A STUDY OF PSYCHO-SOCIAL PROBLEMS OF CERVICAL CANCER PATIENTS AND SOCIAL WORK INTERVENTION

SUMMARY of the THESIS SUBMITTED TO THE UNIVERSITY OF LUCKNOW FOR THE DEGREE OF Doctor of Philosophy IN SOCIAL WORK

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Cervical cancer is an ever-increasing danger, posing a grave health threat to our country and other developing countries. This form of cancer is prevalent especially among the rural women due to several factors such as early exposure to marriage and sex, multiple pregnancies, and restricted use of condoms, to name a few. It is therefore essential to draw the attention of the public through warnings to the hazards posed not only by AIDS but also by other life-threatening diseases like cervical cancer. Cervical cancer can be cured if detected early. However, patients who are victims of this disease and their relatives can draw strength from the information and solace provided by the various cancer support groups who help them to manage their illness by coming to terms with it.

In the chapter 1 (Introduction) the researcher has introduce about the disease and its status in India and worldwide. In this chapter researcher has highlighted the impact of the disease in our society. As it explained that cervical cancer is a women specific cancer so health issue for women is very important issue in our society as women plays equal important role in the society. The researcher has used suitable diagrams to explain about the disease and its status. Researcher has deeply explained about the scenario of the problem. The researcher has then focused on the status of women in the Indian Society.

In the Chapter-2 (Review of Literature) the researcher has presented the essence of her study of the materials related to the topic. In this chapter researcher has describe about the magnitude of problem in India and global level. Researcher has presented
various previous, related studies and describes their significance in this study. Researcher has reviewed various different articles and studies and coated their results also. In this chapter researcher has describe about the importance of this study for the society and how it will be useful for client and their relatives. Researcher has illustrated briefly about psycho-social interventions and their outcomes and find out their impacts. It all helped to design the research.

**In Chapter-3 (Research Design and Methodology)** the researcher has presented the “Social Work Research” methods and strategies applied by her for the exploration of the problem under study. In this chapter the objectives of the study and the hypotheses to be tested have been illustrated. Also, the researcher has presented the research design, the sampling method and the sources, tools and methods of data collection used in the study. The researcher has also enlisted the significance of processing and analysis of data in the scientific study and highlighted the process of processing and analysis of data which has been used in her research work.

**In Chapter-4 (Profile of the Respondents)** A respondent’s profile is often used to describe his/her characteristics to help guide important educational, social, political and economic decisions for a particular individual, or to guide individualized instructional planning. It refers to a personal data of the respondents.

In a research, profile of respondents keeps an important place in the entire study. Profile of the respondents is a very important variable to determine psycho-social and socio-economic status of the universe in any social research. We study the age, educational status, economic status, religion and caste, occupation, marital status and demographic status of the respondents etc under the profile of the respondents.
These variables are very important to determine behavioural patterns of person in the society. A well-structured and relevant interview schedule has been used to collect information from the respondents by using in-depth interview skill and the major findings are as following:-

- Majority of the respondents 48.5 percent are in the age of 51-60 years and the average age of the respondents is 53.65 years.
- Majority of the women i.e. 19.5 percent are illiterate.
- Majority of respondents are belonging to Hindu religion and General caste.
- Majority of the women 84 percent are married.
- Majority of respondents are belonging to rural area.
- Majority of the women i.e. 88.00 percent are house.
- Majority of the respondents i.e. 54.16 percent earn up to Rs. 3000 per month.

The average monthly income is calculated to be Rs. **3250.23**.

In **Chapter-5 (Family Back Ground and Socio-Economic Conditions)** the researcher has made a study of the family background and socio-economic conditions of the respondents. In the structure of society, family represents both an institution as well as association. It is the oldest among the other institutions and associations. Family still forms the backbone of our social structure. Due to the above reasons, between all institutions and association of humankind the family is rendered to be the most stable and enduring. It is the core of all social organization and it plays a vital role in shaping the personality, attitude and values of the individual due to its significant social, economic, cultural functions. Thus, to understand and analyze the problems of the respondents the socio-economic conditions of the family must be studied. In this part of the chapter the basic characteristic features of the family are
analyzed like size, type, gender distribution, educational status, occupation and income etc. All these characteristics give the researcher a better and deep understanding of the problem under study. The conclusions drawn from this chapter are as following-

- Majority of the respondents i.e. 63.00 percent constitute of 9-12 members in the family and the average family size is of 8.44 members.
- Majority of the respondents i.e. 53.5 percent belong to nuclear family.
- Majority of the households i.e. 19.5 percent households are educated only primary level.
- Majority of respondent’s family is not very well with 31.5 of the families reporting an annual income between Rs. 50000-75000 and the average annual income is Rs. **59125.00**.
- Majority of the household population i.e. 48.82 are unmarried i.e. constituting of children and bachelors.
- The percentage of males i.e. 52.82 percent is higher than females i.e. 47.17 percent and an imbalance in sex-ratio is seen. The sex-ratio of the population is reported to be 952 females per 1000 males.

In Chapter-6(Pregnancy History of The Respondents) this is a very important chapter, as it mentioned that at early age sexual intercourse and multiple sexual partners can be main cause of cervical cancer. Age at marriage, age at first pregnancy, no. of pregnancy, no. of abortions, no. of children etc are the crucial issues has discussed in this chapter. The conclusions drawn from this chapter are as following-
Summary

- Majority of the respondents i.e. 52.84 percent were married at an early age of 06-10 years which is a very early age of marriage and it adversely affects their health and well-being. Also the average age of marriage is reported to be very low of 11.05 years.

- Majority of the respondents i.e. 81.5 percent were pregnant at an early age of 15-17 years which is a very early age of pregnancy and it adversely affects their health. Also the average age of pregnancy is reported to be very low of 16.64 years.

- Majority of the respondents i.e. 54.00 percent were pregnant at 9-11 times in her life. Also the average of total no. of pregnancy is reported of 8.18 times.

- Majority of the respondents i.e. 60.5 percent had abortions at 3-5 times in her life. Also the average of total no. of abortion is reported of 5.51 times.

- Majority of the respondents i.e. 50.5 percent have at 3-5 numbers of alive children. Also the average of total no. of alive children is reported of 5.83 of numbers.

- Majority of the respondents i.e. 38.34 percent were in age group of 46-50 for menopause. Also the average age of menopause is 47.38.

- Majority of the respondents i.e. 61.5 percent were in age group of 41-45 at their last delivery. Also the average age of last delivery is 42.47.

In Chapter-7 (Study of Psycho-Social Problems of Cervical Cancer Patients) the researcher has made a study of psycho-social problems of cervical cancer patients, researcher has divided this chapter in different parts. The significance and findings of various aspects of study is described below. The details of the chapter and their related findings are as following-
OWN CANCER DIAGNOSIS AWARENESS OF RESPONDENTS

- Majority of respondents i.e. 94.5% were aware about their diagnosis of cancer during treatment.
- Majority of respondents i.e. 51.85% were informed about their own diagnosis during their treatment.
- Majority of respondents i.e. 75.5% were informed by their husband about their diagnosis of cancer.
- Majority of the respondents i.e. 89.41%, their first reaction was started crying when they got information about their diagnosis of cancer.
- Majority i.e. 41.00% respondents started their treatment after one month of their diagnosis of cancer.

STATUS OF CANCER AWARENESS OF RESPONDENTS

- Majority of the respondents i.e. 58.5% were not aware about the cancer as a lethal disease.
- Majority of the respondents i.e. 93.5% were not aware about the cervical cancer.
- Majority of the respondents i.e. 97.00% thought that cancer is an infectious disease.
- Majority of the respondents i.e. 97.00% thought that cancer can spread by eating together.
- Majority of the respondents i.e. 97.00% thought that cancer can spread when living together.
- Majority of the respondents i.e. 63.5% believes that cancer treatment can not possible.

**ECONOMIC ISSUES**

- Majority of the respondents i.e. 90.5% said that they faced economic problems for their treatment.
- Majority of the respondents i.e. 26.00% said that their treatment bear by their husband.

**CHANGES IN LIFE**

- Majority of the respondents i.e. 93.5% said that they have feeling of hesitation with meeting people due to cancer.
- Majority of the respondents i.e. 92.5% said that they have feeling of self guiltiness due to cancer.
- Majority of the respondents i.e. 83.00% said that it’s less in meeting with people.
- Majority of the respondents’ i.e. 76.5% said that they are feeling negative changes in their personal life due to cause of cancer.
- Majority of the respondents’ i.e. 93.5% said that they have lost their interest in sex after the diagnosis of cancer.
- Majority of the respondents’ i.e. 96.00% said that they were not sexually active during their treatment period.
- Majority of the respondents’ i.e. 96.00% said that yes their partner can affect with cancer if they sex.
Majority of the respondents’ i.e. 93.5% said that yes they feel as they have lost their physical attraction due to cancer treatment.

Majority of the respondents’ i.e. 54.5% said that yes they feel as they have lost their feminine traits due to cancer treatment.

Majority of the respondents’ i.e. 98.5% said that no they are not satisfied with their present condition.

ALTERNATIVE TREATMENT OF RESPONDENTS

Majority of the respondents’ i.e. 58.5% said they have not taken any alternative treatment.

Majority of the respondents’ i.e. 32.53% said that they have taken miscellaneous kinds of alternative treatment for their cancer treatment.

Majority of the respondents’ i.e. 44.57% said that they started their alternative treatment since their diagnosis of cancer.

Majority of the respondents’ i.e. 56.62% said they don’t know that their alternative treatment was affective or not.

38.55 percent respondents expensed 10,000 to 15,000 Rs. for their alternative treatment of cancer.

RESPONSE OF FAMILY FRIENDS AND RELATIVES AFTER THE DIAGNOSIS OF CANCER TOWARDS RESPONDENTS

Majority of the respondents’ i.e. 44.5% said that they feel less in affection in their husband behaviour due to cause of cancer.

Majority of the respondents’ i.e. 58.92% said yes their husband abused or insulted them.
• Majority of the respondents’ i.e. 62.5% said yes their husband had targeted for finance.

• Majority of the respondents’ i.e. 57.73% said yes they feel that their husband would like to be separate from respondents.

• Majority of the respondents’ i.e 98.80% said no their husband has not left them because of cancer.

• Majority of the respondents i.e. 89.5 percent respondent’s friends and relatives were aware about the diagnosis of respondents.

• Majority of the respondents i.e. 64.00% respondent’s feel that their friends and relatives behaviour has changed negatively.

• Majority of the respondents i.e. 87.5% respondent’s feel that their children’s behaviour has not changed negatively.

• Majority of the respondents i.e. 95.83% said no their children’s never abused or insulted them because of cancer.

• Majority of the respondents i.e. 79.16% said no they don’t feel that their children are not interested to provide them proper treatment.

• Majority of the respondents i.e. 79.16% said no their children never targeted them financially.

• Majority of the respondents i.e. 100% said no their children never left them because of diagnosis of cancer.

• Majority of the respondents i.e. 100% said yes they feel negative changes in their family member’s behaviour because of diagnosis of cancer.

• Majority of the respondents i.e. 100% said yes they have faced abused and insulted behaviour by their family members because of diagnosis of cancer.
Summary

- Majority of the respondents i.e. 100% said yes their family members have taken responsibility of their treatment cost.
- Majority of the respondents i.e. 100% said yes they feel that their family members are not interested to provide them proper treatment.
- Majority of the respondents i.e. 100% said yes their family members targeted for finance of treatment of cancer.
- Majority of the respondents i.e. 100% said no their family members never left them because of diagnosis of cancer.

**PSYCHOLOGICAL PROBLEMS OF THE RESPONDENTS:**

- Majority of the respondents i.e. 48.5% had moderate level of depression level.
- Majority of the respondents i.e. 49.5% had moderate level of anxiety level.
- Majority of the respondents i.e. 50.5% had moderate level of stress level.

In Chapter-8 *(Social Work Intervention and Impact Assessment)*, the researcher has illustrated the Intervention process carried by her in the area to mitigate the problem under study. Professional social workers and social work institutions have long been involved in the field of health, social welfare and in the prevention and control of major diseases. Generally speaking, professional social workers have commitment, knowledge, techniques and skills to deal with human and their situations. They are trained with humanitarian values and empathy. Unencumbered by any dogma, they help individuals and groups to improve overall adjustment between themselves and their social environment. Over the decades, their professional practice has proved to be efficacious in helping individuals, groups and communities to tide over their trauma or crisis. Intervention is an undividable part of social work practice because it is a professional service, which is based on complete scientific knowledge.
and skills. This knowledge and skill clubbed with human relation to assist individuals alone or in-group to obtain social and personal satisfaction and independence.

In social work there is a model which called “Psycho-social Treatment Model” in this model three types of treatment can use as:

1. Changes in Person
2. Changes in social and inter-personal environment
3. Changes in Both

In this study researcher found that problems were associated at three levels:

a. Respondent Level
b. Family Level
c. Hospital level

At Respondent level, they had psychological, social, personal, economic, professional etc. At family level, there were two major different issues found in different families, first non-supportive and carelessness attitude towards respondent of family members and second was few family members were also affected psychologically due to disease of the respondent. At hospital level, researcher found that there was not any set up in hospital management and administration that provide psychological support to cancer patients during clinical treatment of the patients. So researcher very carefully observed all those three levels of the problems and planned to use specific strategy to solve those related issues.

In this study researcher has used Psycho-social Treatment Model and made changes in person (respondent), social and inter-personal environment (Family and Hospital) and both (respondent and family).
In the present study, the researcher has used a 'Five Point Strategy’ which aims to solve psycho-social problems of the cervical cancer patients who are undergoing treatment at King George’s Medical University, Lucknow. The strategy formulated by the researcher is presented below in a nutshell.

1. Rapport Building
2. Counseling
3. Awareness and Guidance to Respondent
4. Awareness and Guidance To Family
5. Work At Hospital Level

The second part of the Social Work research is post intervention assessment, so in this segment of the study the researcher assessed the intervention programme. After systematically introducing the intervention programme among the respondents of the area, the researcher conducted an end line survey in order to assess the psychological and social problems of respondents. The same interview schedule which was used by the researcher before the intervention was used again. The same respondents were interviewed again. Findings of the end line survey are presented below which show the result/impact of the social work intervention process.

In the Chapter 9 (Conclusion and Suggestions) researcher has presented conclusion of all chapter and given suggestions as below:-

- Cancer has already become an important public health problem and need important inputs from various health and other agencies. A multidisciplinary approach to cancer treatment is essential and this has to be made available at all Regional Cancer Centres.
• The services of a trained surgeon and a clinical Oncologist are needed to plan the most appropriate treatment. Efforts should be made to reduce the waiting time for cancer patients to get any cancer directed treatments.

• An essential drug list has to be prepared for cancer chemotherapy and chemotherapy services for common cancers have to made available in all centres.

• More than 80% of cancers in India present in advanced stages and palliative care and pain relief are essential to provide good quality life for these patients.

• Counseling should be incorporated in all cervical cancer prevention programmes

• All girls 9 years old or over should have access to the cervical cancer vaccine before they become sexually active.

• Cervical cancer screening by visual inspection with acetic acid is suggested for low-resource settings acceptable. Cervical cytology or human papilloma virus testing may also be used when practical.

• Cryotherapy is a safe, effective, and low-cost therapy that should be included in pre-invasive cervical cancer treatment.

• All countries should have a documented cervical cancer prevention strategy that includes public education built on existing outreach programs.

• Countries should define a centre or centres of excellence for the management of cervical cancer. Because these units would serve a larger population, they would be able to identify leaders and develop their skills, and would be able to invest in costly radiation equipment.

• All women with cervical cancer should have access to pain management.