

## Cancer control in South Asia: Awareness is key to success

Cancer is a leading cause of morbidity and mortality today, being the 2<sup>nd</sup> leading cause of death world-wide. World Health Organizations (WHO) divides the world into several regions. One of them is the South East Asia Region consisting of 11 countries, includes Seven South Asian Association for Regional Cooperation (SAARC) countries except Afghanistan and Pakistan. These two countries are under Eastern Mediterranean Region of WHO.<sup>[1]</sup>

As far as cancer in these regions is concerned, incidence of new cases is 10.23% in SAARC countries of the world's cases. Yet, the burden of cancer deaths as compared to the incidence is 68.44%. SAARC countries contribute a burden of 91.10% of incidence and 90.93% 5-year prevalence, and 90.56% of cancer deaths. Hence, importance of focusing on oncology in SAARC countries cannot be over-emphasized.<sup>[2]</sup>

Many studies have been conducted in different countries to determine whether the rising incidence and mortality of cancer is due to lack of awareness. The article by Sharma *et al.* in this issue of South Asian Journal of Cancer on cancer related knowledge and behavior among women across various socio-economic strata particularly focuses on such a study conducted in Delhi, India. The primary aim was to evaluate the knowledge and preventive behavior regarding common cancers among the women from an area of Delhi, India. In the Delhi study, 1206 women from three different income groups (high income, middle income, and low income), between the ages of 18 years and 60 years were questioned regarding basic cancer awareness.<sup>[3]</sup>

The results revealed that an overwhelming 95.7% had never been for a preventive checkup for cancer while another 30 (2.5%) reported having had a first ever cancer check-up visit only in the last year (preceding the day of interview), and 22 (1.8%) more than a year ago. The most common cancer check-up for which the respondents reported visiting a hospital was carcinoma breast. But in India cervical cancer is the commonest cause of cancer in women. Unfortunately, awareness and knowledge of the disease among the women was deplorable, even among the educated segment. 47.8% women could not recall seeing any mass media message related to female cancers, revealing the miserable state of mass media communication regarding cancer.

Though, it was revealed that women with a higher education level, having a female family member with

cancer, and those who could recall mass media ad regarding cancers common in females were significantly more likely to have ever visited a health facility for a preventive cancer check-up for self, there was little statistical significance between the associations.<sup>[3]</sup> A similar study conducted in Mumbai among women of a low socio-economic status revealed that although over 80% of the women knew about cancer, only 35% of the women were aware of screening for cancer and less than 10% of the women had undergone any form of cancer screening.<sup>[4]</sup>

The Delhi study was relatively comprehensive in associating awareness with such external factors. However, a more in-depth analysis could have been made. For example, the percentage of women among the respondents who smoke cigarettes or take alcohol could have been found, thus, portraying the level of awareness among the high-risk cancer groups. This was successfully evaluated in a study conducted simultaneously in Finland and China.<sup>[5]</sup> Reasons for not visiting doctors for a health check-up, whether practical, emotional or service related could have also been added to this study in order to properly discover the barriers to cancer awareness. This could further be subdivided according to age, ethnicity, income-group, education level, etc.

A study conducted in different localities in London was successfully able to evaluate such factors.<sup>[6]</sup> Cancer is the 4<sup>th</sup> leading cause of death in India in the 25-69 year age group. There are 1500-trained oncologists available in India, an official national cancer control program, a national cancer registry program, 5 oncology societies, along with 300 radiotherapy machines, approximately 2.4 million people in India suffer from cancer creating a patient-oncologist ratio of 1600:1. Situation of other SAARC countries except India and Sri Lanka is crucial. In Bangladesh, an organized cancer registry is yet to be developed, enough comprehensive cancer facility or accessible radiotherapy centers are not available.<sup>[7]</sup> These facts therefore, evidently conclude that there is lack of awareness among not just the general people of the SAARC countries, but also within their respective governments. The Delhi study is the best example for the governments of these nations, to spur them towards increasing the cancer awareness, thereby increasing the primary prevention of cancer. Cancer does not only affect the patient, but also their families due to its economic and psychological impact. Pictograms and commercials can be advertised to raise awareness. The respective governments should also focus on establishing fully equipped cancer facilities in order to decrease the patient-oncologist ratio. The key factor in this is undoubtedly the reduction of the incidence of cancer. As they say, prevention is the best cure.

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