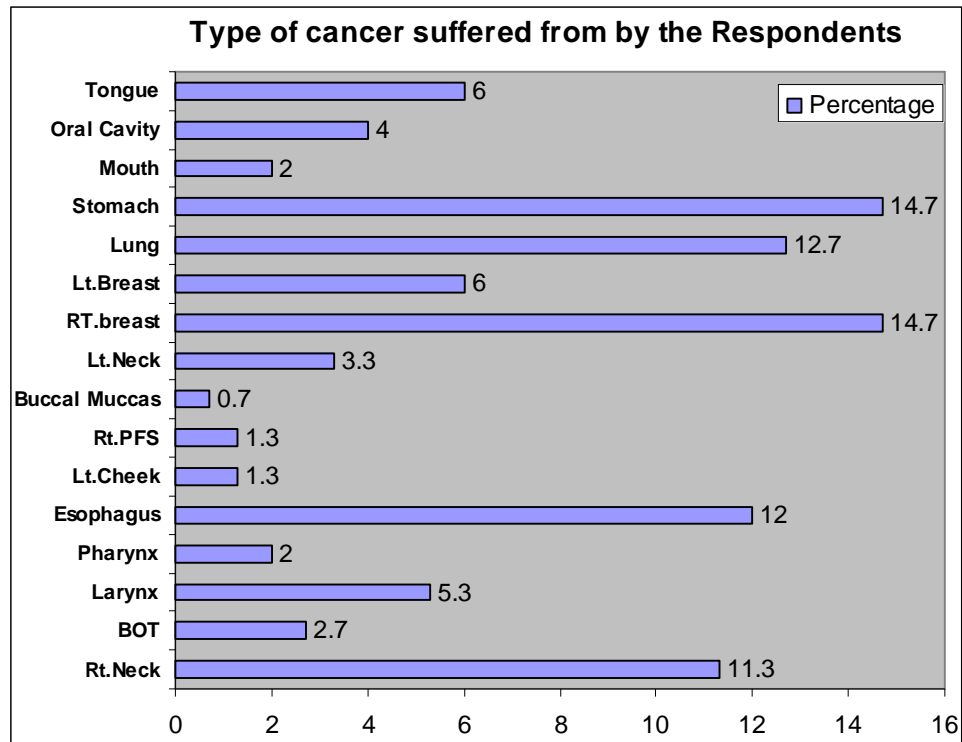
Chart: 6.11: Place of diagnosis



Source: Primary Data

The above chart narrates that 36.0% of the respondents used to visit SMCH for the diagnosis of disease & treatment and the maximum percentage (44.7%) used to go to PHC because they belong to rural areas. The lowest percentage (1.3%) is diagnosed in CHC and 10.7% are diagnosed in private. After diagnosis the respondents are spending time in some activities which make them happy. According to doctors, the respondents must try to prepare favorite meal, spend time with a caring friend, watch a movie, meditate etc. Try to widen the circle of resources by reaching out to friends, family or support organizations.

Chart: 6.12: The Sites of Cancer

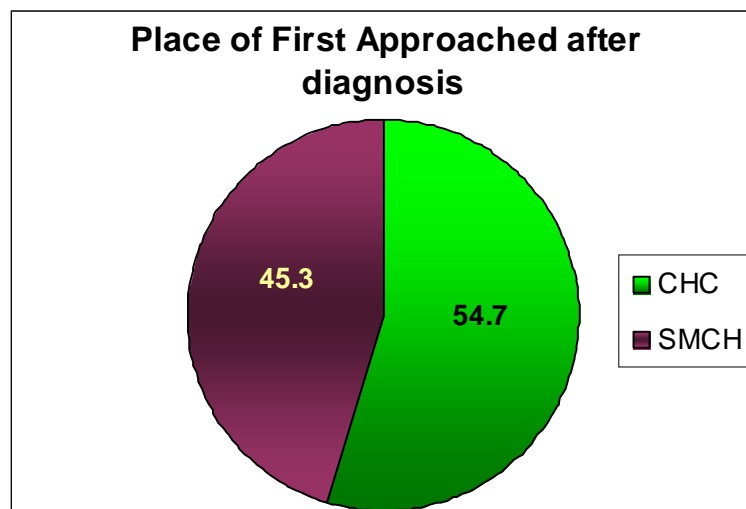


Source: Primary Data

The most important chart of this study reveals the types of cancer which the respondents are suffering from. The maximum (20.7%) is suffering from breast cancer which includes both right breast (14.7%) and left breast (6.0%), the second highest site of cancer from which the respondents are suffering is stomach (14.7%) and next is neck (14.6%) which includes both right neck (11.3%) and left neck (3.3%). 12.7% and 12.0% of the respondents are suffering from cancer in lung and esophagus respectively. Respondents suffering from tongue cancer are 6.0%, cancer in larynx is 5.3%, and the respondents suffering from oral cavity cancer are

4.0%. 2.7% of respondents suffering from cancer in Base of Tongue (BOT), 2.0% refer to cancer in pharynx and mouth. 1.3% and 0.7% respondents are having cancer in cheek and buccal mucosa respectively.

Chart: 6.13: Place of First Approached

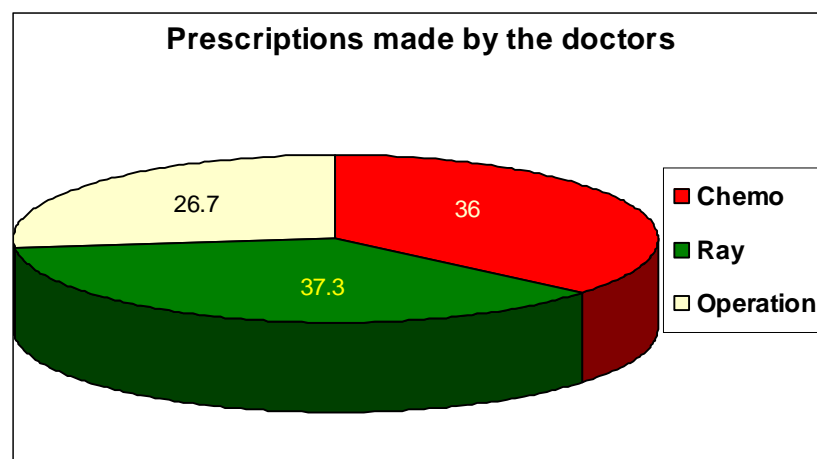


Source: Primary Data

It has been observed in this table that after diagnosis 54.7% of the respondents go to Cachar Cancer Hospital (CCH) for further treatment and rest 45.3% visit Silchar Medical College & Hospital (SMCH). All respondents of this study visit these two hospitals i.e. CCH and SMCH. During the study it has been observed that practice of self diagnosis is practiced more by the poor people while the richer complain more about poor attitude of staff and lack of drugs as the reasons of not attending the health centers regularly. They used to go out of this place after diagnosis and the poor used to take medicines from the patent medicine dealers and

community health shops to get relief from the pain which is not acceptable in case of cancer. They use to do such unexpected things because they are not having proper education.

Chart: 6.14: Prescription made by the doctors



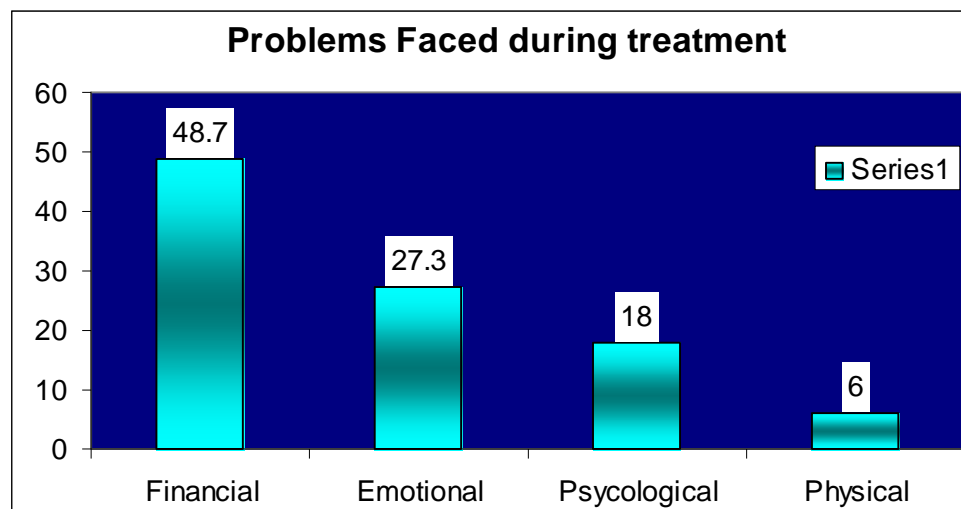
Source: Primary Data

Many drugs used during cancer treatment can affect the balance of chemicals in the brain and contribute to change in behaviour, mood, sleep patterns, and levels of anxiety. Maximum numbers of respondents are having the habit of chewing tobacco or smoking tobacco, which lead them to get affected by this disease and after detection of this disease, some of them have left and some have not. In the view of respondents, as they are suffering from this disease and will die some day, so leaving the habit of taking tobacco is meaningless. The food habit of the respondents is also not very good, because of medicines their appetite level decreases. Andrew H. Miller, says that most treatments for cancer, including surgery, radiation, and

chemotherapy, as well as cancer itself, can activate the immune system to release inflammatory cytokines (from immune cells).

The above chart explains that after diagnosis, the patients usually go for treatment and doctors have prescribed chemotherapy to 36.0% respondents, ray to 37.3% patients and operated 26.7% of the respondents. Cancer can be treated by ray, chemo, and surgery/operation, if detected earlier. The respondents obey doctor's advice and they take medicines as per doctors' advice.

Chart: 6.15: Problems Faced

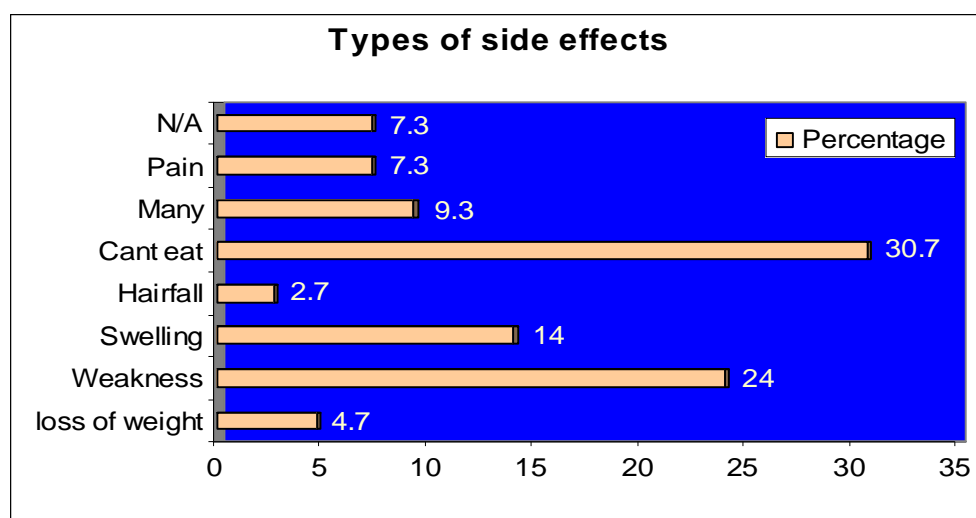


Source: Primary Data

This chart indicates that main problem of the respondents during treatment is financial i.e. 48.7% of the respondents have faced financial problem during treatment and the problem of financial is followed by emotional i.e. 27.3% of the respondents have been emotionally disturbed.

The 18% and 6% respondents have faced psychological and physical problems respectively. They have faced psychological problems because of the very expensive and time taking treatment and another problem is physical, i.e. the respondents become physically weak and unable to work during treatment. Many respondents spend a lot in visiting their doctors. Treatment-related travel and transport costs are the major burden for many respondents. In this study it can be found that the respondents face both direct medical cost which means costs of treatment or follow-up appointments with health professionals, costs of supportive medications etc; and indirect medical costs, which means the expenses related to treatment (e.g. traveling costs associated with hospital appointments) and other associated issues (e.g. food).

Chart: 6.16: Types of side Effects



Source: Primary Data

This chart shows the types of side effects which the respondents are facing, the maximum percentage (30.7%) of the respondents can't eat properly due to the treatment. The 24.0% of the respondents feel very weak and the 14.0% feel swelling after surgery. Some respondents (9.3%) are facing multiple side effects like weakness, nausea, vomiting, fatigue etc. due to the treatment and 7.3% of the respondents feel pain which is caused by the disease itself or by certain treatments, such as surgery. The 7.3% are silent and 2.7% of the respondents say that after taking chemotherapy they are facing the problems of hair fall.

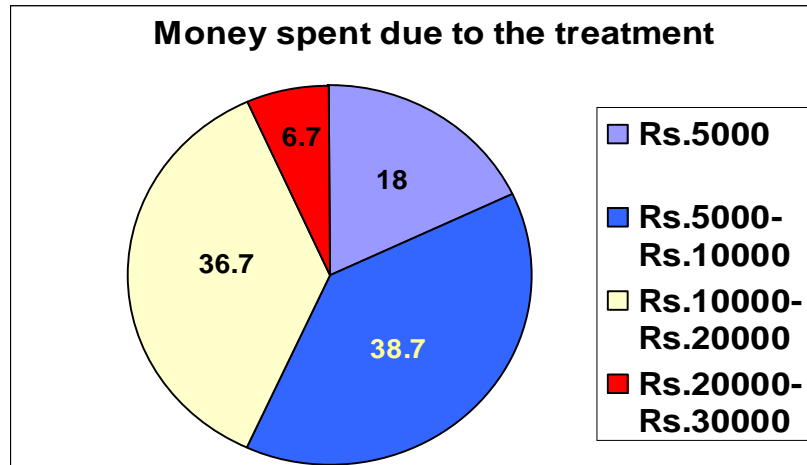
Being diagnosed with cancer and undergoing treatment can often have an impact on a patient's mental and emotional states. A cancer diagnosis is a life-changing event in itself and becoming a "cancer patient" who must deal with cancer treatment and side effects while also handling the normal stresses of everyday life can be overwhelming. (www.nccn.com).

It is clear from the present study that the treatment of cancer is having side effects. Side effects vary from patient to patient and depend on the part of the body being treated and the amount of chemo and radiation used. 93.3% of the respondents understand that side effects occur due to the treatment, where they suffer from weakness, fatigue, nausea, vomiting and many others, on the other hand, 6.7% reveal that there is no side effect

because they may not be aware about it as they just started the treatment. The drugs of chemotherapy are powerful medicines that can cause side effects e.g. hair fall, nausea etc. Radiation therapy can cause side effects by damaging normal, healthy cells along with the cancer cells for which many problems arise and fatigue is one of the most common and distressing side effects of cancer and its treatment. Fatigue from cancer treatment is often more intense than the feelings of being tired which everyone has from time to time. Fatigue-ness is the most common side effect of cancer treatment due to chemotherapy, radiation therapy. Cancer treatment-related fatigue generally develops after completion of therapy but some level of fatigue may persist for months or years along with treatment.

The suggestions given by the doctors to the respondents are basically to continue treatment and 82.7% of the respondents agree with it and rest 17.3% of the respondents are suggested to follow the doctor's advice such as taking medicines on time, visit hospital on date etc. Apart from these suggestions, the respondents are also advised to take rest and sleep because the body needs time to recover from stressful events, to eat well- balanced food, not to depend on any type of additions and try to enjoy the life.

Chart 6.17: Money Spent



Source: Primary Data

Economic costs incurred by survivors and their families are another important consideration. Cost implications of cancer include inability to access quality care, financial burden resulting from health care costs and income loss resulting from work limitations.

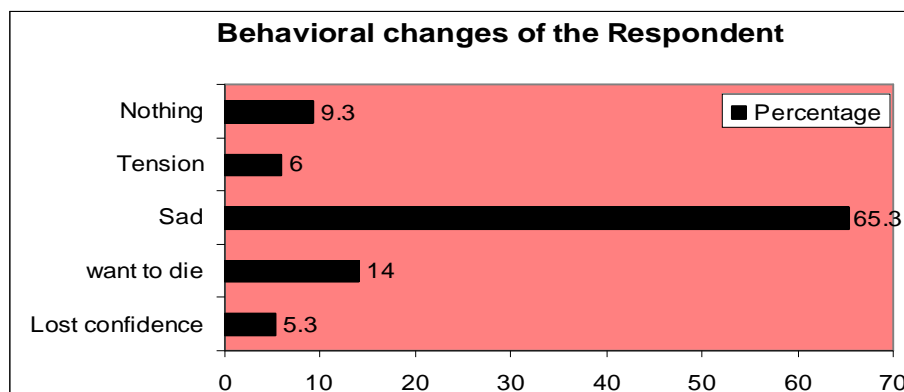
Due to this disease the family income of the respondents are affecting adversely. This chart explains the money spend by the respondents for the treatment. The maximum percentage of respondents (38.7%) spends Rs. 5000 - Rs. 10000 per month due to the treatment, 36.7% of respondents spend Rs. 10000 - Rs. 20000 for their treatment, 18.0% spend Rs. 5000 and the minimum percentage (6.7%) spends Rs. 20000 - Rs. 30000 per month. The expenditure varies because some patients are new, some patients are old, and some have to under go surgery treatment which is little bit

expensive whereas ray and chemo therapy are less expensive in government hospitals.

The expenditure in private hospitals is very high for which the respondents, who are not economically sound, have to borrow money from others to meet the medical expenses. The 3.3% of the respondents have borrowed money from their relatives and 2.0% from friends and rest 0.7% from neighbours. Sometimes this becomes the easiest solution to take loan from relatives, friends, and neighbors as because they may get the relaxation in payment of interest and in time to return the loan.

Pamela Joyce Shapiro says the goal of treatment is to treat person who has cancer, not just the cancer. However, patients must be part of this process by being open and honest about all of the changes they are experiencing, whether they are physical or emotional; obvious or more personal.

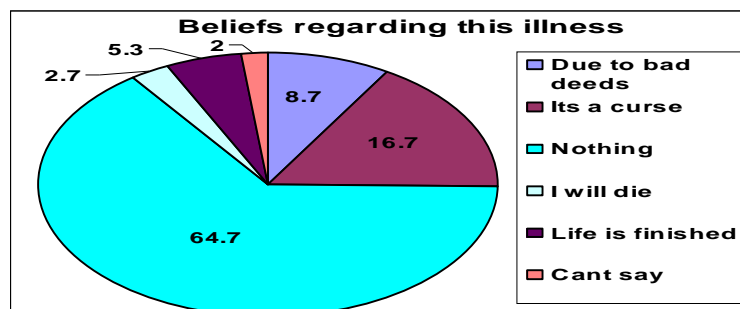
Chart 6.18: Behavioural Changes



Source: Primary Data

The chart speaks about the behavioral changes about the respondents due to this illness. This is very true that when any one suffers from any disease some behavioral changes occur but when anyone comes to know that he/she is having cancer, the behaviour of that person will definitely change. So, from the study it can be seen that 65.3% of the respondents always remain sad and 14.0% want to die. In case of 9.3% of the respondents, no changes are observed and 6.0% are suffering from tension. The minimum percentage (5.3%) is losing confidence on themselves. It is the sequence of remedial actions that individuals undertake to rectify perceived ill health which is initiated from symptom definition, whereupon a strategy for treatment is devised. When an individual perceives himself as sick, he adopts distinct behavioral changes which include confining to bed or staying away from work or consulting a healer, either traditional or a health worker for counsel, diagnosis and treatment (Dak T M,1991).

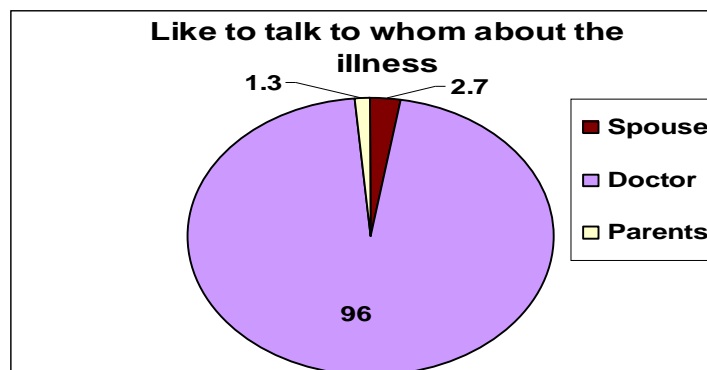
Chart 6.19: Beliefs Regarding Illness



Source: Primary Data

The respondents believe in God and super natural powers. Some of them firmly believe that the life is guided and controlled by God. From the above findings, similar beliefs regarding this illness can be seen. The 8.7% of the respondents have the notion that due to some bad deeds they are suffering from this disease or believe they have been punished by God for some works in the past. The 16.7% of the respondents believe that it is a curse but 64.7% says that they don't have any belief regarding this illness. The 2.7% of the respondents have the view that they will die very soon and 5.3% know that their life is finished, whereas 2.0% of the respondents remain silent. Attitudes towards behaviour, determined by the belief that a specific behaviour will have a concrete consequence and the evaluation of this consequence or the belief in whether other relevant persons will approve one's behavior, plus the personal motivation to fulfill with the expectations of others.

Chart 6.20: Like to talk to whom

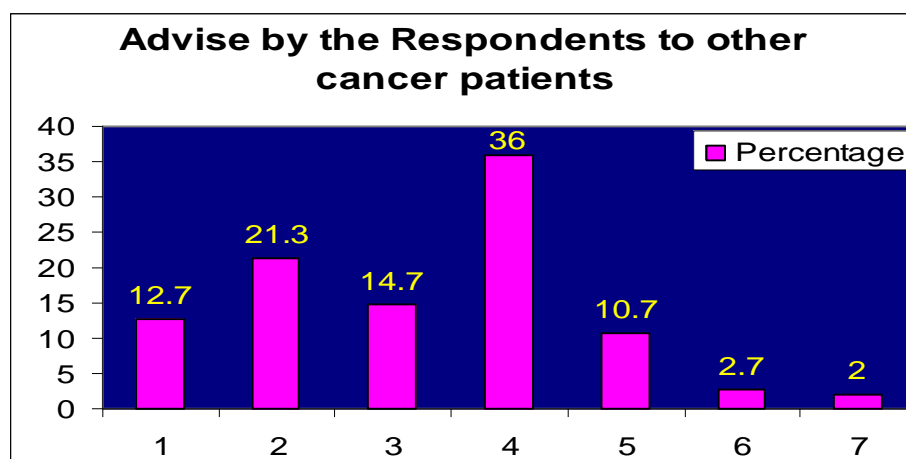


Source: Primary Data

Caregivers can be a helpful source of emotional support for patients battling cancer. Just being available to talk and be helpful with daily activities. Caregivers and loved ones can also serve as advocates for patients. Helping the patient ask questions and get answers from their physicians and helping them get information from other sources, can help reduce uncertainty and anxiety. (www.nccn.com)

During the study, it is found that most of the respondents i.e. 96.0% like to talk to doctors about their physical condition as because if they face any problems regarding my illness the doctors can solve these problems, 2.7% of the respondents like to talk to their spouse and rest 1.3% feel comfortable to talk to their parents.

Chart 6.21: Advice to cancer patients



Source: Primary Data

It can be said from the above chart that 36.0% of the respondents think that a cancer patients should continue their treatment, 21.3% are

having the opinion to follow the advice of doctors and 14.7% of the respondents feel if one is suffering from cancer it should be taken seriously. 12.7% of the respondents have the opinion that if any abnormality is seen in the body, he/she should immediately consult with a doctor and 10.7% advised the other cancer patients to take rest.

Conclusion

The primary aim of the present study is to investigate health-seeking behaviour among a sample of tobacco related cancer patients. The majority of the patients in the study are not having any knowledge about cancer before diagnosis. It can be said that some factors which are associated with tobacco use are accessibility, availability, and low price of tobacco products which is affordable for most of the respondents. It has previously been seen that low levels of knowledge and awareness exist in patients with cancer and this low levels of knowledge is likely to have for two reasons: the fact that cancer education and advocacy programmes do not reach the community at large, the general culture of cancer patients passively receiving instructions rather than being actively involved in their own treatment. Enwuru et.al, 2002 found that low levels of knowledge and awareness influence initial health seeking behaviour after the onset of symptoms.

It has also been noticed by the researcher that the patients use to visit Primary Health Centers for primary health services but after their diagnosis, they usually referred to the institutions having better infrastructure for treatment like Silchar Medical College & Hospital and Cachar Cancer Hospital, Silchar. However, many health schemes and programmes related to cancer are there but are not been campaigned properly and as a result of which the respondents has not been made aware about the programmes and treatments of this disease.