

Unveiling the Power of Health-Seeking Behaviours and Spiritual Coping among Cervical Cancer Patients

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Abstract

Background: Cervical cancer continues to pose a major public health concern, particularly in low- and middle-income nations where healthcare access is constrained. Patient outcomes and quality of life are significantly influenced by health-seeking behaviours and coping strategies. This study explores the health-seeking practices and spiritual coping mechanisms of individuals with cervical cancer, emphasizing their connections to demographic factors.

Objective: To assess the levels of health-seeking behaviour and religious coping among cervical cancer patients and explore their association with demographic variables.

Materials and Methods: Descriptive research design was employed with a sample size of 50 participants, selected using purposive sampling technique. Data collection involved a socio-demographic questionnaire, a health-seeking behaviour questionnaire, and a religious coping scale.

Results: The findings revealed that 60% of patients exhibited low health-seeking behaviour, 40% demonstrated moderate levels, and none achieved high levels. Religious coping was moderate in 66.67% of participants, while 33.33% reported low levels. A significant moderate positive correlation was observed between health-seeking behaviour and religious coping scores. Demographic factors, such as family type and socioeconomic status, influenced health-seeking behaviours, while age was associated with lower religious coping scores.

Conclusion: This study underscores the importance of addressing health-seeking behaviours and religious coping strategies in cervical cancer care. Insights can inform interventions that cater to both medical and spiritual needs, enhancing support and health outcomes for patients.

Keywords: Health-seeking behaviour, spiritual coping, Cervical cancer patients.

Introduction

Cervical cancer ranks as the fourth most prevalent cancer among women globally, with a pronounced impact on those in low- and middle-income countries where healthcare access is often inadequate. Despite efforts through national screening initiatives and HPV vaccination programs, it remains a major public health issue, largely due to delayed diagnoses and inadequate health-seeking behaviours. Annually, over 270,000 women die from cervical cancer, with 85% of these deaths occurring in low-resource settings. Health-seeking behaviour, influenced by socio-economic status, cultural beliefs, and disease knowledge, plays a pivotal role in early detection and treatment. Barriers such as financial constraints, stigma, and limited access to care deter timely medical attention, exacerbating health disparities.

In parallel, spiritual coping has emerged as a vital mechanism for managing the psychological and emotional burden of chronic illnesses like cervical cancer. Spiritual coping, encompassing beliefs and practices that provide comfort and resilience, has been shown to improve quality of life, reduce anxiety, and enhance treatment adherence. For cervical cancer patients, integrating spiritual coping with health-seeking behaviours offers a holistic approach to care.

This study aims to assess health-seeking behaviours and spiritual coping levels among cervical cancer patients, providing insights to inform targeted interventions that address both medical and spiritual needs, ultimately improving patient outcomes and fostering holistic care.

Background of the Study

Cervical cancer is among the most preventable cancers in women when early screening and timely diagnosis are performed. However, low awareness and affordability significantly impact health-seeking behaviours. Globally, cervical cancer is expected to cause 720,415 new cases and 394,905 deaths by 2025. Sub-Saharan Africa sees 35 cases per 100,000 women annually, compared to 6.6 in North America, reflecting disparities in screening access. In India, approximately 132,000 new cases and 74,000 deaths occur yearly, with HPV types 16 and 18 causing 76.7% of cases. Tamil Nadu has seen declining cervical cancer incidence and mortality rates, but challenges remain in addressing health inequities and improving early detection and care.

Need for the study

Cancer is an escalating global health concern, impacting people across both affluent and impoverished nations. In 2020, there were 19.3 million newly diagnosed cancer cases and 9.9 million fatalities worldwide. Among women, cervical cancer ranks as the fourth leading cause of cancer-related deaths, accounting for approximately 274,000 deaths each year. Patients face physical and psychological challenges, including pain, fatigue, anxiety, and depression, which impact coping and spiritual well-being. Coping is a dynamic process influencing emotional resilience, with maladaptive coping linked to poorer outcomes, while spiritual well-being enhances quality of life, reduces depression, and improves recovery by promoting emotional and physiological stability.

Despite advancements in screening and treatment, many cervical cancer patients are diagnosed at late stages due to barriers like socioeconomic constraints, cultural beliefs, and lack of awareness. This study aims to identify factors affecting health-seeking behaviour and explore the role of spiritual coping in navigating illness. Spiritual well-being is a critical source of strength, aiding patients in managing psychological challenges and improving resilience. By addressing these dimensions, the research

highlights the need for holistic, culturally sensitive healthcare approaches that integrate spiritual care, empowering women to access timely interventions and improving outcomes in resource-limited settings.

Statement of the Problem

“A study to assess the level of health seeking behaviour and spiritual coping among cervical cancer patients”.

Objectives

Primary

- ❖ Assess the level of health-seeking behaviour & spiritual coping among cervical cancer patients

Secondary

- ❖ Correlate the level of health-seeking behaviour score and spiritual coping
- ❖ Find out the association between the level of health-seeking behaviour score and spiritual coping with their selected demographic variables.

Hypothesis

H1: There will be a significant relationship between health-seeking behaviour and spiritual coping among patients with cervical cancer.

H2: There will be a significant association between health-seeking behaviour and spiritual coping among cervical cancer patients with their selected demographic variables

Delimitations

The study was limited to cervical cancer patients and was conducted for four weeks. The research was confined to the Gynaec Oncology Department at IOG.

Methods & Materials

This quantitative, non-experimental descriptive study was conducted in the Gynaec Oncology Department, IOG, Chennai, over one week. The target population included cervical cancer patients with low health-seeking behaviour and spiritual coping, while the accessible population comprised those meeting inclusion criteria and available during the study. A nonrandomized purposive sampling technique was used to select 50 participants. Inclusion criteria included patients who could understand Tamil or English, were available during data collection, and were willing to participate, while exclusions were patients undergoing treatment, critically ill, or with severe complications. The tool had three sections: socio-demographic variables, a health-seeking behaviour questionnaire (30 items; scores 30–150), and a spiritual coping scale (14 items; scores 0–42). Content validity was established by experts, and reliability was confirmed using the Cronbach alpha method. Data were collected via structured interviews, taking 10–15 minutes per participant, and analysed using descriptive and inferential statistics.

Ethical considerations

Ethical clearance from the ethical committee and the Director of IOG. Ethical principles followed included beneficence, respect for dignity, confidentiality, and informed consent, ensuring participant

rights and privacy.

Results

The study revealed that cervical cancer patients exhibited varying levels of health-seeking behaviour, with 60% demonstrating low levels, 40% at moderate levels, and none achieving high levels. Additionally, the majority (66.67%) had moderate levels of religious coping, while 33.33% had low levels, with no patients reporting high religious coping scores. A moderate correlation was found between health-seeking behaviour and religious coping scores, indicating that as patients' health-seeking behaviour increased, their coping scores also improved. Demographic factors such as type of family, socio socioeconomic status influenced health-seeking behaviour, with lower scores observed in certain groups. Similarly, the age of the women was associated with lower religious coping scores among participants.

FIGURE 1. SCHEMATIC PRESENTATION

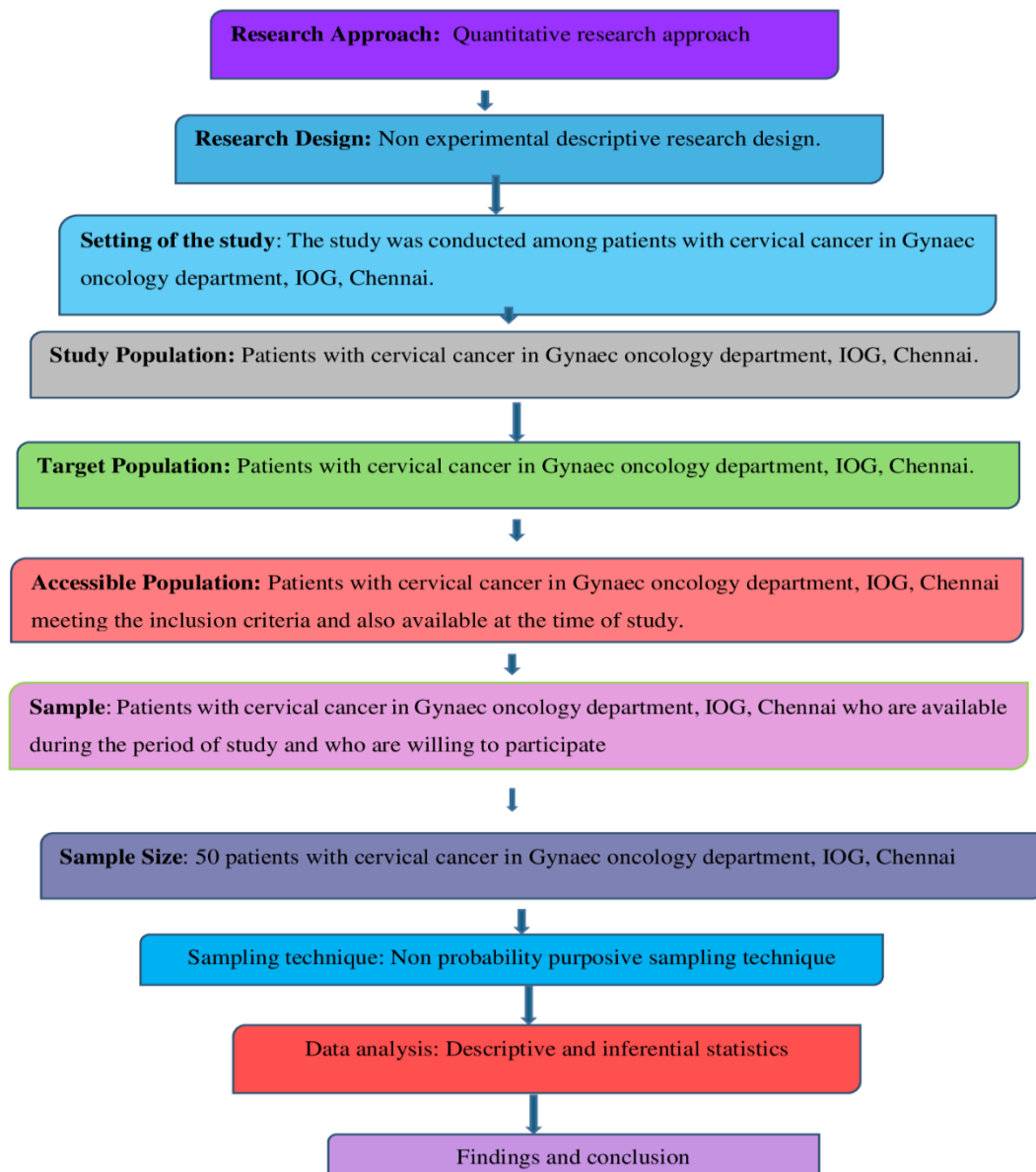


TABLE 1. DEMOGRAPHIC VARIABLES OF CERVICAL CANCER WOMEN

DEMOGRAPHIC VARIABLES		N	%
Age in years	Below 30 years	12	23.33%
	30-40 years	10	20.00%
	41-50 years	8	16.67%
	51-60 years	12	23.33%
	> 60 years	8	16.67%
Religion	Hindu	42	84.00%
	Christian	3	6.00%
	Muslim	5	10.00%
	Others	0	0.00%
Educational status	No Formal Education	13	26.00%
	Elementary School	13	26.00%
	High School	2	4.00%
	Graduate & Others	22	44.00%
Occupation	Private	32	64.00%
	Government	10	20.00%
	Housewife	5	10.00%
	Coolie	3	6.00%
Marital status	Married	27	54.00%
	Unmarried	18	36.00%
	Widow/Widower	5	10.00%
	Others	0	0.00%
Family monthly income (in rupees)	5000 to 10000	13	26.00%
	10001 to 15000	27	54.00%
	15001 to 20000	3	6.00%
	Above 20001	7	14.00%
Type of family	Joint Family	8	16.00%
	Nuclear Family	15	30.00%
	Extended Family	27	54.00%
Family history of cancer	Paternal	27	54.00%
	Maternal	18	36.00%
	Both	5	10.00%
	Siblings	0	0.00%
Dietary pattern	Vegetarian	28	56.00%
	Non-vegetarian	22	44.00%
	Mixed	0	0.00%
Menstrual history	Menorrhagia	10	20.00%
	Metrorrhagia	12	24.00%
	DUB (Dysfunctional Uterine Bleeding)	19	38.00%
	Menopausal Stage	9	18.00%
Socio-Economic Status	Low	20	40.00%
	Middle	20	40.00%
	High	10	20.00%

TABLE 2. LEVEL OF HEALTH-SEEKING BEHAVIOUR SCORE

LEVEL OF HEALTH-SEEKING BEHAVIOUR	CERVICAL CANCER PATIENTS	%
Low	30	60.00%
Moderate	20	40.00%
High	0	0.00%
Total	50	100.0%

FIGURE 2. LEVEL OF HEALTH-SEEKING BEHAVIOUR SCORE

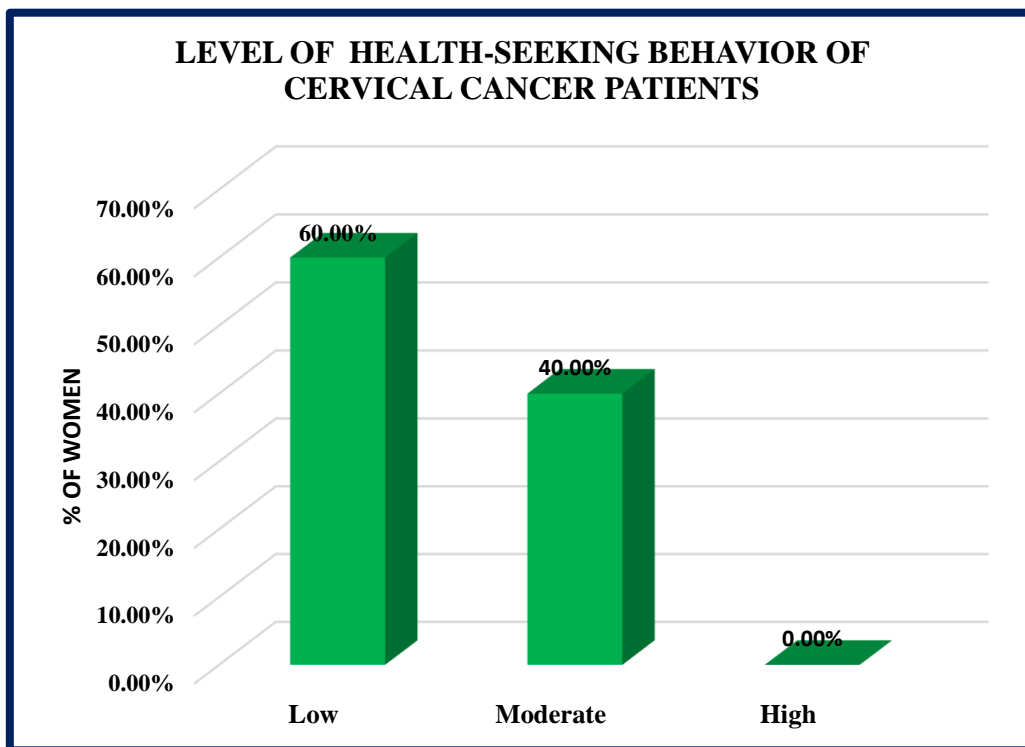


TABLE 3. LEVEL OF RELIGIOUS COPING SCORE

LEVEL OF RELIGIOUS COPING SCORE	CERVICAL CANCER PATIENTS	%
Low	17	34.00%
Moderate	33	66.00%
High	0	0.00%
Total	50	100.0%

FIGURE 3.LEVEL OF RELIGIOUS COPING SCORE

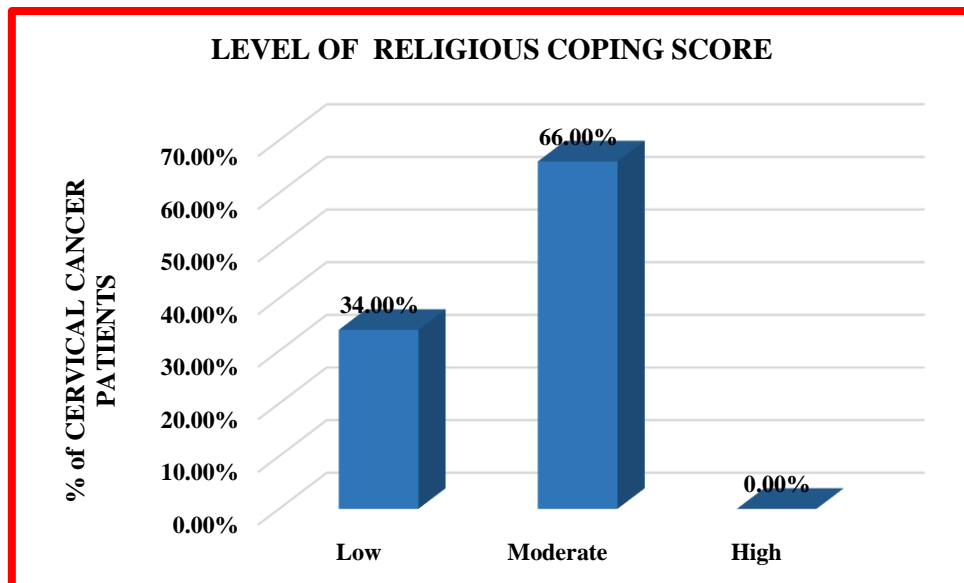
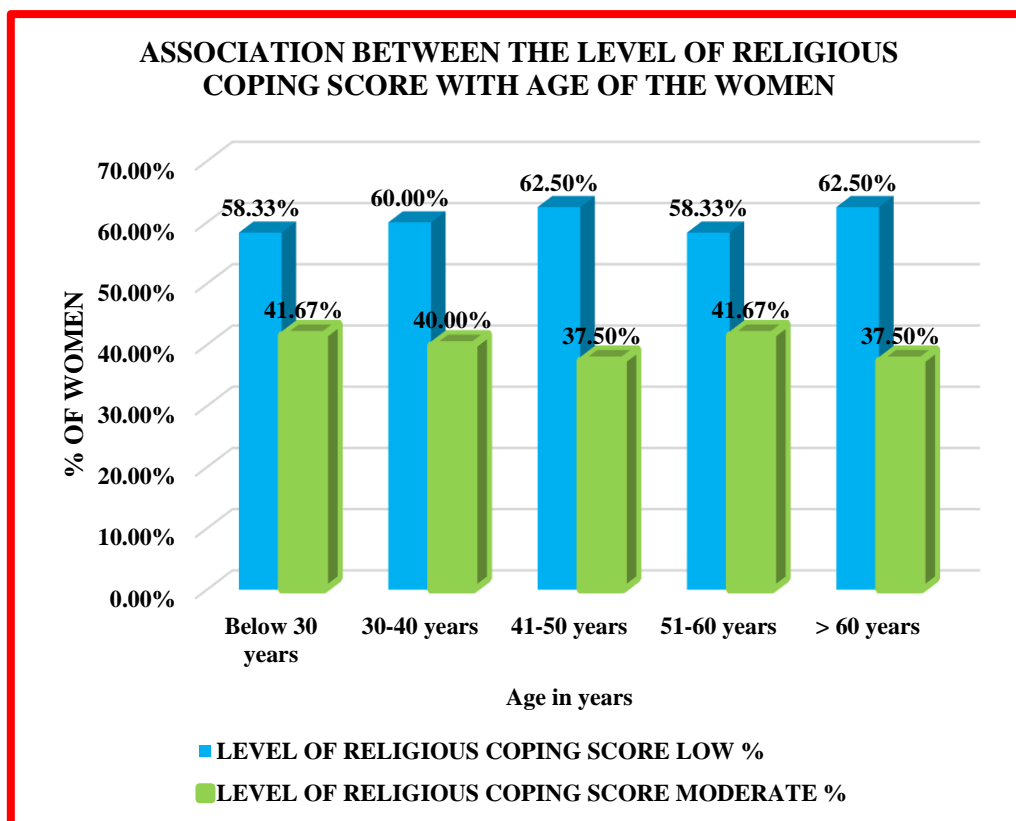


FIGURE 4.ASSOCIATION BETWEEN THE LEVEL OF RELIGIOUS COPING SCORE WITH AGE OF THE WOMEN



Discussion

This study assessed health-seeking behaviour, spiritual coping, and their correlation among cervical cancer patients. Most participants displayed low health-seeking behaviour (60%), consistent with Priya et al. (2023), who reported low healthcare access among cervical cancer patients due to barriers such as stigma, loss of wages, and reliance on traditional healers. Similarly, spiritual coping levels were moderate (66.67%), aligning with Dirar et al. (2022), who observed that cervical cancer patients often employed emotion-focused coping strategies influenced by self-efficacy, social support, and perceived meaning in life. The current study also revealed a moderate positive correlation between health-seeking behavior and spiritual coping. This finding echoes Werdani et al. (2020), who highlighted that higher self-efficacy in cancer patients improved coping mechanisms and problem-solving strategies. Additionally, associations with demographic factors such as family structure and socioeconomic status underline the importance of tailored interventions, as supported by Lamkhede et al. (2020), emphasizing economic resources and awareness to improve outcomes.

Implications of the study**Nursing Education**

Nursing curricula should integrate spiritual care and health-seeking behaviour topics to ensure holistic care. Practical training through case studies, simulations, and cultural competence is essential. Reflective practice and interprofessional collaboration can enhance nursing students' readiness for patient-centred care.

Nursing Administration

Policies must emphasize integrating spiritual care and health-seeking behaviours in nursing practice. Leaders should promote interdisciplinary collaboration, allocate resources for research, and establish mentorship programs. Feedback mechanisms and ongoing education will help improve care quality and align with organizational goals.

Nursing Practice

Nurses should conduct spiritual assessments, develop individualized care plans, and document spiritual interventions. Training in active listening and cultural competence will foster respectful, holistic care. Providing access to spiritual care resources and empowering nurses to educate patients is vital.

Nursing Research

Research should explore the impact of spiritual care on outcomes and barriers to its implementation. Longitudinal studies and validated tools are needed to assess spiritual care effectiveness. Disseminating findings will guide evidence-based education and practice improvements.

Recommendations

Protocols for spiritual assessments and standardized instruments must be developed. Training on cultural beliefs and overcoming barriers to spiritual care is crucial. Long-term studies and patient-family engagement will enhance care outcomes.

Limitations

The study's small sample size and short data collection period limit generalizability. Self-reported data and non-standardized tools may affect accuracy.

Conclusion

This study underscores the vital role of spiritual care in healthcare, highlighting its potential to enhance holistic patient treatment by addressing physical, emotional, and spiritual needs. Incorporating spiritual care fosters deeper patient-provider relationships, improving satisfaction and outcomes. Training healthcare professionals in spiritual care practices is crucial for integrating these principles into routine care. However, limitations such as a small sample size, reliance on self-reported data, and non-standardized tools may affect the findings' applicability and validity. Cultural sensitivity challenges also risk overlooking diverse spiritual beliefs.

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