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Cancer Awareness in Malaysia

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The problem of cancer in Malaysia is a growing one, as it is now the fourth leading cause of death among people. Awareness campaign is required to reduce people stigma and increase their help seeking behavior. Therefore, most of the health care institutions and hospitals in Malaysia are participating on public awareness, as they aim to reduce and prevent cancer risks factors. The present study designed to examine the existing relationship between people awareness and early cancer deduction. Different instrument was used to measure warning signs of cancer, barriers for seeking help, and risk factors that is associated with cancer. The purpose is to know more about people awareness on cancer related issues, analysis their concern on cancer's symptom, and identify their barriers for seeking help. A sample of 76 respondents' feedback was analyzed and the findings indicated that most of the respondents are aware only on few symptom of cancer and they only know some risk factors that lead to cancer, eventually the barriers factors was strong to control over their help seeking behavior. Therefore, people need more knowledge and awareness camping to reduce the chance of getting cancer, learns ways of prevention, and increase early diagnosis.

Keyword: Cancer, Public Health, Psychological Determinants

1. Introduction

Cancer in Malaysia is a big issue that is considered as a continual growing problem. It is now the fourth leading cause of death among medically certified deaths^[1]. It is dramatically increasing due to the wrong attitude and misinformation about what cancer is. Many people in the rural communities do not even know what cancer is, and others in the cities may also not aware of cancer as a leading cause of death globally. The World Health Organization

(2008) estimates that 7.6 million people died of cancer in 2005 and 84 million people will die in the next 10 years if action is not taken^[2]. Despite health education efforts to educate the society on health awareness including the awareness on the different screening modalities available, the incidence of cancer and presentation at an advanced stage is still a problem in Malaysia. This has led the Ministry of Health (MOH) into revising Malaysian policies on cancer and health

care encompass prevention, early diagnosis, treatment, palliative care and rehabilitation^[1].

The earlier a cancer can be diagnosed the greater the prospect for a cure. For that reason, promoting early diagnosis can improve cancer outcomes. Cancer awareness and cancer control is becoming the public health concern in Malaysia, therefore, people start talking about its symptom, risk factors, and impact on human life due to the drastically increases on number of patients at different hospitals. For that reason, some experts encourage cancer specialists to work hard on cancer awareness. Because they belief on the importance of educating the people through specially designed educational program in the clinical setting as well as through community out reach strategies that suit their social & cultural settings^[3].

Many studies proved that lack of knowledge about cancer and its risk factor lead to the delayed presentation of cancer in hospitals. Thus, awareness can improve cancer control and prevention within populations. Some people may develop certain cancers without having any of the known risk factors or causes. For example, it is possible for a non-smoker to develop lung cancer. Awareness can help the community to seek early medical advice, so that they can gain greater chance of survival. Therefore, this paper strongly agrees that awareness campaign and education are very important in reducing the cancer cases and promoting the societal good.

2. Methodology and Procedure

2.1 Population and Sampling

The research population includes all the three races in Malaysia, and the sample consists of 76 male and female Malaysian populations. Questionnaire was given to different group of peoples who attended different awareness talk delivered by specialists at National cancer Society Malaysia (NCSM) and National Cancer Council (MAKNA). Hence, every sample in the population had an equal and independent chance of being selected.

2.2 The Questionnaire

Researchers of this study develop an international cancer awareness questionnaire (NCAA) (2012), and that questionnaire was only used for the development of this study. Moreover, this questionnaire consists of four sections as follows:

- Demographic information. In this section, the responders were requested to provide demographic information regarding age, gender (sex), nationality, and religion.
- Warning Signs. The instrument of this section comprises 9 items related to warning sign of cancer that be rated on yes or no.
- Barriers for Seeking Help. This section asked participants to indicate the reasons for their delaying to see the doctors. The barriers were assessed with most important 7 items that were rated on yes or no.
- Risk Factors. This section concern on risk factors that associated with cancer. The participants were asked to describe how is their knowledge on certain times as being the factors that increases the chance of getting cancer. The scale consists of 11 items, rated on a 5-point scale ranging from "strongly disagree"^[1] to "strongly agree"^[5].

2.3 Procedure

All the 76 participants were requested to complete the research questionnaire after listening to talk given by specialist from National Cancer Society Malaysia (NCSM) and National cancer Council (MAKNA). The talk was on cancer's awareness, then the researcher requested from the participants to complete the questionnaire containing the above measures. They were given detailed instructions about how to fill in the questionnaire and were assured of complete anonymity of their individual responses.

2.4 Statistical Analyses

The data were analyzed by using the Statistical Package for Social Sciences (SPSS). The researchers employed an exploratory, descriptive

approach in analyzing the data involving frequency counts and percentage analysis. The descriptive statistics was used to summarize and describe the prevalence of the study measurement.

3. Results and Findings

This section focuses on the result outcome related to the three measurements that measures: Warning Signs, Barriers for Seeking Help, and Risk Factors. The outcomes as followed:

3.1 Warning Signs of Cancer

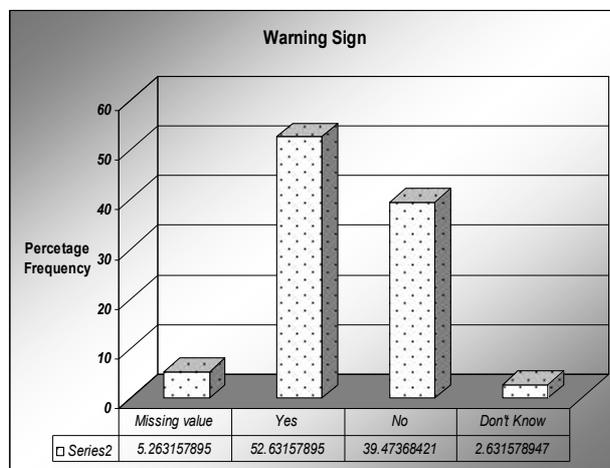
Descriptive statistic was applied for the 76 responders to find out the frequency and the percentage of those who answer YES^[1] for knowing some symptoms to be warning sign of cancer, NO^[2] for not to be warning sign of cancer, and Don't know^[3] to be warning sign of cancer. The results were highlighted in Table (1) as follow:

Table (1): Warning sign of cancer

People Awareness on sign of cancer				
NO.	ITEMS		FREQUENCY	PERCENTAGE
1.1	Unusual pain	0	5	6.6
		1	45	59.2
		2	12	15.8
		3	14	18.4
1.2	Unintentional weight loss	0	6	7.9
		1	43	56.6
		2	13	17.1
		3	14	18.4
1.3	Constant difficulty swallowing	0	5	6.6
		1	41	53.9
		2	12	15.8
		3	18	23.7
1.4	Unexplained lump or swelling	0	5	6.6
		1	55	72.4
		2	10	13.2
		3	6	7.9
1.5	A persistent sore that does not heal	0	5	6.6
		1	42	55.3
		2	15	19.7
		3	14	18.4
1.6	Unusual vagina bleeding or discharge	0	7	9.2
		1	46	60.5
		2	12	15.8
		3	11	14.5
1.7	Constant cough or hoarseness more than 3 weeks.	0	6	7.9
		1	34	44.7
		2	22	28.9
		3	14	18.4
1.8	Unusual change in the appearance of mole and wart	0	7	9.2
		1	42	55.3
		2	16	21.1
		3	11	14.5
1.9	Unexpected change in bowel or bladder habits	0	6	7.9
		1	42	55.3
		2	16	21.1
		3	12	15.8

As seen in the above table, the respondents are aware on sign of cancer. They show high frequency and high percentage for (1) as relate to (Yes) to the 9 items of warning sign. Eventually they are more aware on unexplained lump or swallowing to be sign of cancer, as 72.4% percent report yes to it. To be more accurate descriptive statistic was applied to the total mean of the items to 76 respondents, and the result was highlighted in the following diagram:

Fig 1: Respondent Knowledge on Warning Sign of Cancer



The above figure (1) shows that 52.63% of respondent answer yeas to the most of items and 39.47% answer no to the other items relate to warning signs of cancer. This indicated that the Malays are aware of cancer, but still the numbers of cancer patients are increasing in hospitals. As it is estimated by Gerard Chin Chye Lim (2002) that the annual incidence of cancer is 30 000, and the majority of patients are found at a late stage of the disease. The reasons might relate to the emotional and psychological feelings that block the persons from seeking helps.

3.2 Barriers for Seeking Help

This section measures the factors that barriers respondent to seek help from doctors. It ranges from ^[1] (Yes) to ^[3] (don't know). Therefore, the result is as follow:

Table 2: The Barriers for Seeking Help

The Reasons for Delaying to Seek Medical Help				
NO.	ITEMS		FREQUENCY	PERCENTAGE
2.1	I would be too busy to go to the doctor.	0	4	5.3
		1	35	46.1
		2	21	27.6
		3	16	21.1
2.2	I have many others things to worry about	0	6	7.9
		1	34	44.7
		2	21	27.6
		3	15	19.7
2.3	I would be too embarrassed to show parts of my body.	0	4	5.3
		1	36	47.4
		2	26	34.2
		3	10	13.2
2.4	I would be too scared of what the doctor might discover.	0	4	5.3
		1	36	47.4
		2	18	23.7
		3	18	23.7
2.5	It would be a waste of time waiting for the doctor at the clinic	0	4	5.3
		1	14	18.4
		2	42	55.3
		3	16	21.1
2.6	It would be difficult for me to arrange for transportation to visit the doctor.	0	5	6.6
		1	23	30.3
		2	34	44.7
		3	14	18.4
2.7	Most doctors in government hospital have condescending attitude/arrogant .	0	5	6.6
		1	22	28.9
		2	24	31.6
		3	25	32.9

The above table (2) shows that large number of respondent agreed with items as (scared of what the doctor might discover, too embarrassed to show parts of my body, busy to go to the doctor, and have other things to worry about). This indicated that the above mentioned items could be the reasons why people in Malaysia do not want to see the oncologists.

3.3 Risk Factors

This section measures the risk factors that increase the chance of getting cancer. The scale consists of 11 items, rated on a 5-point scale ranging from "strongly disagree" (1) to "strongly agree"^[5]. The result is as follow:

Table 3: Risk Factors

No.	Items	Maximum	Mean	Std. Deviation
3.1	Inherited gene.	5	3.1842105	1.555296553
3.2	Smoking cigarettes.	5	3.3289474	1.54391846
3.3	Being over 65 years old.	5	2.8289474	1.49120227
3.4	Excessive exposure to the sun	5	2.9210526	1.529820538
3.5	Being overweight (BMI over 25).	5	2.9078947	1.462214135
3.6	Becoming a second hand smoker..	5	3.2763158	1.579662308
3.7	Consuming red and processed meat daily.	5	2.9342105	1.369530589
3.8	Infection with HPV (Human Papillomavirus)	5	3	1.487727574
3.9	Eating less than 3 portions of fruits and vegetables	5	2.8026316	1.423795274
3.10	Doing less than 30 minutes of exercises and physic	5	2.5789474	1.577028073
3.11	Making a habit of consuming more than one glass o	5	2.9210526	1.703041655

The above Table (3) shows high mean score to some items as inherent genes, smoking cigarettes, and becoming second hand smoker. This indicated that most of respondents are agree with these items as being the risk factors of cancer. Many studies show that lack of knowledge about cancer and its risk factor has proved to be a major obstacle in tackling the increasing incidence of cancer. According to American cancer society (2012), a risk factor is anything that affects person’s chance of getting a disease, such as cancer. Therefore, different cancers have different risk factors. For example, exposing skin to strong sunlight is a risk factor for skin cancer. Smoking is a risk factor for cancers of the lung, mouth, larynx (voice box), bladder, kidney, and several other organs. But risk factors don't tell us everything. Having a risk factor, or even several, does not mean that you will get the disease. Most women who have one or more breast cancer risk factors never develop the disease, while many women with breast cancer have no apparent risk factors (other than being a woman and growing older). Even when a woman with risk factors develops breast cancer, it is hard to know just how much these factors may have contributed to her cancer^[4].

4. Conclusions

This paper is about public awareness of cancer; the main aim of the project was to raise public awareness of symptoms associated with different types of cancer in order to improve early diagnosis or prevention. It starts with educational visits and talks provided by the staff of National Cancer Society Malaysia (NCSM) and National

cancer Council (MAKNA) on the warning sign, symptoms and effect of cancer on human being. Moreover, it encourages early detection of cancer for a successful treatment. The results of this study showed that people are aware only on some warning sign of cancer and they only know some risk factors that lead to cancer. Therefore, there is need to create more awareness in form of continues talks, workshops, seminar, and lecturing on different topics of health problems. Furthermore, special attention must be given to the public health and treatment by training of specialized personnel. In addition to more effort must be given to the public awareness, through continues talks, workshops, and lecturing on different topics of health problems.

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6. References

1. Lim G., (2002). Overview of Cancer in Malaysia. Japanese Journal of Clinical Oncology (2002) 32(suppl 1): S37-S42 doi:10.1093/jjco/hye132
2. World Health Organization "Cancer Factsheet N°297" – updated October 2011. Last accessed 27 June 2012 at <http://www.who.int/mediacentre/factsheets/fs297/en/>
3. Tessaro, I. (1997). The natural helping role of nurses in promoting healthy behaviors in communities. *Adv Pract Nurs Q.* 1997; 2:73–78
4. American Cancer Society. Breast Cancer. Viewed on 29/January/2012 at <http://documents.cancer.org/acs/groups/cid/documents/webcontent/003090-pdf.pdf>