

Self Reported Morbidity and Awareness Regarding Common Cancers in elderly women

S. Aswathy, S. Sumithra,* L.S. Valsala,* S. Sandheep,* V. Lohidas,* P. Shobha,* S. George,* P. Francis,* N.S. Rajeev* and A.J. Johnson**

ABSTRACT

A study based on 198 women above 45 years of age was undertaken using interview methods in a house to house survey, to find the self reported morbidity and awareness regarding common cancers and screening tests. In this study the most commonly reported morbidity was due to reproductive system and related problems. Among reported problems the most common was visual (66.5%) followed by joint pains(58.9%). There was a highly significant relationship between Hypertension, Diabetes and age and also highly significant relationship between education and reported morbidity like low back ache, easy fatiguability, Hypertension and Diabetes. Women in the age group (45-55years) had a significantly better awareness about common cancers. 29.7% women were aware of breast self examination (BSE) and 20.6% practicing BSE. It was also found that women belonging to nuclear families were significantly more likely to practice BSE. Two thirds of the respondents did not know about the screening test for Breast Cancer and 83.7% were unaware of the test for cervical cancer.

Key words : Self-reported morbidity, Common cancers, elderly women

INTRODUCTION

Woman's health is not only a state of physical well being but is an expression of the many roles she performs as a mother, care giver, wage earner and their interaction with the social and economic as well as cultural circumstances which influence her daily life¹. National health programs in India are focused on reproductive and child health, which deals

with women aged 15-44 years. Programs on general health needs of elderly women (above 45 years) are inadequate. Further, lack of awareness, cultural barriers and economic factors prevent them from seeking timely health care.

In this context health interview surveys are valuable because of their potential to estimate the prevalence of conditions that may only be self-reported and identify

*Dept. of Community Medicine, Amrita School of medicine, Amrita Health Care Campus, Elamakkara, Kochi-26 aswathys@aims.amrita.edu

conditions that escape the attention of health services².

Cancer of breast and cervix are the common cancers occurring among women. Prevention and early detection requires focus on self breast examination and opportunistic screening by Pap smear³. In the light of the fact that cancer is a leading cause of death it was decided to study the awareness and practice of women of age 45 years and above regarding common cancers.

Hence, the objectives of the study were to study the pattern of self reported morbidity among elderly women (above 45 years) and to study their awareness about common cancers in women.

MATERIALS AND METHODS

A community based cross sectional survey was conducted to study self reported morbidity in women of age 45 years and above, and to know their awareness regarding commonly occurring cancers and screening methods in one (Edavanakad) Panchayat of Ernakulam district of Kerala. Out of 13 wards in Edavanakad panchayat, 2 wards were selected randomly. Sample of 200 houses with women of aged 45-85 years (100 each from both the wards) were chosen randomly using random numbers. Trained investigators conducted a house to house survey using a structured questionnaire by interview technique. The teams of investigators consisted of two members each with at least one female member. In houses where more than one woman qualified for the study, the younger one was taken as the respondent. Out of 200 houses, 3

families could not be interviewed during two successive visits. The questionnaire was used to collect information on socio-demographic status, menopause, symptoms, common cancers, knowledge and attitude regarding breast and cervical cancer and screening options.

Data were analyzed using SPSS software. The classification of morbidity was done in one of the category: Reproductive systems and related health problems, Auditory and Visual defects, Diabetes mellitus and Hypertension, Gastro-intestinal tract infections (GIT) and Easy Fatigability and Joint pain were grouped separately.

RESULTS

Socio-demographic Characteristics

The mean (\pm SD) age of the 197 women was 59 (9.4) years in this study. Amongst them 40.5% (79) were in the age group of 45-56 years, 32.5% (64) of 56-65 years and 26.4% (54) above 65 years. While 16.8% were illiterates, 62.9% had primary schooling and 20.3% with middle school & higher education.

Majority of women were Hindus (48.7%) followed by Muslims (32.8%). Of all, 56.2% were currently married, 41.2% widows and 2.6% unmarried. The women belonging to nuclear families accounted for 44.6% and rest from joint families.

Common Reported Morbidity

Of the 197 women studied, 87.8% had attained menopause. Of these, 12.8% had surgical menopause. The mean age of women who had undergone surgical menopause was 45.7 years and 48.2 years

in who attained natural menopause.

The most commonly reported problem was 'visual' in 66.5% followed by 'joint pains' in 58.9% and 'low back ache' in 55.3%. The other prominent problems were 'hot flushes', 'vaginal discharge' etc. (Table-1).

'Easy fatigability' was higher 39.2% in 45-55 years of age group, 28.1% in 55-65 years age group and 44.4% amongst 65+ age group. This 'U' shape relationship may be due to the interaction of 'menopausal problems and age.

'Low backache' was observed in 46.8% of the women aged 45-55 years and it increased with age to 61%. This may be the effect of the cessation of menstruation and osteoarthritic changes in the skeletal system. 'Vaginal discharge' and 'Bleeding PV' decreased with the age, 'Hot flushes' were highest 34.2% in the age group of 45-55 years.

'Urinary incontinence', 'lower abdominal pain' and 'uterine prolapsed' were lower in the age group 45-55 years and increased thereafter in age group 55-65

Table 1: Morbidity by Age

	45 - 55	55 - 65	>65	Total	
Subjects	79 (%)	64 (%)	54 (%)	197 (%)	
Easy Fatigability	31(39.2)	18(28.1)	24(44.4)	73(37.1)	NS
Reproductive System And Related Health Problems					
Low Back Ache	37(46.8)	39(60.9)	33(61.1)	109(55.3)	NS
Vaginal discharge	14(17.7)	7(10.9)	5(9.3)	26(13.2)	NS
Bleeding PV	9(11.4)	2(3.1)	0	11(5.6)	<0.01
Hot flushes	27(34.2)	10(15.6)	12(22.2)	49(24.9)	<0.05
Urinary Incontinence	17(21.5)	19(29.7)	13(24.1)	49(24.9)	NS
Lower abdominal pain	15(19.0)	14(21.9)	4(7.4)	33(16.8)	NS
Uterine prolepses	17(21.5)	19(29.7)	13(24.1)	49(24.9)	NS
Auditory and Visual					
Auditory	6(7.6)	7(10.9)	11(20.4)	24(12.2)	NS
Visual	52(65.8)	41(64.1)	38(70.4)	131(66.5)	NS
Others					
Joint Pain	45(57.0)	39(60.9)	32(59.3)	116(58.9)	NS
Diabetes Mellitus	8(10.1)	14(21.9)	18(33.3)	40(20.3)	<0.01
Hypertension	15(19.0)	23(35.9)	23(42.6)	61(31.0)	<0.01
GIT constipation	18(22.8)	13(20.3)	17(31.5)	48(24.4)	NS

Table 2 : Morbidity by Education

Symptoms	Education			Significance
	Illiterate (%)	Upto Middle (%)	High School & Above (%)	
Subjects (197)	33	124	40	
Easy Fatigability	14(42.4)	48(38.7)	11(27.5)	NS
Reproductive System and Related Health problems				
Low back ache	25(75.8)	68(54.8)	16(40.0)	<0.01
Vaginal discharge	5(15.2)	15(12.1)	5(12.5)	NS
Bleeding PV	2(6.1)	5(4.0)	4(10.0)	NS
Hot flushes	9(27.3)	28(22.6)	12(30.0)	NS
Urinary Incontinence	10(30.3)	30(24.2)	9(22.5)	NS
Lower abdominal pain	8(24.2)	17(13.7)	8(20.0)	NS
Uterine prolepses	3(9.1)	8(6.5)	2(5.0)	NS
Auditory and Visual				
Auditory	5(15.2)	17(13.7)	2(5.0)	NS
Visual	25(75.8)	74(59.7)	32(80.0)	<0.05
Others				
Joint Pain	24(72.7)	66(53.2)	26(65.0)	NS
Diabetes Mellitus	14(42.4)	20(16.1)	6(15.0)	<0.01
Hypertension	16(48.5)	36(29.0)	9(22.5)	<0.01
GIT constipation	9(27.3)	30(24.2)	9(22.5)	NS

years and again came down in the age of 65 years and above.

'Auditory and visual' and other problems like 'joint pain', 'diabetes mellitus' and 'hypertension' increased with the age as usual (Table-1). The association between Diabetes mellitus and Hypertension with age was also significant.

Table-2 morbidity by education revealed that the 'low back ache' was highest 75.8% amongst illiterate women and it decreased significantly ($p < 0.01$) with education. 'Diabetes mellitus' and 'Hypertension' was highest ($p < 0.01$) among illiterates than

among those with high school and above education (Table-2).

Awareness Regarding Common Cancers

Almost one third of the women (31.3%) had not heard of cancers, 54% of the women correctly pointed out Breast and Uterus to be the most common sites affected by Cancer. Interestingly, though 29.7% of women were aware of the Breast Self Examination only 20.6% ever practiced it. It was also observed that those who practiced breast self examination belonged to nuclear families. Over two thirds of the

respondents did not know about the test for breast cancer and 83.7% were unaware of test for cervical cancer.

DISCUSSION

Present study suggests that the most commonly reported morbidity was due to reproductive system and related problems. In a study conducted⁴ on morbidity among women in Mumbai city, reproductive illness formed the largest group accounting for 28.2%. It is more (39.8%) in the current study probably due to a higher educational status. Morbidity is likely to be reported when conditions are salient to an individual and when the social and psychological barriers are minimum⁵

Joint pain was reported by 58.9% of women and low back ache by 55.3%. This is higher than 43.2% reported in other study⁶. Tiredness/easy fatigability was reported by 37.1% in this study. This is also higher in comparison to 20.4 % from National Family Health Survey¹.

A highly significant relationship was found in this study between Hypertension, Diabetes Mellitus and age. According to Ritu et al., the reports of morbidity depend on age and standard of

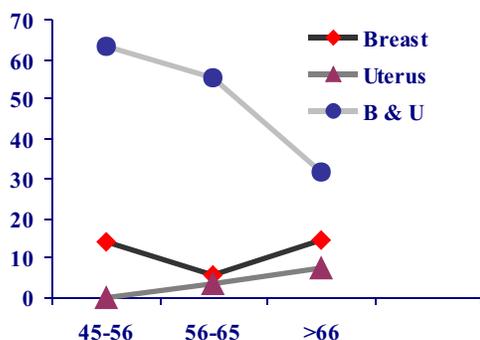
living⁷. The findings of this study showed significant association between education and reported morbidities like low back ache, easy fatigability, hypertension and diabetes.

Women in the age group (45-55 yrs) were better aware about common cancers as compare to lower awareness levels among older and rural women in Africa⁴. In this study 29.7% were aware of breast self examination compared to 16.4% in a study Manipal⁵. This is probably due to higher literacy.

To conclude, this study found reproductive system and related health problems as the main problem followed by visual and auditory problem. The women with increasing education reportedly had more symptoms like tiredness and low back ache. It is also clear from this study that younger women and women with a higher education have better awareness regarding common cancers and screening methods. It was also found that women belonging to nuclear families were significantly more likely to practice breast self examination.

REFERENCES

1. Ghosh S. A study of self reported morbidity among the women of reproductive age group and their treatment seeking behaviour: an insight into the state of MP & WB, 2004 - 2005
2. Rao R, Nair Suma and Nair NS. Acceptability & effectiveness of a breast health awareness programme for rural women in India. *Ind J Med Res* 2005; 59(9):398-402.
3. Gupta S, Rao YN and Agarwal SP. Emerging strategies for Cancer Control in



- women of India. 50yrs of cancer control in India, MOHFW, 2005; 184-195
4. Neha M and Amar Jesani: Morbidity among women in Mumbai city: Impact of work environment. *Economic & political weekly* Oct 1997; 32(43):ws38-ws.49
 5. Mechanic D and Newton M. Some problems in the analysis of morbidity data., *J Chronic diseases* 1965; 18:569-580
 6. Purty A and Joy Bazroy: Morbidity pattern among the elderly population in the rural area of Tamil Nadu, India. *Turk J Medical sciences* 2006; 36:45-50.
 7. Ritu Sadana: Measuring reproductive health: Review of community based approaches to assessing morbidity. *Bulletin of WHO* 2000, 78(5)
 8. Pillay AL. Rural and urban South African women's awareness of Cancer Of breast and cervix, *Ethn. Health* 2002; 7(2): 103-14.