

# What are Malaysian Oral Cancer Patients' Health Seeking Behaviour that Results in Delayed Presentation at Clinics?

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## ABSTRACT

Oral cancer ranks as the sixth most common cancer worldwide. Recent research in Malaysia has shown that about two-thirds (67.1%) of oral cancer patients present only when the disease is advanced (Doss et al., 2011). Notably, patient delay constitutes the majority of overall total delay time and is influenced by the patients' characteristics especially their health-seeking behaviour (Dwivedi et al., 2012). Patient delay is defined as the time from the onset of symptoms to first contact with medical personnel and has been attributed as the main reason for poor patient survival rates (Johnson et al., 2011). The aim of this qualitative study was to explore the patterns of health-seeking behaviour among Malaysian oral cancer patients and identify behaviour that led to their delayed presentation at clinics. This is a qualitative exploratory study. In-depth semi-structured interviews were conducted with 35 oral cancer patients having disease stages ranging from TNM stage III to IV. The TNM system is the most common and useful staging system for most types of cancer. These cancer patients were treated at six tertiary regional centres managing oral cancer throughout Peninsula Malaysia, Sabah and Sarawak. Interviews were audio-recorded, transcribed verbatim, coded using NVivo (version 10.0) qualitative software and analysed using framework analysis. From the findings, it was found that patients tended to interpret their early disease symptoms as a minor condition and did not consider it as requiring immediate attention. Those from low education backgrounds failed to interpret their symptoms, most likely due to a lack of knowledge. Four main types of patient coping procedures causing a delay in seeking help emerged: 1) self-remedy, 2) self-medication using unconventional medicine, 3) seeking traditional healers/medicine, and 4) consulting general medical practitioners (private sector) instead of dentists. Patient-related factors like cultural beliefs and religious practices and socio-economic status did not universally contribute to the delay. Malaysian patients' preference to seek private sector general medical practitioners as their first option of seeking care was another reason for professional delay. In conclusion, low levels of public education and awareness as well as medical practitioners' inability to detect early signs of oral cancer were found to influence patients' health-seeking behaviour which resulted in their delay in seeking help and being diagnosed early. The findings of this study have pertinent implications to oral cancer control strategies in Malaysia whereby an expanded focus on awareness and training is urgently needed to target frontliners of our healthcare system, in particular, medical practitioners and pharmacists, who play a crucial role in reducing oral cancer patient's delayed seeking of care for their cancer diagnosis.

**Keywords:** oral cancer, health-seeking behaviour, awareness, self-regulatory model, patient related-factors