

CHAPTER 6

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The basic objective of the present study is to explore, examine and analyse the extent of awareness and access to the treatment of cancer disease. In this section the presentation of the major findings of the entire study as well as the conclusions drawn from them have been made . Finally , some recommendations are attempted on the basis of this empirical study . Indeed, this study is carried out mainly through field studies and use of government records, books, journals and other publications to make an empirical analysis on the level of awareness and access to the resources of the treatment for cancer diseases .

It is obvious, that the awareness , availability and access to the treatment of any dreadful diseases like cancer has been the overwhelming necessities for cure from such ailment . Level of awareness in this regard has been dealt with in turn obviously highlights the extent of awareness in relation with access to the treatment of cancer diseases , as because awareness on the aspect related with diseases like cancer obviously open the avenues and access to the treatment vis-à-vis protection and prevention of such diseases.

In fact, cancer is an abnormal growth of a cell or an organ due to a specific stimulus (carcinogen). This growth is an uncoordinated, purposeless one, which continues to grow even after the cessation or withdrawal of the stimulus. Cancer can originate from any organ or part of the body. The signs and symptoms of cancer depend upon the body part affected by the disease, viz. a) Lump or swelling; b) sore that doesn't heal c) Recent change in a wart/mole ; d) Unusual bleeding or discharge ; e) Changes in bladder or bowel habits ; f) Nagging cough or hoarseness ; and g) Difficulty in swallowing or dyspepsia As Cancer grows it invades the surrounding structures and interferes with the local function. It spreads to the draining

lymph nodes through the lymphatic. Through the blood streams it spreads to the others parts of the body. The common organs of distant metastasis are lung, liver, bones, brain etc. Exact cause of cancer is not yet known. However, there are certain risk factors, which may cause this disease in individual prone to develop Cancer. Among the common factors, as per WHO are- a) Tobacco ; b) Alcohol ; c) Betel Nut ; d) Spicy Food ; e) Colour Mixed Food ; and f) Pesticide Mixed Vegetables . Basically, there are three main modalities of Cancer treatment – Surgery, Radiotherapy and Chemotherapy (Drugs).

Cancer prevalence in India is estimated to be around 2.5 million, with over 8,00,000 new cases and 5,50,000 deaths occurring each year due to this disease . More than 70% of the cases report for diagnostic and treatment services in the advanced stages of the disease, which has lead to a poor survival and high mortality rate. Indeed the lack of awareness and access to the treatment of cancer diseases in turn yield to be admitted for treatment in later stages ultimately result into death. Because cancer is not a 'dreadful diseases' if detected and treated at early stage. Taking this into consideration the awareness and access to its treatment is gravely important in the society.

The initial diagnosis of cancer is perceived by many patients as a grave event, with more than one-third of them suffering from anxiety and depression. Cancer is equally distressing for the family as well. It could greatly affect both the family's daily functioning and economic situation. The economic shock often includes both the loss of income and the increase of expenses because of the treatment and health care. This disease is associated with a lot of fear and despair in the country. Prevalent myths and the spread of misinformation about cancer have been fueled by lack of access to accurate information and by ingrained societal shame surrounding cancer. Cancer is stigmatized and viewed as a "death sentence" – much of the population is not aware that cancer is largely treatable through early detection and treatment.

Early detection of cancer is based on the observation that treatment is more effective when the disease is detected earlier in its natural history, prior to the development of symptoms, than in advanced stages. It is very important to

be mentioned here that Cancer is a preventable disease . It is the fact that in majority of Indian patients, cancer can definitely be prevented. About 50% cancer are tobacco related e.g. Lung Cancer, Oral Cancer (Cancer of Mouth), Laryngeal Cancer (Voice box), Oesophageal Cancer (Food pipe), etc. and they can be prevented to a large extent by avoiding intake of tobacco. Certain other cancers like bowel cancers can also be prevented by changing dietary habits. Moreover , it is also the reality that cancer is curable provided if detected early. The results of treatment in stage I and stage II (early stage Cancer) are about 80%. In late stage diseases (Stage III & Stage IV) the results are very poor. (Less than 20%). In India, about 70% patients present in advanced stage diseases and hence difficult to treat .

Thus there has been the utmost necessity to acquire and accumulate knowledge on this aspect to gain insight in this regard which may contribute towards taking the more feasible measures by the policy makers , planners related with the treatment of cancer diseases and prevention in the purview of easy access to accurate information as well as to eradicate the ingrained societal shame surrounding cancer by creating congenial and feasible awareness among the mass in the society. Taking this into consideration, this study has a great value considering the very importance of consciousness vis-à-vis awareness and access to the accurate information surrounding cancer diseases in the purview of its proper treatment and preventive measures in the society. Its ultimate objective is to gain insight in the prevailing social situation in relation to cancer diseases .

Undoubtedly, the lack of awareness and access to effective information for treatment facilities and access to it as well as ingrained social shame surrounding cancer diseases used to play contributing role adversely in turn to the increase of suffering from cancer diseases as well as behind taking the necessary measures for treatment in much later stages from the end of cancer patients, and thus aggravate the extent of cancer sufferings in terms of stages in turn endanger the curability , protection and its prevention in the society.

As the most researches based on secondary data, the present empirical study being an explorative has highlighted the grave role of awareness and access to the treatment, protection and prevention of cancer diseases in West Bengal.

In the light of the above delineation vis-à-vis issues the present study is undertaken among the cancer patients registered for treatment in Regional Cancer Center (Chittaranjan Cancer Research Institute), Kolkata and the emphasis is laid on the particular aspect i.e. the extent of awareness about the cancer diseases and the access to its treatment from the end of cancer patient respondents in the prevailing society taking the purview of its proper effective treatment, protection and prevention issues of cancer diseases in West Bengal

I

Taking the demographic, social, economic, educational and others background like living status of the households of 1200 cancer patient respondents, the higher percentage of them are from rural areas (45.0%), and rest from urban (28.0%) and metropolitan (27.0%) areas. On the whole, the females are higher (57.5%) than that of males. Taking the places of residence, the percentage of females is prominently higher (65.1%) than that of males (34.9%) in case of those having residence in Metropolitan areas. By residential areas among the males, almost 50.0% are from rural areas. While among the females, 41.6% are from rural areas.

More than half of the cancer patients respondents (54.6%) are in the age groups in between 40 to 59 years. Sex-wise, males are notably higher in upper age groups (in between 60 years and above) than females. While females are notably higher in lower age groups (in between 20 to 59 years) than that of males. Age group-wise among the males, 68.8% are in

between 40 to 69 years. While among the females , majority (81.5%) are in between 30 to 59 years.

Taking the literacy background, majority (76.2%) are literate and rest are illiterate (23.8%) . Sex-wise, the percentage of literate is much higher i.e. 88.8% among males as compared to among females (66.8%). While taking the total illiterates , the percentage of females is very high (80.1%) than that males (19.9%). In case of educational level among each sex category , class V to class XII has been 58.1% among males, followed by primary level (28.9%). While, among females this has been 46.8% in class V to class XII and 40.6% in primary level . So it may be said that the level of education has been comparatively higher among males as compared to among females.

Majority (85.4%) of the cancer patients are married . Taking the sex-wise distribution of each categories of marital status, viz. divorce, widow , separated and to a extent married, the females are notably higher (100.0%, 84.8% , 62.5% and 55.8% respectively) as compared with males. By religion, the majority belong to Hinduism (84.0%) and rest Muslims. Taking the places of residence and religion, 64.6% among the Muslims are from rural areas as compared to 41.3% among the Hindus .

Indeed, the majority (79.3%) are from nuclear family and rest from joint family. This has been evident even in each cases according to places of residence. The 63.2% are having 4 - 6 members , followed by having 1 – 3 (23.7%) and 7- 9 (11.4%) members in the family respectively. Taking the family by each places of residence, large family sizes i.e. 7 members onwards are conspicuously evident among those mainly from rural areas, and the percentages varies in between 50.0% to 80% . In case of families having 4 - 6 members, similar trend (45.6%) is discernible among those from rural areas .

Indeed, irrespective of places of residence and income group, 21.8% of them have the history of cancer diseases among their kin groups. While, on the whole, majority (78.3%) do not have such history . Taking those having such history of cancer diseases among the kin groups,

among them 37.9% are from rural areas, followed by urban (33.0%) and metropolitan (29.1%) - are notable. But in case of those who are having such history of cancer diseases among their kin group, among them the 43.3% are in high income group as compared to middle income group (32.2%) and low income group (24.5%).

Occupationally, it is evident that the housewives share almost half (49.6%) of the total cancer patient respondents. Next is those who are in Service (16.2%), followed by traditional Caste occupation (11.7%). Sex-wise among the females, housewives share the majority (86.3%). While among the males, sharing of Service (30.6%) followed by Unspecified Labour (21.4%), Business (20.0%), and Agriculture (16.7%) are notable. Taking the occupation and places of residence background, 64.2% from rural areas share Unspecified Labour. Housewives are shared by 43.2% from rural areas, followed by almost equally from urban and metropolitan areas 28.9% and 27.9% respectively.

On the whole, 61.2% of the respondents of rural areas are in low income group, While, 20.3% of urban and 18.5% of metropolitan areas have been in low income group. Similar trend is visible in case of middle income group, i.e. 47.5% is from rural areas, and rest are from metropolitan and urban areas with almost equal percentages (26.3% and 26.2% respectively). But in case of high income group, almost equal percentages i.e. 37.5% and 36.2% are shared by urban and metropolitans respectively as compared to rural areas (26.3%).

Indeed, the household background of the cancer patient respondents have the bearing upon significantly taking the purview of keeping the situation of hygiene in the house and its premises, protection from pollution and communicable diseases including for keeping and maintenance of good health of each individuals in the households/families. Taking this into consideration, above all, 44.4% of the respondents are living in Pacca houses followed by Semi-pacca (36.6%) and Kachcha (19.0%). Taking each type of houses, majority of the respondents from rural areas are living in Kachcha houses (86.8%). Similarly, in case of Semi-

pacca houses , 47.4% from rural areas are living in such houses. Taking the each type of houses , 60.6% of high income group is living in Pacca houses, and 29.1% by middle income group . In case of Semi-pacca houses , 47.8% of middle income group and 35.8% of low income group are living in such houses. While the majority (82.5%) of the low income group is living in Kachcha houses.

Indeed, the majority (79.4%) are having the separate kitchen in living houses. But at the same time , 20.6% also are not having any separate kitchen in living houses . Interestingly , taking the cases of those who have not the separate kitchen in living houses, 59.1% of rural respondents are not having separate kitchen, followed by 23.1% of metropolitan areas, while this has been 17.8% in urban areas. Taking the case of those who have not separate kitchen , among them the majority (85.0%) are from low income group, and rest 15.0% from middle income group.

Above all, the majority (87.9%) are having separate toilet/bathroom in their living houses. But at the same time 12.1% also are not having separate toilet/bathroom. Places of residence-wise , 19.1% of respondents from metropolitan and 12.8% from rural areas do not have separate toilet/bathroom in their living houses. In case of those who have not separate toilet/bathroom in living houses, among them the majority (79.0%) are from low income group , and 18.6% from middle income group .

Taking each places of residence, it is notable that Tube- well has been the major (93.0%) source of collecting drinking water among those in rural areas. While , among the metropolitans the Tap-water (83.0%) is the major source of collecting drinking water. In urban areas, both Tube-well (52.1%) and Tap-water (47.9%) are notably important.

Relatively 46.7% of the respondents have been using gas as fuel in cooking , and coal (27.5%) and wood (25.8%). By each places of residence, 47.0% and 37.6% have been using wood and coal as fuel respectively in rural areas. While in urban areas , 64.3% have been using gas as fuel while 23.2% also using coal in this regard. But in metropolitan areas , gas has been the major (80.6%) usage of fuel .

Interestingly , 15.1% in metropolitan areas also have been using coal as fuel.

It is the utmost necessity that one should have proper knowledge vis-à-vis awareness in relation with the aspect of cancer diseases for its treatment , cure, protection and prevention . Because awareness on the aspect related with diseases like cancer obviously open the avenues and access to its early detection and treatment vis-à-vis cure in turn protection and prevention of such diseases apart from availability of infra-structural facilities for treatment, cure, protection and prevention. Indeed, though majority (93.0%) came across the name of cancer diseases prior to its suffering , even 7.0% of them were also unaware about the name of cancer diseases. In fact , educationally such unawareness had been 15.4% among the 'illiterates' and 7.2% among 'Up-to Primary'. Besides, income group-wise such unawareness had been 10.8% among 'Low Income Group' and 7.0% among 'Middle Income Group' to a extent.

Taking the curability of cancer disease, more than half (55.0%) of the cancer patient respondents have 'No idea' in this regard , and 7.1% opine it as 'not curable' even at early stage of sufferings from cancer. Therefore, taking this into consideration and the grave fact vis-à-vis reality in medical purview that the 'cancer is curable and preventable if being treated at early stage', the majority (62.1%) were either entirely unaware or have 'No idea' in this regard. Such trend is notably higher among 'Low Income Group' (76.8%) and 'Middle Income Group' (63.1%), illiterate (86.3%) and 'Up to Primary (72.7%) , in rural areas (86.3%) . Such trends have been the fact among more than half of those in urban areas and too in metropolitan areas .

Moreover, though 73.5% are aware about the cancer disease as not infectious . Even 23.5% of the respondents reported that they have no idea in this regard , and 2.8% opined it as infectious. Taking the context of necessity and importance of positive awareness that 'cancer disease is not an infectious one' , it is noteworthy that 26.5% of the cancer patient respondents either have 'No idea' in this regard or know it as

'Infectious' and thus unaware. It may be said that such unawareness may have serious implication on persistent of the social stigma centering around the cancer diseases and among the cancer patients too. Such trend of unawareness in terms of either having 'No idea' or knowing cancer diseases as 'Infectious' in this regard is significant among 'Illiterates' (46.8%) and 'Up to Primary' (29.9%), low income group (35.3%) and middle income group (28.0%), in rural areas (32.0%), and urban areas (24.7%) .

In fact, a majority (84.2%) are not knowing about any symptoms of cancer diseases, while 15.8% are aware in this regard. Such unawareness is almost cent per cent among 'Illiterates' (96.9%) and 'Up to Primary' (96.5%), in lower income group (95.8%) and middle income group (87.0%), in rural areas (89.3%) and urban areas (82.1%) . Interestingly, even among those in metropolitan areas (77.8%) and high income group (69.8%) such trend of unawareness have been significant.

This has been articulating to a fact of alarming particularly taking the consideration of not knowing in major cases about the symptoms of cancer diseases . While it may be the fact that awareness about the symptoms of such diseases in turn might motivate the concern one for immediate consultation with physicians in the purview of undergoing initial treatment of such diseases at very early stage for proper and timely cure , which in turn results into protection and its prevention too.

Indeed, there are 7 symptoms of cancer diseases as specified by World Health Organization (WHO) and these are - i) A sore that doesn't heal ; ii) Lump or Swelling ; iii) Changes of Bladder or Bowel Habits ; iv) Nagging Cough or Hoarseness of voice ; v) Recent change in Wart / Mole ; vi) Un-usual bleeding or Discharge ; and vii) Difficulty in Swallowing or Dyspepsia . Taking only those who are aware about any symptoms of cancer diseases (190 cases), among them 39.5% are aware about 3 type of symptoms at a time, and 38.9% know 2 type of symptoms at a time. Besides, 12.6% of them only know about single type of symptom of cancer diseases. But taking total 1200 cancer patient respondents, the

percentages in each of the above cases have been nominal and the percentages vary from 2.0% to 6.3% .

Taking only the aware cases (190) of any of above symptoms of cancer, 42.6% came to know it from 'Electronic Media' followed by 'Other Media' (36.3%) and 'Hospital Poster' (35.8%), and 'Seeing / observing Hospital Patients' (19.5%) - are notable. While taking this in the context of total 1200 respondents , the percentages in each case of sources have been nominal and the percentages vary from 0.3% to 6.8%. It other ways emphasize that even after continuous efforts to educate the masses towards symptoms of cancer diseases from various media sources in view of early treatment and protection from it including its prevention , the knowingness / awareness in this regard has been significantly low and not at desired level.

It may be relevant to point out that the diagnostic investigation used to be undertaken for detecting and confirmation whether the patient has been suffering from cancer as per the suspicion and referred by the physician immediately, and measuring of its extent i.e. stage of suffering from cancer required to be determined successively in the purview of initiating treatment, in other words the type and course of treatment to be undertaken . That is why , the sources of awareness vis-à-vis knowing the suffering from cancer diseases has been crucial according to extent/stage of suffering from cancer . Taking the sources of knowing about suffering from cancer disease by stage of cancer suffering , in major cases the source of knowing about cancer sufferings initially has been specialized physician in urban areas being 83.6%, metropolitan areas (85.8%) and rural areas (80.4%) . But, in major cases came to know about it from each of the sources particularly at 3rd stage of suffering from cancer, followed by 4th stage of its suffering in rural areas. While, this has been at 3rd stage of suffering from cancer, followed by 2nd stage of sufferings in metropolitan and urban areas. These obviously indicates to the knowing of such sufferings from the sources have been at much later stages of sufferings from cancer , and that might have endangered its curability , protection and prevention.

The grave necessity of awareness vis-à-vis knowledge of availability of Hospital in the purview of treatment like of cancer diseases is obvious. Taking the level of awareness about the availability of cancer treating hospitals in West Bengal, 63.2% are aware in this regard. But at the same time 36.8% also are unaware about such hospitals. Such unawareness in this regard has been higher among Low Income Group (55.0%) and 'Illiterate' (58.4%) and rural areas (47.4%) . Taking such aware cases only, among them 48.5% are knowing only about the Thakurpukur Cancer Hospital, and 30.9% know about both the Thakurpukur Cancer Hospital and another one Medical College Hospital in West Bengal together. Besides, taking the total aware cases in this regard, cent per cent are aware about the names of Thakurpukur Cancer Hospital . While, taking total cancer patient respondents , the percentages in each cases have been nominal to a extent except a higher 63.2% know the name of Thakurpukur Cancer Hospital .

More than half (58.4%) of the total 1200 respondents are unaware about the name of available cancer treating hospitals at national level. While 41.6% are aware about this. Indeed, unawareness about the name of available cancer treating hospitals at national level has been higher in rural areas (69.4%), and much higher among 'illiterate' (94.4%) followed by educational level 'Up to Primary' (72.0%) . While, nearly half of those from both in metropolitan and urban areas have been unaware in this regard . Taking the aware cases only , more than half (50.9%) among them know about only the name of Tata Memorial Hospital (Mumbai) as available cancer treating hospital at national level, and 35.5% know about both the Tata Memorial Hospital (Mumbai) and Vellore at Madras together. But, taking the total 1200 cancer patient respondents in this regard, the percentages in each cases have been nominal except 21.2% know the name of Tata Memorial Hospital at national level .

More than half (52.2%) of the total respondents have 'no idea' about 'whether due to minor/major operation/taking tissue for biopsy to detecting

the cancer disease would manifest / spread such disease more' . While 40.0% believe in this regard that it would bring forth the cancer diseases more manifested /spread. It entails the fact of grave concern when 40.0% believe that due to minor / major operation / taking tissue for biopsy in detecting cancer disease ultimately manifest/spread the cancer diseases more, which resultantly hinders the detection of sufferings from such dreadful cancer disease vis-à-vis its extent/stage of sufferings from it, and that ultimately hinders the timely treatment of such dreadful disease in turn endanger the timely curability and obviously the life . Hence the potentiality of the concern one's stage of sufferings from cancer used to be increased and aggravated, and resultantly endanger the great concern of cancer diseases in the purview of protection and its prevention for eradication in the society.

Another important aspect may be envisaged from the afore-cited findings that a more than half 52.2% do not have any idea in this regard. Taking this into consideration, it may be said that such people having 'no idea' in this regard are in really quite vulnerable to be influenced by those who believe 'minor/major operation/taking tissue for biopsy in detecting the cancer diseases would manifest/spread the diseases more' , and thus in turn hinder the detection/confirmation of sufferings from cancer diseases vis-à-vis its treatment and protection from it, and thereby bring forth the ill effect on the very concern of prevention from such dreadful diseases in the society.

Almost cent per cent (98.4%) have reported family members' behaviour with them (cancer patient respondents) are having no change while remain 'as before' mainly along with 'sympathetic' and 'taking special care' to them too . Apart from this, it may also be interesting that family members' behaviour like 'keeping separate' and 'using separate utensils' also are reported by 1.7% cancer patient respondents together. Similarly , almost cent per cent (97.3%) reported neighbours' behaviour with them (cancer patient respondents) are having no change while remain 'as before' mainly along with 'sympathetic' and 'taking special care' to them

too . But in such a context too, neighbours' behaviour like 'keeping separate' is also reported by 2.3% cancer patient respondents .

On the whole 6.2% (74 cases out of 1200) have the opinion to keep cancer diseases from neighbours/outside as secret. Taking such total 74 cases , it is notable among more than half in rural areas (52.7%) , followed by those in urban areas (37.8%) . While, majority of those the categories like educational level 'Class V to Class XII , 'Up to Primary', and also 'Illiterates' have such opinion to keep sufferings from cancer diseases as secret from neighbours/outside. Taking the reasons of keeping secret in this regard have been mainly due to 'Social Stigma' (54.1%) and believe of such diseases as 'Infectious' (45.9%). In fact, such believe/feeling of keeping isolation and secret regarding the cancer diseases suffering from neighbours/outside have been notable among each categories of income groups, among each of the places of residential categories , and that too among each of the categories of educational level. Therefore, it may be said that such believe obviously have adverse effect upon the entire process of treatment of the concern cancer patient as well as his/her psychological confidence towards cure in the purview of resultant situation of his/her ingrained feeling of absolute isolation from the society. Besides, it may adversely influence others too which in turn would bring forth the ill-effect particularly related with the awareness about cancer diseases, the patients and their early treatment in the purview of protection and prevention from such diseases in the society.

Of the total 1200 respondents, 69.5% (834 cases) do not know any of the six risk factors of cancer diseases , and rest 30.5% (366 cases) know at least any one risk factors. While taking the unaware (69.5%) cases, such unawareness is in majority of the cases among those in 'Low Income Group' (85.8%) and 'Middle Income Group (74.8%), 'Illiterates' (96.9%) and Up to Primary' level (85.2%) .

While taking only the aware 366 cases (30.5%), among them more than half (50.3%) are aware of only 1 out of 6 risk factors , followed by 2 risk factors (47.3%) at a time - are notable . But, taking total cancer patient

respondents (1200 cases) , the percentages in each cases of knowing one only and two risk factors at a time have been considerable 15.3% and 14.4% respectively . But knowing more than two risk factors at a time is entirely negligible (0.8%) taking the total cancer patient respondents. Taking only the total cases of those who are aware about it (366 cases), nearly cent per cent (98.1%) of the cancer patient respondents know Tobacco consumption as a risk factor of cancer diseases, and Alcohol consumption (45.4%) - are notable .

Whereas, taking the cases of total respondents (1200 cases), 29.9% of them are knowing 'Tobacco' consumption as one of the risk factors followed by 'Alcohol' consumption (13.8%) . But knowing the other risk factors is entirely negligible taking the total cancer patient respondents. All these articulates to the fact of very urgency to educate people in a continuous process about the various risk factors of dreadful cancer diseases among the people in the society particularly with a view to prevention of such diseases from the society.

Taking the aware cases only (366 cases), more than half of the cancer patient respondents (52.5%) came to know about the risk factors of cancer diseases from two sources at a time, followed by from only one source (39.6%). In case among total respondents (1200 cases), a considerable 16.0% came to know about it from 2 sources at a time, followed by single source (12.1%) .

Taking the knowing of risk factors from type of sources among the aware cases only (366 cases), the 'whispering' as the source of knowledge of risk factors of cancer diseases has been among 53.6%, 'Cigarette Advertisement' (42.3%) and 'Hospitals' Poster/Hoarding' (24.3%) respectively. While , in cases of taking total cancer patient respondents (1200 cases), 16.3% came to know about it from the source namely 'Whispering', followed by 'Cigarette Advertisement' (12.9%) – are noteworthy .

It is important to be mentioned here that even after knowing the risk factors of causing cancer diseases , 1.4% (17 cases) cancer patient respondents have reported that they are not in a position to leave such practices while continuing. Even, out of that 17 cases 12 have tried to discard it but could not do it in reality, and rest 5 cases never tried to discard it . Whereas, 29.1% (349 cases) of the total cancer patient respondents reported that they have already discarded such practices after knowing such risk factors of causing cancer diseases. In fact, taking the total 349 cases of those who discarded any of the risk factors, 75.4% (263 cases) have done this mainly due to fear of Cancer disease, and rest 24.6% (86 cases) as per the advice of Physicians.

Only 1.1% (13 cases out of 1200) have participated in cancer awareness programmes . Besides, only 1.3% (15 cases out of 1200) have seen/participated in such programmes. Taking the context of interest of such participation, a majority (82.4%) have reported their willingness and interest to participate in cancer awareness programme. While, 17.6% of the Cancer Patient Respondents have no interest to participate in Cancer Awareness Programme . Indeed, out of those 211 unwilling cancer patient respondents, 49.3% are not interested to participate in cancer awareness programme due to their unawareness of its importance in the society , followed by own conservativeness (37.4%) – are notable.

Majority of the cancer patient respondents did not get exposure to cancer awareness programmes communicated through each cases of electronic media and print media including other media . Moreover, taking the cases of having such exposure from different media , watching Television (36.6%), seeing hoarding/posters (24.3%), nearly 20.0% in each cases of radio listening and reading newspaper and magazines , the respondents reported that they could not follow the cancer awareness programmes thoroughly . Thereby it emphasizes that such awareness programmes through each of the media yielded not at desired level .

A nominal 6.6% (79 cases) of the cancer patient respondents are aware about only the Government Relief Fund for the aid of cancer treatment .

Among them only, such awareness has been notable among those who are having education 'Graduate and above' level. Taking such aware cases only, among them majority reported their knowing about Prime Minister (94.9%) and Chief Minister (92.4%) Relief Fund for cancer treatment respectively – are notable.

But the reality as per the findings has been that a higher majority (93.3%) of the cancer patient respondents are not knowing any Government/NGOs', Relief Fund available for the cancer patients. It articulates to the fact of prevailing situation of ultimate deprivation of availing the benefit of such Relief Fund among the majority at the time of their very urgent need related with incurring the expenditure for cancer treatment as a resultant factor of such unawareness in this regard. In fact, awareness and availing of various Relief Fund could have created the situation of less financial burden among them and that in turn would have resulted into the relief of financial burden in terms of decrease in number of cases of loan taken or situation of less/no cases of loan, and obviously lessen the cases of land selling/ornament selling. Other way it also could have created the situation of timely treatment particularly among those who have delayed to take necessary step for treatment due to financial reason even after knowing cancer sufferings and thus endangered and aggravated the extent of such sufferings from cancer. Therefore, it also emphasizes the grave necessity of creating mass awareness of the various Relief Fund related with cancer treatment in the society.

It is obvious, that availability and access to the treatment of any dreadful diseases has been overwhelmingly necessities for curing from such ailment. Therefore, the preceding major findings evaluates some social aspects of the level of access of the cancer patient in the purview of its treatment, cure, protection and prevention from such diseases. Indeed, after diagnosis vis-à-vis detection of suffering from Cancer diseases the diagnosis of stage of Cancer has to be finally done for initiating treatment as well as the course of treatment required to be decided for cure. Taking the extent vis-à-vis stage of cancer sufferings,

the majority (73.8%) are in either stage 3 or at stage 4 of sufferings from cancer , followed by stage 2 (21.5%) . While it is the established fact that the treatment at early stage of cancer ailment can be cured . So, it entails how the curability of the patients are endangered in general.

Sufferings from cancer by the females on the whole is higher (57.5%) as compared to males (42.5%). Taking each stage of sufferings from cancer categories, the females in stage 3 (65.6%) and stage 4 (58.6%) have been higher as compared to males (34.4% and 41.4% respectively) . But in case of stage 1 the males is much higher (73.7%) as compared to females (26.3%) and similarly in stage 2 (males 59.7% , females 40.3%) . Sex-wise, significantly among females majority are in stage 3 (70.9%) . But among males , more than half of them (50.2%) are in stage 3 , and 30.2% in stage 2 .

Taking stage-wise sufferings from cancer diseases by each places of residence, much higher 70.9% among those from rural areas and those from urban areas (67.9%) are in stage 3 . While such sufferings from cancer in stage 3 is comparatively less among those from metropolitan areas (41.4%). Besides, a considerable 16.1% among those from rural areas have been in stage 4 as compared to urban areas (10.1%) and metropolitan areas (5.9%). While, among those from metropolitan areas 38.9% of them are in stage 2 as compared to urban areas (19.6%) and rural areas (12.2%) .

Interestingly, taking each places of residence by stage and sex, the majority of females from metropolitan areas are in stage 3 (85.1%) and stage 4 (84.2%) than that of males (14.9% and 15.8% respectively) . Similar higher trend is discernible in stage 4 (67.6%) and stage 3 (64.9%) among females of urban areas than that of males . While such higher trend is also to a extent is visible among rural females (59.3%) in stage 3, but in stage 4 both the rural males and females are almost equal. All these entails the fact that the females are highly vulnerable as compared to males in the purview of taking into consideration of 'cancer is curable if detected at early stage'.

Taking each education categories, among 'Illiterates' a higher 67.8% is in stage 3 of sufferings from cancer diseases. Besides , 18.2% among them are in stage 4. Similarly, in case of those having education 'up to primary' and 'class V to class XII' the higher percentages among them also are in stage 3 but next to it is stage 2. While , among those having education 'graduation and above' the percentage of them in stage 3 is comparatively lower (45.1%) , while 39.2% of them is also in stage 2 . It denotes that the illiterates and those having low level education are highly vulnerable as compared to those having higher education level in the purview of taking into consideration of 'cancer is curable if detected at early stage'.

Income-group category-wise, among 'low income group' the higher 66.3% are in stage 3 of sufferings from cancer diseases, and 21.8% in stage 4. Similarly in case of those in 'middle income group' and 'high income group' the higher percentages among them though also are in stage 3 but followed by stage 2. It denotes that irrespective income-group background majority are highly vulnerable in the purview of taking into consideration of 'cancer is curable if detected at early stage'.

In fact, the regular attendance of cancer patients to CNCI as per medical vis-à-vis treatment requirement and concerned physicians' advice has been very crucial and have the grave importance and necessity for follow-up treatment to get rid of such dreadful diseases towards cure . In this context, it is evident that 37.8% do not attend regularly to CNCI even after physicians' advice vis-à-vis medical requirement for cure. By each places of residence , a higher 58.0% from rural areas are not regular in attendance to CNCI for treatment . Next to rural are those from urban areas that 35.7% of them do not attend in this regard. Even a 6.5% of those among metropolitans have the similar trend of non-attendance in this regard. Income group-wise, comparatively a higher 45.5% in 'low income group' do not attend regularly even after physicians' advice vis-à-vis medical requirement for cure. Besides , 35.8% too among 'middle income group' and also even 'high income group' (32.2%)

such trend of non-attendance have been significant , So, it may be said that the trend of such non-attendance has been crucial irrespective income-group background.

Educationally , almost equal percentages of cancer patient respondents among 'illiterates' (41.6%) and those having education 'up to primary' level, (41.8%) do not attend regularly even after physicians' advice vis-à-vis medical requirement for cure. Even in cases among those having education 'class V – class XII' level (34.8%) and also having education 'graduation and above ' (29.4%) such trend of non-attendance have also been notable. Therefore , it may be said that irrespective educational background, not regular in attendance for follow-up treatment has also been the crucial fact. It may obviously hamper the entire course of treatment for cure , and thus endanger the curability , protection and prevention from such dreadful diseases.

Taking the reasons behind such not regular in attendance, 44.5% reported 'money problem' as the main reason behind such non-attendance by the cancer patient respondents . Next to this, both 'money and companion problem' together (27.3%) and singularly 'companion problem' (21.1%) have also been notable . It is also interesting that 7.0% also are not regular in attendance in this regard due to their unawareness about the fatality and seriousness of such diseases.

According to places of residence, the money problem has been reported as major reason among those cancer patient respondents from rural areas (59.1%) , along with both money and companion problem together (31.3%) behind not attending regularly as per physicians' advice for follow-up treatment. While among those in metropolitan areas , 'companion problem' has been the major reason (85.7%) behind such non-attendance. While in urban areas, similarly 49.2% among them reported the 'companion problem' as the main reason , followed by both 'money and companion problem' together (21.7%) . Interestingly, the reason as 'unawareness about the seriousness of such diseases' behind non-

attendance has been comparatively notable among those from urban areas (15.0%) .

Taking income-group, 'money problem' is the major reason among those in low income group (80.2%) and also in middle income group (39.2%) . Besides, both 'money and companion problem' together is also the reason notably among those in middle and higher income group . While , 'companion problem' is a notable reason among those in high income group (62.0%) . Interestingly, the reason like ' unawareness about the seriousness of such diseases' behind non-attendance has been comparatively notable among those in high income group and low income group i.e. 7.7% than that of middle income group (3.8%). So, it signifies that the 'money problem' mainly along with 'companion problem' have been the major reasons behind not attending regularly to CNCI even after advice of physicians for follow-up treatment towards cure.

In fact, the distance from residence to be covered for journey vis-à-vis traveling to reach the hospital for treatment of a disease like cancer has also bearing upon the patient too in the purview of delay to be treated immediately as well as exhaustion and physical hazards of the patients including the burden of financial expenditure to be incurred . In this context , it is evident that 28.2% covered relatively short distance i.e. within 20 km to reach CNCI . While such coverage of distance from 21 km to 40 km has been 15.0%. Taking long distance, coverage of distance from 41 km to 100 km has been 23.4% . In case of far distance, 32.6% covered distance within 101km to 400 km, and 1.0% above 400 km . It may articulates to the fact that the lacking of availability vis-à-vis accessibility to the cancer hospitals within the short distance had have obvious adverse bearing upon among 57.0% of cancer patient respondents taking the context of their curability. Not only that , it also may have adverse effect in regular attending to CNCI as per physicians' advice and medical requirements for follow-up treatment towards cure. Such trend is highly discernible among the majority of those from rural areas (93.3%) , followed by among those from urban areas (56.8%) .

While in case of those from metropolitan areas , all of them covered the distance within 20 km.

Taking each distance covered categories according to stage of suffering from cancer , higher percentages among those in stage 3 had have covered long and far off distance from their places from residence to reach CNCI and the percentages vary in between 58.3% to 67.5% . Even taking the short distance within 40 km. , the percentages of those in stage 3 have also been higher as compared to those in other stages of sufferings from cancer. Besides, in case of stage 4 also the percentages of the patients have also been more among those who covered far off distances as compared to stage 1 and also to a extent stage 2 . Even in case of short distance within 40 km., the higher percentages have been in stage 3 followed by stage 2, and also to a extent can be said notable in stage 4 . It may other way indicates the lack of awareness about the cancer diseases which in turn affect the initial diagnosis of sufferings from cancer ultimately endanger the curability of the patients even having places of residence within the short distance from CNCI .

It emphasizes to the fact too that the long and far off distance from places of residence to CNCI may be the reason behind delay in the diagnosis of sufferings from cancer and consecutive identification of the extent vis-à-vis stage of sufferings from cancer for initiating the course of treatment as well as that too adversely affect the regular attendance to CNCI as per physicians' advice for follow-up treatment in turn endanger the curability, apart from may be lacking of awareness related with such dreadful diseases like cancer. All these may have adverse effect also by aggravating the situation of curability due to augmentation in the extent vis-à-vis stage of sufferings from cancer .

The exhaustion and physical hazards of the patients as a resultant of changing number of modes of transport apart from compelling burden of expenditure to be incurred has also been crucial as regards to entire course of treatment for cure. Taking this into consideration , it is the fact

that a higher 64.3% have reached the CNCI by availing 3 modes of transport, followed by single mode of transport (18.4%), and 2 mode of transport (15.2%). In case of those from rural and urban areas, among them the majority had to utilize 3 modes of transport to reach CNCI, 91.7% and 82.4% respectively. While in case of metropolitans, a higher 65.4% utilized single mode of transport.

Indeed, according to stage of disease the majority among those in stage 4 and stage 3 sufferings from cancer (79.3% and 72.3% respectively) have utilized three modes of transport to reach CNCI from their places of residence. It therefore stresses to the fact that such hazardous utilization of conveyance like more than one mode of transport may be the reason behind delay in the diagnosis of sufferings from cancer and consecutive identification of stage of sufferings from cancer for initiating the course of treatment as well as that too adversely affect their regular attendance to CNCI as per physicians' advice for follow-up treatment in turn aggravate and endanger the curability.

It is also the fact that majority (72.8%) did not get the transport easily for traveling to CNCI as reported during the period of this study. Taking the places of residence, almost cent per cent among those from rural areas (99.4%) and also urban areas (95.2%) did not get the transport easily for traveling to CNCI. Such problem in getting the conveyance may affect adversely in delaying the diagnosis of cancer sufferings and identification of stage of sufferings from cancer particularly for initiating the course of treatment consecutively as well as may also adversely affect their regular attendance to CNCI as per physicians' advice for follow-up treatment in turn endanger the curability and may aggravate the extent of sufferings from cancer.

While in this context it also may be relevant to point out that among the majority of those in metropolitan having no problem of transport i.e. easily available for them (94.8%), and even then 47.3% of them have been either in stage 3 or stage 4 of sufferings from cancer. It signifies in

other way towards the lacking of awareness related with cancer diseases in turn may cause delay in detection and diagnosis of such sufferings and identification of extent/stage of suffering from cancer for initiating the course of treatment and may thus aggravate the situation of such sufferings by endangering the treatment in time towards cure.

Those who can not stay in own houses for treatment, among them the provision of staying is the very utmost important aspect for a patient suffering from cancer diseases in view of treatment and cure . This has been obviously an enormous problem vis-à-vis point of consideration which entails the compulsive additional expenditure burden in terms of food and lodging and conveyance apart from expenditure for treatment along with other hazards . In this context, 40.9% of them have been staying in 'CNCI Campus Premises' , followed by 'Rented House' (26.8%) , and 'CNCI arrangement' (16.5%). Besides , 5.4% also stay in 'Footpath'. Places of residence-wise , all of the metropolitans stay in own houses for treatment at CNCI . But a higher 45.0% from rural areas have been staying in 'CNCI Campus Premises' , followed by 'Rented House' (20.8%). Similar trend is visible in case of urban areas. Interestingly 8.6% have been staying in 'Footpath' among those only in rural areas .

By Income group, the majority (81.2%) in low income group have been staying in 'CNCI Campus Premises'. Besides 14.2% of them only in low income group have been staying in "Footpath" . While in middle income group , staying in 'CNCI Campus Premises' (29.7%) , 'Rented Room' (29.2%) and 'CNCI Arrangement' (28.3%) have been equally notable . But a higher 60.0% in high income group have been staying in 'Rented Room', and a considerable 16.5% in 'CNCI Arrangement'.

By each type of staying places according to stage of sufferings from cancer, among those staying in 'CNCI Campus Premises' much higher percentage has been in stage 3 (67.0%) , followed by among those in stage 4 (20.6%). Staying in 'CNCI Arrangement' , has similarly been much higher among those who are in stage 3 (73.0%), but followed by among those in stage 2 (16.3%). Similar trends are discernible in cases

of staying in 'Rented Room' and 'Relatives' Homes' . But among those staying in 'Footpath' , the majority are in stage 3 (71.7%) , followed by stage 4 (28.3%) only. All these articulate to the fact that this might have the resultant effect in taking the decision to undergo treatment and cure from such dreadful diseases and in other way it may have adverse effect in terms of delay for availing the treatment facilities and in turn may endanger the treatment in time towards cure as well as aggravate the situation of sufferings from cancer .

Taking the access to information resources in relation with cancer diagnosis and treatment in CNCI, 38.8% were referred/suggested by 'Private Allopath Physicians' , followed by 'Hospital Physicians' (33.1%) and interestingly 19.9% by 'self/on own' decision for treatment in CNCI - are notable . Places of residence-wise, 39.6% from rural areas were referred by 'Hospital Physicians' , followed by 'Private Allopath Physicians' (37.6%) . While in metropolitan areas, 36.4% were referred by 'Private Allopath Physicians' , followed by 'Self / on own' decision (31.8%) and 'Hospital Physician' (27.8%) too . Among those in urban areas, 42.9% were referred by 'Private Allopath Physicians' , followed by 'Hospital Physician' (27.7%) , and also by 'Self / on own' decision (20.5%) - are notable .

Availability of Government Hospital/Health Center nearer to places of residence has also been very important in getting consultation with physician for knowing about the disease of suffering at first instance and for taking precautionary steps. It is evident that almost all of the cancer patient respondents (97.6%) have the availability of Government Hospital/Health Center nearer to place of residence.

But taking the availability of cancer treating hospitals nearer to places of residence, among the majority (81.9%) such facility of treatment of cancer diseases in Hospital (both Government and Private) nearer to places of residence has not been available. Taking each places of residence , almost cent per cent of those from each of rural and urban areas do not have such availability of facilities for cancer treatment in hospitals (both Government and Private) nearer to their places of residence . Even

among metropolitans 40.7% of them are not having such facility of cancer treating hospitals nearer to their places of residence as reported.

Taking each stage of cancer suffering by availability of cancer treating hospitals nearer to places of residence, it is evident that majorities among those in stage 3 (88.1%) and stage 4 (83.3%) do not have the facility of cancer treatment in hospitals nearer to their places of residence. Even among those in stage 2, higher percentage of them (69.7%) do not have the facility of cancer treatment in hospitals nearer to their places of residence. But in case of those in stage 1, more than half of them (55.4%) have the facility of cancer treatment hospitals nearer to their places of residence. It entails the fact in two ways like, firstly the unavailability of cancer treating hospitals nearby might have adverse effect as one of the factors behind aggravation of the extent of sufferings from cancer apart from might be lacking of awareness related to the cancer along with other factors. On the other taking 217 cases (18.5%) having such facility nearby, it indicates that even after having cancer treating hospitals nearby more than half among them (50.2%) are in stage 3 and stage 4 together, and also 35.5% in stage 2, in turn articulates to the resultant fact of unawareness related with cancer apart from other factors behind their aggravated stage of sufferings from cancer.

Among 217 respondent cancer patients having such facility of cancer treatment in nearby hospitals, 30.9% of them were referred because CNCI being considered as the 'specialized hospital' for cancer treatment, followed by 'those available hospitals having outdoor facility only' (24.4%) and 'those hospitals nearer to places of residence being too costly' (21.2%), and also 'referred for Radio Therapy' (20.3%) - are notable. Besides 21.7% also considered such available hospitals are too costly.

Taking the context of pre-diagnosis, a majority (84.3%) have undergone pre-diagnosis before attaining CNCI for treatment. But at the same time 15.7% also have not undergone pre-diagnosis before attaining to CNCI. Among those undergone pre-diagnosis, comparatively a higher 46.7%

have undergone pre-diagnosis in Local Laboratories before attaining to CNCI for treatment, followed by Kolkata Laboratory (32.4%) and Kolkata Hospitals (19.2%). Apart from those from Kolkata metropolitan, the pre-diagnosis have been done in Private Laboratory in Kolkata and also Kolkata Hospitals notably by those from all other residential districts in West Bengal also.

Taking places of diagnosis according to place of residential districts, it is evident that apart from those from Kolkata metropolitan, the diagnosis for detecting cancer sufferings have been done in Private Laboratory in Kolkata and also Kolkata Hospitals notably by those from all other residential districts in West Bengal also. Such resultant inaccessibility for timely undergoing investigation nearer to places of residence entails also the compulsive burden of expenditure to be incurred for undergoing investigation for detecting cancer at distant places along with the problems of transportation, staying and getting companion apart from other factors. All these might have adverse effect in taking decision to undergo investigation in distant places, and in turn may delay in treatment in time and thereby increase the potentiality of aggravation of extent/stage of sufferings from cancer.

The duration in terms of days of passing in between since manifestation of cancer symptoms to first diagnosis of cancer diseases has been enormously crucial in the purview of very necessity of immediate detection of cancer suffering and thereafter the diagnosis vis-à-vis determination of stage of suffering from cancer mainly to identify the extent of such suffering in view of starting treatment as first as possible towards cure. In this context, it is evident that 31.4% had taken 180 days in between since manifestation of cancer symptoms to first diagnosis of cancer. Next to this, has been 365 days (15.9%), followed by 60 days (15.3%) and 90 days (12.5%) – are notable. By each places of residence, comparatively a higher 40.9% from rural areas had passed 180 days in between since manifestation of cancer symptoms to first diagnosis of

cancer. Besides , 27.8% also had taken 365 days in between since manifestation of cancer symptoms to first diagnosis of cancer, followed by 730 days (15.0%) – are notable .

In urban areas , comparatively a higher 36.3% had passed 180 days in between since manifestation of cancer symptoms to first diagnosis of cancer. Next to this , has been 90 days (21.3%) followed by 60 days (11.6%) and 365 days (11.0%) – are notable . Moreover, 3.9% of them also had taken 540 days and above in this regard . While in metropolitan areas , comparatively a higher 41.7% had passed 60 days in between since manifestation of cancer symptoms to first diagnosis of cancer . Next to this , has been 90 days (17.3%) followed by 30 days (18.8%) and 180 days (10.5%) – are notable . Even 3.3% of them too had taken 240 days and above in this regard.

By income group, taking the, comparatively a higher 30.8% in Low Income group had passed 180 days in between since manifestation of cancer symptoms to first diagnosis of cancer. Besides , 23.0% of them had also taken 365 days in between since manifestation of cancer symptoms to first diagnosis of cancer, followed by 60 days (12.0%) and 90 days (10.3%) . Besides a considerable 10.8% had too taken 730 days in this regard . Similar trends to a extent have been discernible among those in Middle Income Group. In case of High Income group , comparatively a higher 32.8% had passed 180 days in between since manifestation of cancer symptoms to first diagnosis of cancer. While , 60 days had taken in this regard among them by 20.5% , followed by 90 days (14.3%) and 30 days (9.8%) – are notable . Besides , 5.0% also among them had taken 740 days in this regard .

Educationally, among 'illiterates', 29.0% had passed 180 days in between since manifestation of cancer symptoms to first diagnosis of cancer. Besides, 19.2% of them had taken 365 days, followed by 60 days (15.4%) and 90 days (11.2%) . Moreover, 10.5% of them had taken 730 days in this regard . Similar trends to a extent have been visible among those having education 'up to Primary' and 'class V to Class XII' levels. But

those having education ' Graduate and above' level, among them 29.4% had also passed 180 days in between since manifestation of cancer symptoms to first diagnosis of cancer, followed by 60 days (20.6%), 90 days (15.7%) and 30 days (13.7%) – are notable . Besides , 7.8% also among them had taken 740 days in this regard.

In fact, 365 days to 740 days taken/passing in between since manifestation of cancer symptoms to first diagnosis of cancer have been notably more among those from rural areas followed by urban areas . Similar trend is visible among those in low income group and middle income group successively . Educationally, such trend is also discernible significantly among those being illiterate and also having low education up to primary, and even class V to class XII level . It ultimately signifies the overall unawareness about the symptoms of cancer diseases. Obviously , such taking/passing of more days in turn endanger the curability of cancer patients, and also taking the context of its protection and prevention . While it may increase the potentiality of being more infected towards the higher stage vis-à-vis extent of cancer sufferings and thereby the patients become more vulnerable and their situation of cancer sufferings used to be aggravated .

Sources of Money to incur the expenditure / cost of Treatment and other related burden of expenditure of traveling , food and lodging has been overwhelmingly important in relation with the entire course of treatment for cure of a cancer patient . Taking this into consideration, , in majority (73.4%) of the cases above all the 'Loan' has been the main source of money for incurring the expenditure / cost of Treatment and other related burden of expenditure of traveling , food and lodging and so on. Besides , "Office' (11.8%), 'Land Sell' (10.3%) and 'Ornament Sell' (4.5%) have been the sources of money for the same followed by 'Land Sell' (11.0%) for the same .

Income group-wise, in majority of the cases the 'Loan' (84.8%) has been the main source of money among those in low income group, and such cases is higher as compared to those in middle income group (71.3%) and high income group (60.5%) . Above all , it may be said that the 'Loan' has been the very significant source of money irrespective of income group background. In case of 'Land Sell' as a source of money , equal percentages among both low and middle income group have sold land for collecting money to incur in this regard. Moreover, similar trend is visible even among 9.0% of those in high income group too. Besides , only among 9.2% and 4.2% of those in middle and low income group respectively the source of money have been the 'Ornament Sell' . Taking this into consideration, such burden of expenditure and compulsion of taking loan and or ornament/land selling for the treatment obviously used to have adverse bearing upon in the entire course of timely treatment apart from continuity of treatment .

Taking the type of physicians consulted/availed, a 65.3% have consulted with Allopathic Physicians, followed by Allopathic and Homeopathic physicians (31.8%). An interesting fact may be mentioned here that 1.5% have consulted also with quack physician though mainly in rural areas but also visible single cases in urban and metropolitan areas both.

Cancer Control has been overwhelmingly important taking the context of day by day increase in the number of cancer patients in the society . In this context, 46.2% of the total cancer patient respondents have given suggestions in relation with the controlling of cancer diseases. Among them the majority (84.7%) suggested 'to create awareness to all peoples that after diagnosis they should not delay to start the treatment, and they should not think / fear that "cancer have no answer" . This emphasizes that the grave necessity of creating the positive awareness among people in the society about the dreadful cancer diseases to make them more confidence and fearlessness in the purview of that 'cancer have answer, if detected at early stage' .

II

In summing up the whole discussion in this study, it may be said that under the social situation in which the people live in a society has been overwhelmingly crucial in the purview of their awareness and access to the treatment of any dreadful diseases like cancer , and which has obviously bearing upon its curability, protection and prevention.

Cancer which is associated with a lot of fear and despair and commonly perceived as 'dreadful diseases' and "death sentence" in the society no doubt greatly affect both the family's daily functioning and economic situation. The economic shock often includes both the loss of income and the increase of expenses because of the treatment and health care. Prevalent myths and the spread of misinformation about cancer along with ingrained societal shame surrounding cancer have also been important in relation with its curability , protection and prevention in the society.

But , early detection of cancer based on the observation that treatment is more effective when the disease is detected earlier in its natural history, prior to the development of symptoms, than in advanced stages. Most important that cancer is a preventable disease . Moreover , it is also the reality that cancer is curable provided if detected early. The results of treatment in stage I and stage II (early stage cancer) are about 80%. In late stage diseases (Stage III & Stage IV) the results are very poor (less than 20%). In India, about 70% patients present in advanced stage diseases and hence difficult to treat towards cure .

Whereas it is evident from the study that a higher per cent among the cancer patient respondents are in 3rd stage of sufferings from such diseases , and a considerable percentage of them too also are in 4th stage of such sufferings which entails how the curability of such cancer patients are aggravated and endangered .

Taking this into consideration it is evident from the entire presentation that the lack of awareness and access to the information and resources in the purview of treatment of cancer diseases have been undoubtedly ubiquitous in every aspect related with its treatment in the society, viz. awareness about curability of cancer disease; cancer as an infectious disease; symptoms of cancer disease ; faith on curability ; investigation procedures for cancer diagnosis ; minor/major operation/taking tissue for biopsy would bring forth the disease manifested and/or spread ; risk factors of cancer diseases ; participation in cancer awareness programme; exposure to cancer awareness programme through various media; knowledge of government / NGO relief fund etc.; and , level of cancer disease by stage of its suffering ; regular attendance to CNCI for treatment as per with the physicians' advice ; distance covered and mode of conveyance to reach CNCI for treatment ; distance and transport availability as problems ; problem of staying places for treatment in CNCI ; availability of cancer treating government hospitals/health center ; number of days taken/passed in between the manifestation of cancer symptoms and first diagnosis for detecting cancer sufferings ; money for incurring cost of treatment ; places of diagnosis and its adverse effect whenever done in distant places .

Therefore, it may be concluded that there has been the lacking in the awareness of the related aspects of cancer diseases in turn emphasizes the grave necessity of awareness in terms of access to the information and resources in relation with the treatment of cancer diseases in the light of its protection and prevention in the society.

Therefore, the study recommends to create positive awareness among the masses in the society , which areas follows .

1. Immediately getting suspicion through the any of the symptoms of cancer diseases one should go for diagnosis in view of detecting the sufferings from cancer diseases , and immediately after such diagnosis

they should not delay to start the treatment at very early stage of sufferings from cancer.

2. Awareness camp about sign and symptoms of cancer may be arranged frequently in the purview to get the people more acquainted with sign and symptoms of cancer diseases so that the precautionary measures can take at very early stage towards cure and prevention.

3. To provide training for all medical practitioners including those who are related with medical profession particularly about the sign and symptoms of cancer, so that they can be able to diagnose earlier and refer to any specialized hospitals or centers for cancer treatment easily .

4. The attempt and wide scope may be made for the commoners in view of having easy availability of necessary resources of information centering around cancer , so that the people in the society may have very easy access to it for timely diagnosis and treatment of cancer diseases at very early stage of sufferings from it including its protection and prevention .

5. Awareness and accessibility to various relief fund for treatment among the masses in the society , which could be more beneficial for diminishing the huge burden of expenditure for cancer treatment , in turn obviously lessen the cases of loan taking/ornament selling/land selling for the same .

6. The creation of all-round awareness about the cancer diseases is required to be done in such a way so that the masses in the society can easily overcome all sorts of prevailing social stigma centering around the cancer diseases and can do the needful for treatment in very time .

All these are required to be planned and implemented in such a way so that the people in the society do not think it as "cancer have no answer " , while become confident and determined that 'Cancer have the answer '.

In conclusion , it may be said that the situation is overwhelmingly required to be done in such a way particularly to create awareness and motivation among the nations so that they can make themselves confident towards determination that “Cancer have the Answers” in our society .

It all also articulates to the fact of grave necessity towards further research in the context of prevailing situation of awareness and access to the information and other resources in relation with the cancer diseases with a view to its early detection vis-à-vis treatment and curability as well as its protection and prevention from cancer in the society.