VIEW POINT

PERSPECTIVE ON HEALTH SEEKING BEHAVIOR OF PATIENTS WITH OROPHARYNGEAL CANCERS FROM A PAKISTANI BACKGROUND

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Oropharyngeal cancers are the most common cancers of head neck region, they are placed amongst the top ten malignancies globally and around 40% of all the cancers in South and South East Asia. Patient's personal behaviour impacts causality more than the environmental factors in the pathology and prognosis of this particular cancer. In our country risk factors are based on poor infrastructure of the health care system, illiteracy, poor socioeconomic status, Betel nut and quid, smokeless and smoke tobacco. We recommend that an active precautionary approach is required to restrict the rising incidence in the oral cancers, particularly due to culturally related risk habits and reluctance to seek early healthcare amongst our people. Primary prevention is the need of time.

Keywords: Oro Pharyngeal Cancers; Pakistani Population; Personal Reluctance; Cultural Risk Factors; Primary Prevention

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INTRODUCTION

Oro pharyngeal cancers are the most common cancers of head neck region, they are placed amongst the top ten malignancies globally and around 40% of all the cancers in South and South East Asia. In a developing country like Pakistan it is second most after carcinoma of lungs in males and breast in females.[1] Patient's personal behaviour impacts causality more than the environmental factors in the pathology and prognosis of this particular cancer.[2]

Smoking, alcohol consumption and sunlight have been considered carcinogens of oral cancers in the developed regions, however in addition to these the developing countries have their own set of risk factors based on poor infrastructure of the health care system, illiteracy, poor socioeconomic status. A common risk factor worldwide is substance abuse particularly amongst the South Asian race there exists a large volume of literature which links Betel nut and quids (*Paan* & *Chaaliya*), Areca, chewable tobacco (*Guthka*), Smokeless tobacco (*Naswar*) and Smoke tobacco (*Bidi, Hookah* & *Sheesha*) with development of cancer, as the main causative agent.[3,4]

For its early diagnosis and improved survival, apart from the causative factors we should have understanding of the particular facts behind the delay in diagnosis; these reasons are not the same throughout the world.[5] In our culture patients ' socio economic and demographic status, education level, personal and health care attitude, access to the physician and diagnostic facilities, psychosocial attitude in perception of their symptoms its interpretation and attribution, disclosure of manifestations to the significant others than health care professionals, other social priorities on self are influential factors in the cancer diagnosis , treatment and fate.[6,7]

Stage of the malignancy at the diagnosis is the most important prognostic indicator. A non-healing ulcers or sore is the most common initial symptom[8] usually people take it as a trivial, self-resolving, minor oral pathology which can be treated by dietary modification and self-medication. Unfortunately, due to ignorance most of the patients are detected late with fully blown symptoms like presence of white/red patches in mouth, persistent growth and unexplained bleeding.[9,10]

Because of the apparently benign initial symptoms many of the clue less suffering individuals do not seek for advice at the prime time, however if there was ample awareness of the oral cancer and its initial presentation, they would have. We interpret that there is sheer lack of awareness and knowledge of this cancer compared to the other cancers. It is essential to emphasize on public to seek early professional help.

Patients usually tend to visit a primary general practitioner doctor, *Hakeems* (Homeopathic/Herbal practitioners) or spiritual healers with initial symptoms with the first time they notice any oral lesion. This can be an affirmative approach if premalignant lesions are vigilantly identified and this will reduce patients' postponement. Hence, to nip in the bud competent training of the primary healthcare providers is crucial and similarly impactful as awareness of the general population towards the diseases' initial presentation and risk factors. Furthermore, counselling services

and seminars should be arranged by the physicians and healthcare agencies on identified carcinogens, unhealthy habits, addictions for eradication of the risk factors.[11]

Although there has been much positive to account, since cigarettes/tobacco is recognized as a chief carcinogen, anti-smoking campaigns that have been conducted by the government agencies and nongovernmental organizations have played a far reaching preventive role in reducing the incidence of oral cancer. It is significant to state that the Government of Pakistan have made it imperative for the cigarettes selling companies to print pictures of oral cancer lesion on their product box along with a health warning. Likewise, we need awareness on association of betel quid/ nut, smoke and smokeless Tobacco addiction with the increase of precancerous conditions and oral cancerous lesions. Agencies should work not only on Smoking/tobacco cessation but also on betel quid cessation and other forms of tobacco consumptions.[11–13]

If such modifiable determinants would be worked upon, we can bring out change and improve the quality of life by eliminating social inequity in terms of healthcare. When we will be able to target the populations at risk, early screening, psychosocial support, access to useful health information be provided. This will enable public to take timely healthcare decision shortening time lag between the diagnosis and cure, also aid in reducing high morbidity and mortality due to this cancer.[14]

Public health education and knowledge regarding oral malignancies, lack of awareness of the prevailing risk factors and causative agents, wrong perceptions and misinformation correlates with this cancer prevalence.[15] To conclude we recommend that an active precautionary approach is required to restrict the rising incidence in the oral cancers, particularly due to culturally related risk habits and reluctance to seek early healthcare amongst our people. Primary prevention is the need of time.

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