

REFUSED AND ABANDONED: POVERTY AS A PROGNOSTIC FACTOR IN PEDIATRIC ONCOLOGY

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Free treatment is not enough: poverty drives children out of care.

INTRODUCTION

While more than 80% of childhood cancers are curable in high-income countries, treatment abandonment remains a major cause of treatment failure and mortality in low and lower-middle-income countries (LMICs), with rates reported as high as 45% in Ethiopia, a low income country. ^{1,2}

OBJECTIVE

To identify the reasons and socioeconomic factors behind treatment refusal and abandonment at NICH, Karachi.

METHODS

Design: Retrospective cross-sectional study, 1 June 2021 to 31 May 2024.

Setting: Pediatric Oncology, NICH Karachi; diagnostics and treatment free of cost.

Participants: Children aged 0–18 years with cancer who refused or abandoned treatment; palliative cases excluded.

Definitions: **Refusal**, never starting curative treatment; **Abandonment**, missing treatment for 4 or more consecutive weeks.³

Analysis: SPSS 26; chi-square / Fisher’s exact; multivariable logistic regression.

Poverty level	Daily income
Above poverty	> Rs 700 (US\$2.50)
Below poverty	< Rs 700 (US\$2.50)
Extreme poverty	< Rs 530 (US\$1.90)

US\$1.90: World Bank line; Rs 280 = US\$1

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RESULTS

Of 122 children, 69 (56.6%) refused and 53 (43.4%) abandoned treatment, **even though all care was free**. Families were overwhelmingly poor: 63.9% lived below the poverty line and 95.9% relied on a single earner (Table 1). ALL and retinoblastoma, both highly curable, made up 49% of cases.

TABLE 1. CHARACTERISTICS

N = 122	n	%
Refused treatment	69	56.6
Abandoned treatment	53	43.4
Aged 1–4 years	49	40.2
Male	67	54.9
Rural residence	70	57.4
Below poverty line	78	63.9
Below extreme poverty	42	34.4
Daily-wage income	72	59.0
Single earning member	117	95.9
Mother illiterate	89	73.0

Fig 1: Accommodation drives refusal; family issues drive abandonment

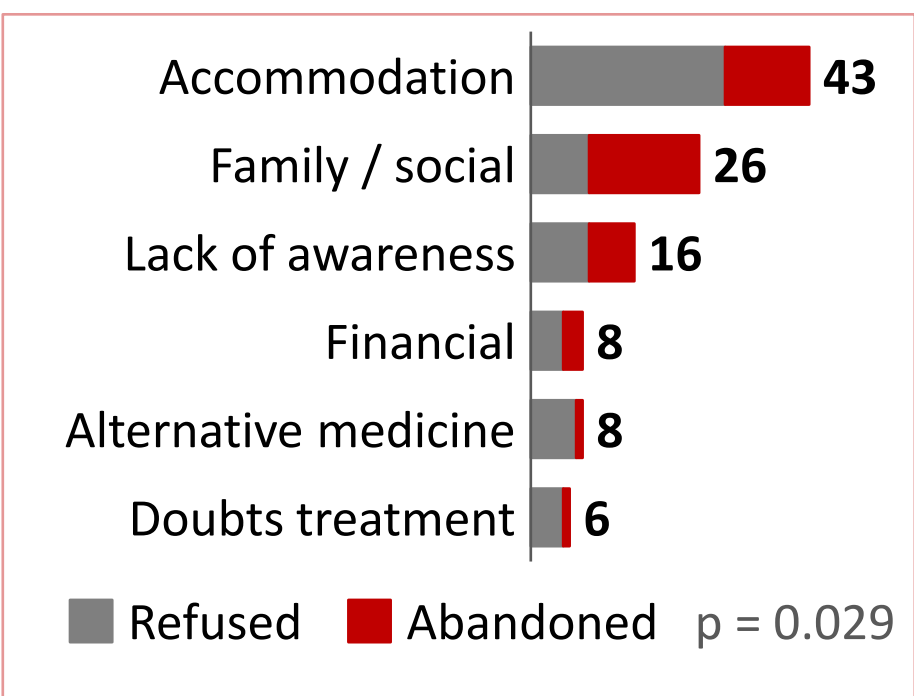


Fig 2: Extreme poverty and daily wages nearly quadruple abandonment odds

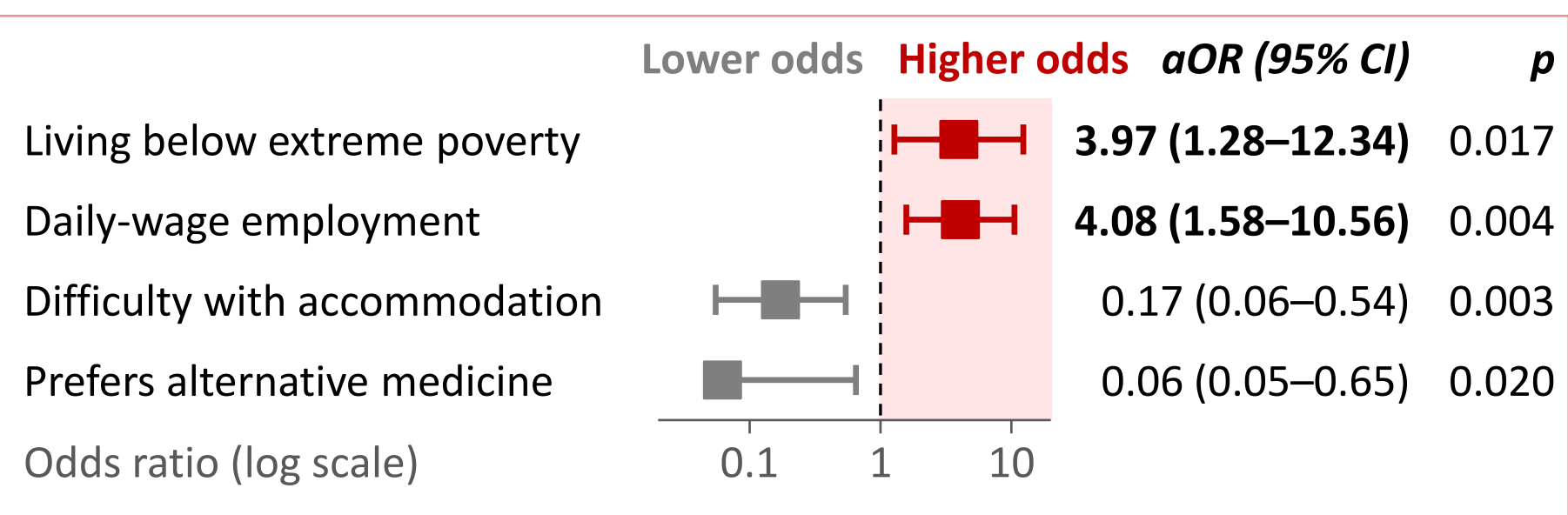


TABLE 2. ABANDONMENT RISES WITH POVERTY

Factor	Abandoned
Income status (p = 0.005)	
Above poverty line	11/44 (25%)
Below poverty line	14/36 (39%)
Below extreme poverty	25/42 (60%)
Nature of employment (p = 0.010)	
Salaried	7/34 (21%)
Daily wages	37/72 (51%)

Fig 3: Near or far, the mix of refusal and abandonment was similar. (Patients from Sindh)

Location	Distance	Refused	Abandoned
Karachi	local	23	13
Hyderabad	160 km	12	9
Mirpur Khas	230 km	7	6
Benazirabad	280 km	5	3
Larkana	450 km	7	8
Sukkur	470 km	7	4

Legend: ■ Refused ■ Abandoned

CONCLUSION

Poverty, not the disease, decided who completed treatment, even when care was free. **Wage-loss support, family lodging, early counselling and a national registry could keep these children in care.**

