

Perception of cervical cancer patients on their health related quality of life and palliative care needs in Jaramogi Oginga Odinga teaching and referral hospital in western Kenya

Cervical cancer is the third most common cancer among female worldwide and causes approximately 275,000 deaths annually worldwide. In Kenya, cervical cancer is the leading female cancer yet, eighty percent of reported cases are diagnosed at advanced stages, underscoring the need to provide palliative care services to improve the quality of life of those affected. Whereas the focus has been on clinical management of cancers, Health Related Quality of Life (HRQoL) is emerging as an important health outcome which requires to be incorporated in the holistic management of patients. However, their perceptions on HRQoL status and concerns are not adequately documented yet their mortality and morbidity is on the rise. This study was set out to determine the perception of cervical cancer patients on their HRQoL and palliative care needs in western Kenya. Specifically the study sought to investigate the psychosocial, physical and care and informational needs of cervical cancer patients.

The study was anchored on Maslow QoL theory III, Ersek and Ferrells' Quality of life models. It was conducted at Jaramogi Oginga Odinga Teaching and Referral hospital in western Kenya. The study employed cross-sectional design using both quantitative and qualitative data collection methods. Study population was estimated to be 2454 cervical cancer patients from whom a sample size of 334 was drawn. A HRQoL assessment tool FACT-Cx Version 4, a structured questionnaire, and in-depth interview guide were used to collect data. Quantitative data was analyzed using SPSS version 20 and SAS version 9.2. Descriptive statistics, chi-square and regression analysis were conducted to examine the relationship between socio-demographic, clinical characteristics of patients, their palliative care needs and their HRQoL. Qualitative data was analyzed through content analysis by examining emerging themes. The results showed that the mean HRQoL was 35.35 (SD=13.21). More than half of the respondents experienced poor functional and physical wellbeing 221(66.2%) and 201 (60.2%) respectively and no patient experienced good functional and physical wellbeing. While 189 (56.6%) experienced fair overall quality of life. Multiple cumulative logistic regression analysis between age, marital status and level of education showed positive influence on overall quality of life except for religion, pvalues= 0.0001, 0.012, 0.0001 and 0.26 respectively. Most patients in the in-depth interviews reported experiencing pain; vaginal bleeding and discharge; need for psychosocial support. Care providers reported cancer management challenges such as inadequate equipment, supplies and experts in oncology and palliative care. The patient's perceive their emotional and social wellbeing as fair due to supportive social culture and that they experience poor functional and physical wellbeing due to late presentation for care and cancer management challenges. Efforts should be made to sensitize women to seek screening and early treatment. Moreover, HRQoL assessments should be included in routine management of cervical cancer patients to keep watch on their HRQoL.