



MEGHALAYA



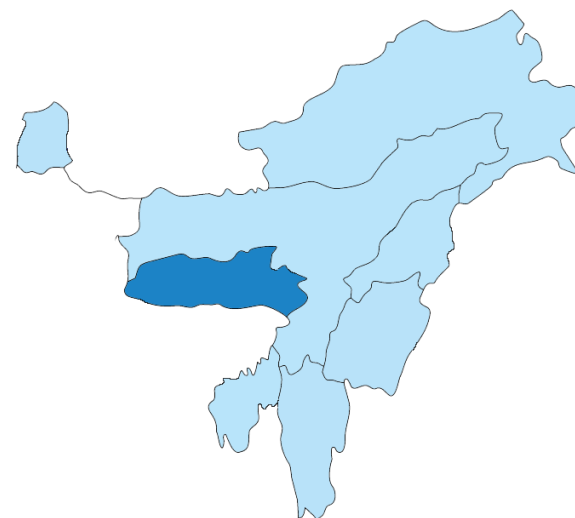


Chapter 5: Cancer and health status profile of Meghalaya

A. Health Status Profile

5.1 Socio-demographic profile [1]

Population (Total)	2966889
Number of males	1491832
Number of females	1475057
Sex Ratio	989
Literacy rate (%)	
Total	74.4
Males	76.0
Females	72.9



The total population of the region is 2966889, with a sex ratio of 989. The total literacy rate is 74.4%, being 76.0% in males and 72.9% in females.



5.2 NCD related Risk factor profile

Behavioral and lifestyle-related							
Tobacco use ^[2]							
Current tobacco use-smoked and/or smokeless (age 15 years and above) (%)							
Total						47.0	
Males						59.8	
Females						34.2	
Current smoked tobacco use (age 15 or above) (%)							
Total						31.6	
Males						53.7	
Females						9.5	
Current smokeless tobacco use (age 15 or above) (%)							
Total						20.3	
Males						11.6	
Females						29.1	
Alcohol consumption							
Age 15 years or above (%) ^[13]	Urban		Rural		Total		
	Men	Women	Men	Women	Men	Women	
	28.5	1.0	33.5	1.6	32.4	1.5	
Metabolic risk factors ^[13]							
Overweight/Obese BMI >25 (age 15-49 years) (%)	30.2	17.9	10.6	9.7	13.9	11.5	
Raised blood pressure (age 15 years or above) (%)	28.5	24.6	19.9	17.1	21.4	18.7	
Raised random blood glucose (age 15 years or above) (%)	16.0	10.3	13.4	9.3	13.9	9.5	
Air Pollution, DALYs per 100,000 ^[3]	2059.25						

The prevalence of current tobacco use is 47.0%, higher for the smoked form (31.6%) than the smokeless form (20.3%). The DALYs' due to air pollution is reported to be 2059.25 per 100,000. Close to one-third, (32.4%) of males over the age of 15 years consumed alcohol, while the proportion of alcohol use in females was negligible. 13.9% of the men in the age group of 15-49 years are obese, slightly



higher than female prevalence (11.5%). A higher proportion of males (21.4%) have raised blood pressure than females (18.7%). The prevalence of raised blood glucose is 9.5% in women and 13.9% in men.

5.3 Mortality related statistics

Life expectancy (2016) ^[5]	
Males	66.8 years
Females	72.4 years
Leading causes of death (MCCD 2018) ^[6]	
Major Cause Group	Percentage
Circulatory System	21.1
Respiratory System	10.0
Certain Infectious & Parasitic Diseases	11.2
Neoplasms	11.6
Certain Conditions originating in Perinatal Period	8.4
Status of Medical certification of cause of death ^[6]	
Percentage of Medically Certified Deaths to Total Registered Deaths (%)	43.1
Medical Institutions covered under MCCD	170
Medical Institutions Reported MCCD Data as per the National List	170
Ranking of States/UTs in the medical certification of cause of death 2018	12

The life expectancy is marginally higher in females (72.4 years) than males (66.8 years). Circulatory system related causes comprise the leading cause of death (21.1%). The percentage of medically certified deaths to total registered deaths is 43.1%. The state ranks twelfth in the medical certification of cause of death.



5.4 Health seeking behaviour and health practices [13]

	Urban	Rural	Total
History of cancer screening			
Women aged 30-49 ever undergone a breast examination for breast cancer (%)	1.3	0.2	0.5
Women aged 30-49 ever undergone an oral cavity examination for oral Cancer (%)	0.4	0.4	0.4
Women aged 30-49 ever undergone screening for cervical Cancer (%)	0.6	0.6	0.6
Men aged 30-49 ever undergone an oral cavity examination for oral Cancer (%)	2.3	0.9	1.2
Immunization history			
Children age 12-23 months who have received 3 doses of penta or hepatitis B vaccine (%)	56.0	67.3	65.7
Household profile			
Population living in households that use an improved sanitation facility (%)	81.3	83.3	82.9
Households using clean fuel for cooking (%)	76.7	21.7	33.7
Households with any usual member covered under a health insurance/financing scheme (%)	52.8	66.5	63.5

The proportion of women who have undergone screening is 0.5% for breast cancer, 0.4% for oral cancer and 0.6% for cervical cancer. Only 1.2% of men had a history of screening for oral cancer. As many as 65.7% of children in 12-23 months had received immunization with Penta and hepatitis B vaccine. About 82.9% of the population live in households that use an improved sanitation facility—only



third (33.7%) of the population use clean fuel for cooking. The coverage with a health insurance scheme or financing scheme is 63.5%.

5.5 Status of the health system

A. Public sector health facilities ^{[7],[8]}	
Sub centres (SC)	445
Health and Wellness Centre - Sub Centre (HWC-SC)	32
Primary Health Centres (PHC)	110
Health and Wellness Centre - Primary Health Centre (HWC-PHC)	08
Community Health Centres (CHC)	28
Sub-district Hospitals (SDH)	00
District Hospitals (DH)	11
Number of government allopathic doctors and dental surgeons	386
B. Tertiary health care facilities	
Medical Colleges ^[9]	01
State cancer institute ^[10]	00
Tertiary cancer care centre ^[10]	00
Regional cancer care centre ^[11]	00
C. State government health scheme ^[16]	Megha Health Insurance Scheme (MHIS)

The state has 445 SCs, 32 HWC – SCs', 110 PHCs', 08 HWC– PHCs', 28 CHCs' and 11 DHs. There is only one medical college. The state implements government health scheme known as Megha Health Insurance Scheme (MHIS).



B. Profile of Cancer

5.6 Details of Cancer Registries in the State

Population Based Cancer Registry- Meghalaya	
Location	Civil Hospital, Shillong
Established Year	2010
Coverage Area	East Khasi Hills, West Khasi Hills, Ri Bhoi & Janitia Hills
Sources of Registration	22
Area (in Sq.km)	14262
Urban & Rural (%)	24.9 & 75.1
Hospital Based Cancer Registry	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong

The state has one PBCR situated at Civil Hospital Shillong, covering East Khasi Hills, West Khasi Hills, Ri Bhoi & Janitia Hills through 22 sources of registration for the period 2012-2016 and one HBCR at North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong.

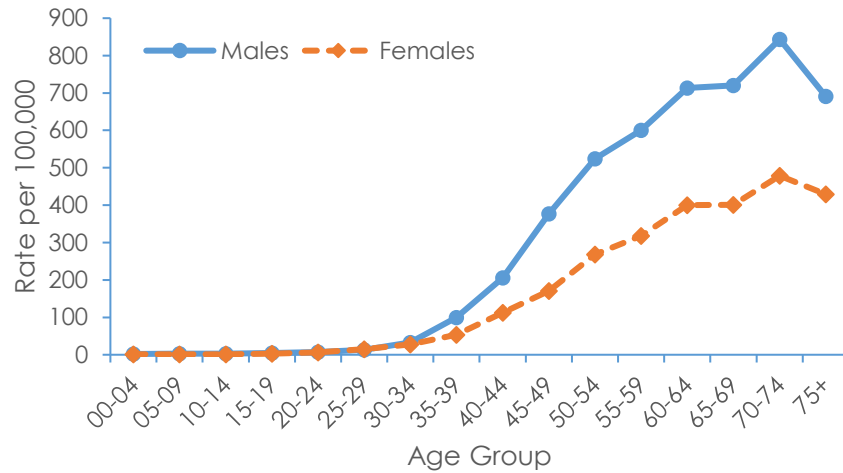
5.7 Number of cancer cases and Age Adjusted Incidence Rate (AAR) per 1,00,000 population

Gender	Number of New Cancer Cases	AAR
Males	4688	176.8
Females	2832	96.5

The AAR is higher in males (176.8 per 100,000 males) than females (96.5 per 100,000 females).



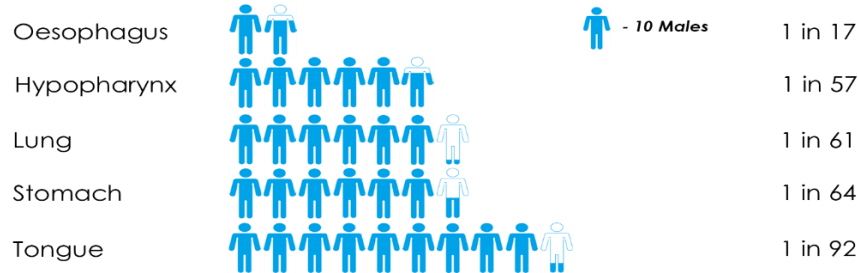
5.8 Age specific Incidence Rate (ASpR)



The Age-Specific Incidence Rates in both the genders show a rise from 30-34 years age-group onwards. In both, the genders, highest Age-Specific Incidence Rate is seen in the 70-74 years age-group.

5.9 Probability of One in number of Persons developing cancer in 0-74 years age

Males



Females

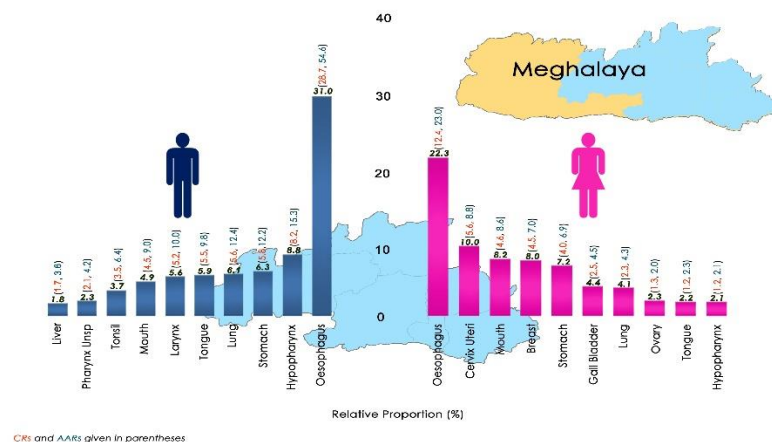


The probability of developing oesophageal cancer is highest in both genders (1 in every 17 males and 1 in every 36 females), followed by cancer of hypopharynx in males (1 in every 57 males) and mouth cancer in females (1 in every 94 females).





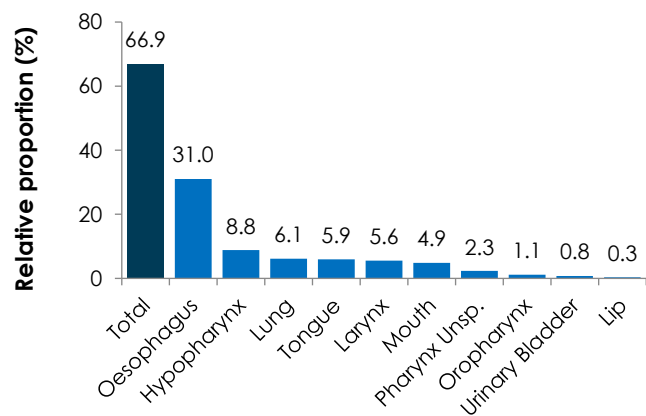
5.10 Leading Anatomical Sites of Cancer



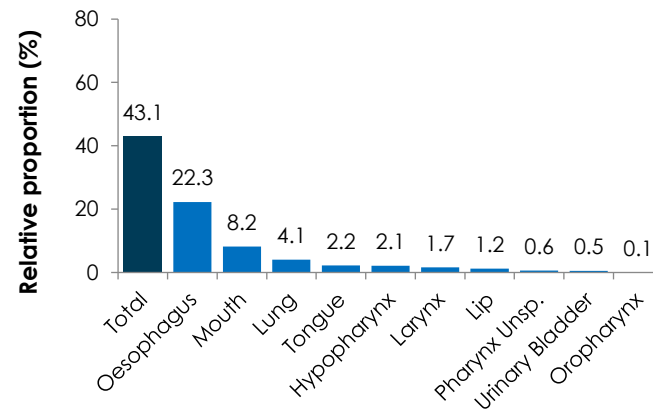
The proportion of oesophageal cancer is highest in both the genders (31.0% in males; 22.3% in females). In males, hypopharynx (8.8%) and stomach (6.3%) are the second and third leading cancer sites respectively, whereas, in females, cervix-uteri (10.0%) and mouth (8.2%) rank as second and third leading cancer sites

5.11 Relative Proportion (%) of Cancer sites Associated with the use of Tobacco

Males



Females



As many as two thirds (66.9%) of cancers in males and 43.1% in females are tobacco use related cancer sites. Oesophagus is the leading cancer site related to tobacco use in both the genders (31.0% in males and 22.3% in females).





5.12 Mortality - Incidence Ratio (MI %)

Mortality - Incidence Ratio (MI %)			
Meghalaya	Incidence	Mortality	MI %
Males	4688	1848	39.4
Females	2832	1098	38.8
Total	7520	2946	39.2

The Mortality - Incidence ratio is almost similar in males (39.4%) and females (38.8%).

Key observations

- Cancer ranks among the top five leading causes of death in the state.
- Cancer of the oesophagus is the leading site of cancer in both genders.
- Current use of tobacco is reported in nearly half of the population, while about one-third of the males consume alcohol.
- Only one-third of households have access to clean fuel.
- The cause in less than half of the deaths is medically certified.
- The state has a scarcity of tertiary cancer care facilities.