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A STUDY OF FACTORS INFLUENCING SOCIAL WELLBEING OF BREAST CANCER PATIENTS IN INDIAN CULTURE

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ABSTACT

Background: The aim of the study is to identify the effect of factors of social wellbeing on breast cancer patients. Measurement of quality of life is indispensable in chronic disease like cancer. Health Related Quality of Life has four major dimensions; physical, psychological, social and spiritual. India has unique social culture compared to rest of the world. Here social responsibility is an obligation. In this scenario dealing with patients give huge effect on their social wellbeing. Thus, effort is made to extract the factors that affect the social wellbeing of patients. It also identifies the association between different demographic variables and effect of communication with society on breast cancer patients. **Methods:** The study was conducted on 318 women breast cancer patients from different hospitals of Surat through personal interview. The structured instrument developed particularly for Indian culture was utilized for measurement of social wellbeing of breast cancer patients. **Result:** Social interaction, social relation and social support are the three major factors that affect the social wellbeing of breast cancer patients. Young patients get disturbed by social interaction and feel more loneliness. Worries about their own future are more in patients with lower education. Worries about family members are more in married women. **Conclusion:** Social interaction, relation and support create impact on cancer patients. The study suggests that more efforts must be given to measurement of social functioning of breast cancer women to improve overall quality of life of breast cancer patients.

KEYWORDS: Breast Cancer, Quality of Life, Social Wellbeing.

INTRODUCTION

Breast Cancer is a common cancer in women world over. Various curative therapies are available for this disease and long term survivals are also recorded in these patients. They are the largest population among cancer survivors. Therefore evaluation of different dimensions of quality of life must be taken care parallel to treatments and in survival period for these patients. The subjective indicators of quality of life (QOL) have gained equal importance in this century particularly in chronic disease like cancer. QOL contains physical function, symptoms from disease and/or treatment, occupational and social interactions and psychological factors.[1,2] Measurement of health related quality of life (HRQOL) in cancer patients must cover at least functional status, disease symptoms, psychosocial status, and social functioning.[3] HRQOL include many dimension like social, physical, emotional, cognitive etc. and collect subjective experience on therapy.[4] Social support is a powerful medium in helping a patient to cope in life with variety of problems.[5] Higher level of functional wellbeing, social wellbeing and overall HRQOL were seen in patients who had close relation with their doctor and also

in patients who were living with someone.[6] They explained dimensions of quality of life in concise way and identified Physical functioning, emotional functioning, role functioning, social functioning, pain and other symptoms due to treatment as dimensions of quality of life. Communication of family influence health related quality of life of breast cancer patients.[7] The multi dimensional instrument includes many health related dimensions that reduce the labour of handling multiple instruments but at the same time this approach weakens the receptiveness to capture absolute effects of particular dimension that affect health related quality of life. Therefore, analysis of social functioning must carried out through separate structured questionnaire which has been developed particularly in Indian context as India has unique culture.[8] This questionnaire covers different factors of social wellbeing like Social Support, Social Relation and Social Interaction which plays significant role in life of cancer patients. India has a unique culture compared to the rest of the world. Here social customs are different. In India visiting a patient who has been suffering from any illness is the social norm. If a friend or relative or neighbour does not visit

the patient it is considered rude and the patient and his/ her family might take it as an insult and neglect. The discussions and conversations during such visits primarily revolve around the illness being suffered by the patient. The repeated conversation about the pain does not ease the pain, and in fact aggravates the problem as the patient does not get a chance to forget or ignore the illness. Moreover many visitors contribute negatively by discussing various serious aspects of the illness which someone else they are associated with might have suffered. Such negative discussions cause a lot of mental stress and disturbance to the patient and his family. Moreover, such information scares the patient and increases his/ her anxiety. If a visitor is sensitive and has a therapeutic approach it greatly helps the patient in becoming optimistic about getting cured. Patients and their family do not understand how to cope with the stress caused due to such social norms and visitors. Here domestic responsibilities like cooking, nurturing of kids and many more considered as women's liability. This creates worries and feeling of insecurity in women patients. Women don't express themselves more in Indian culture. This also has an effect on their mind. All this variables create huge effect on their social wellbeing. Patients pass through different circumstances in life and with different age, marital status and education level they handle the situation in different ways. Age played a major role in the adjustment with distress.[9] Age, marital status are significantly related with quality of life of breast cancer women.[10] Age plays major role on fear of reoccurrence and self-efficacy of patients.[11] Young age Patients faced more distress than old age patients. This study analyzes the effect of different dimensions of social wellbeing on women patients of breast cancer in Indian culture across the age, education level and marital status.

METHODS AND MATERIALS

The study was conducted on 318 adult women breast cancer patients who were receiving treatment for breast cancer in different cancer hospitals of Surat city. This was a multicentre study. Data was collected from three different categories of hospitals. The hospitals were stratified in private clinic, trust hospitals and government health centre. Majority of the patients were selected through convenience sampling method. Very few patients were selected through snowball sampling method. Primary data collection method was used to gather the information. Data was collected through structured questionnaire with personal interaction. The respondents of different level of education, age and marital status were selected in the study. The advance multivariate technique like factor analysis was performed to identify the factors that affect the social wellbeing of patients. Variables associated with each factor also identified. Different hypotheses were also tested to identify the association between demographic variable and variables of each factor of social functioning. The effect of these factors was measured across the age, education level and marital status through hypothesis testing.

RESULT

demography
Table 1 presents the distribution of 318 respondents along with percentage as per different demographic variables like age, education and marital status.

Table: 1. Demographic information of patients.

N=318		
Age of the patients at the time of diagnosis	Frequency	Percent
Less than and equal to 45	113	35.5
46 – 55	94	29.6
More than 55	111	34.9
Education		
Illiterate	61	19.20
School	195	61.30
Graduate/ Post Graduate	62	19.50
Marital Status		
Married	271	85.20
Single (Never Married / Widow/Divorce)	47	14.80

Respondents were included in the study through convenience sampling and it was seen almost equal distribution of women patients in three age groups. Out of 318 patients 35.50 percent of women had age less than or equal to 45, 29.60 percent women are in middle age group 46 to 55 and 34.90 percent women had age more than 55. Majority of the women had studied only up to different levels of school. The proportion of illiterates and graduates were same. Almost 19 percent women were illiterates and 19 percent women were graduates or studied up to post graduate level. Out of 318 patients 85 percent women were married and rest were single. Category of single women included never married, divorced and widow.

Factor Analysis
In Indian culture to take a visit of sick person is inevitable. In this regard communication with patients creates huge effect on mind of patients. This psychological effect gives impact on health of a patient. Three different factors of social wellbeing were extracted through factor analysis as social interaction, social relation and social support and presented in Table 2. The variables of each factor are also depicted in Table 2. Discussion on illness and feeling of loneliness created first factor as 'Social Interaction'. Worries about own future and about family members created second factor as 'Social Relation and Worries'. The support of family, relatives and friends created third factor as 'Social Support'.

Table: 2. Factors and variables.

No.	Factor extracted
1	**Social Interaction**
	V1: Are you suffering from loneliness?
	V2: Do you feel hesitant in discussing your disease to anyone?
	V3: Do you feel mental disturbance due to repeated discussion about the disease with guest?
2	**Social Relation and Worries**
	V4: Do you worry about your future?
	V5: Are you worried about future of your any family members?
	V6: Is a thought of death bothering you every time?
3	**Social Support**
	V7: Is support of family making you in high spirits?
	V8: Is support of relatives making you more peaceful?
	V9: Do you feel friends are important part of your life?

Hypothesis Testing
The effect of each variable on patients across the age, education and marital status is tested. The significance of result of hypothesis testing with the three factors of social wellbeing across the age groups is summarized in Table 3.

Ho**:** There is no association between age of the patients at the time of diagnosis of breast cancer for the first time and three variables of each factors of social wellbeing.

Table 3: Association between age and factors of social wellbeing.

Social Interaction	Sig.	Pearson Chi-Square value
V1	0.002	20.411
V2	0.009	17.189
V3	0.024	14.531
Social Relation and worries		
V4	0.000	38.375
V5	0.000	35.167
V6	0.002	20.728
Social Support		
V7	NS*	4.617
V8	NS*	1.655
V9	NS*	4.108
NS: Non Significant		

First factor, Social interaction has three variables. These variables are Loneliness, Discussion about disease and Repetitive talk with different persons. All three have significant P-value with different age group of the patients. This indicates that there is a significant difference in handling interaction with people across the age. Young women feel loneliness more and get disturbed by discussion and repetitive talk in comparison to middle and old age women patients. All three variables of worries due to social relation also have

significant P-value. Thought about death, worries about their own future and future of the near dear ones have significant P-value. Here also same pattern was observed. Patients of young age face more worries and negative thoughts in comparison of middle age and old age patients. In social support factor difference is insignificant across the age group but support of family members, friends and relatives provide high spirit to the patients of all age.

Results of the hypothesis testing with the variables of each factor of social wellbeing across the group of different level of education are summarized in Table 4.

Ho**:** There is no association between level of education of patients and three variables of each factors of social wellbeing.

Table: 4. Association between education level and factors of social wellbeing.

Social Interaction	Sig.	Pearson Chi-Square value
V1	NS*	10.464
V2	0.034	18.113
V3	0.000	31.066
Social Relation and worries		
V4	0.018	19.955
V5	NS*	11.877
V6	0.000	30.251
Social Support		
V7	0.000	31.086
V8	0.000	31.859
V9	NS*	12.244
NS: Non Significant		

Out of the three variables of social interaction, feeling of loneliness has non-significant value but discussion about disease and repetitive talks are significant across the education level. Patients with lower education or illiterates get more disturbed than educated people. Among three variables of worries due to social relation, one has non-significant P-value. Worries about future of their family members are same among patients of all level of education but thought of death and worry about their own future have significant P-value. Here anxiety is more in illiterate patients and patients with lower education. In social support factor, support of friends has insignificant value but support of family and relatives have significant value across the education level. Support provides more positivity in all patients with any level of education.

Results of the Chi-square test with the three factors of social wellbeing across the group of marital status are summarized in Table 5.

Ho**:** There is no association between marital status and three variables of each factors of social wellbeing.

Table: 5. Association between marital status and factors of social wellbeing.

Social Interaction	Sig.	Pearson Chi-Square value
V1	0.031	13.918
V2	NS	5.993
V3	NS	5.100
Social Relation and worries		
V4	NS	2.318
V5	0.033	13.693
V6	NS	3.74
Social Support		
V7	0.003	19.992
V8	0.001	22.389
V9	0.040	13.184
NS: Non Insignificant		

In Social interaction, loneliness has significant P-value. Here patients with single status feel loneliness more compared to married patients. Discussions about disease and repetitive talk with different persons have non-significant P-value. In second factor on worries, thought about death and worry about their own future has non-significant P-value across the marital status but worry about the future of family members is more in married persons. In social support factor difference is significant across the marital status of patients. Support of family, friends and relatives provide more strength to the patients but in case of married it required more.

DISCUSSION

Assessment of quality of life is extremely important in patients of chronic disease like cancer. Initially concentration was only on analyzing objective factors like survival and cure. Sometimes survival period of patients become vulnerable and therapeutic benefit become insignificant. In this regard quality of life assessment gained importance nowadays. QOL has different aspects like physical well being, psychological well being, social well being, emotional well being and symptoms due to treatments. Every facet has huge impact on patients. Researcher may get overall idea about quality of life and can reduce the handling of many questionnaires by use of multidimensional instruments but real effect of each factor can be identified with separate instrument on each facet. Survival period of breast cancer patients is considered to be more. Therefore, assessment of their long-term QOL is important for many reasons. This may help health professionals in taking care of survivors. Clinician can help in managing trauma due to treatment as well as social interactions particularly in India where social norms are very different. India has unique social culture. Therefore, analysis of social well being in light of Indian social customs is essential. The present study tried to investigate the effect of Indian social culture and tradition on social wellbeing of breast cancer women. The study considered three factors of social functioning; social interaction, social relation and worries and social support. It also identified the association between variables of three different factors of social wellbeing of breast cancer patients and demographic variables like age, education level and marital status with the help of Chi Square test. These factors were consists of three variables each. Social wellbeing is one of the important dimensions of health related quality of life of patients of chronic disease. First factor, Social Interaction consists of feeling of loneliness, discussion about disease and repetitive talk about disease with different visitors. Second factor, Social Relation and Worries comprises of uncertainties related to their own future, future of the family members and thought of death. Social support consists of how family members, relatives and friends are important to give them support.

CONCLUSION

In India generally females are not vocal. They don't share their views very often as well as effectively also. Therefore, when they pass through trauma of diagnosis of cancer and treatment of it, at times they feel alone. Again Indian social custom is different. Here to visit a patient is almost a ritual. Patient needs critical care or suffering from minor health problem; to make a visit of a patient is inevitable for friend and relatives. They visit the patient and interact with them with their own thoughts, experiences and viewpoints. This has positive or negative impact on patient's mind and attitude. In India domestic work considered as responsibility of women which give more worries in period of treatment of cancer. Study identified that this feeling is more prompt in young women patients compare to old age patients. Frequent visits of familiar people and same discussion or repetitive talks on disease make them disturbed. Again young patients experience this more. But definitely encouraging efforts of family, friends and relatives provide huge support to the patients of all age. Young women worried more about their own future and future of family members. This may be because their children are small in age. They have more responsibility of spouse and other family members. Women of lower level of education get more disturb by same talk and discussion on disease. This may be due to ignorance about the subject. Therefore, proper awareness must be created and pass on to the patients. Interaction with society gives same effect among all women with different marital status but women with single status more feeling of loneliness. Support of close persons give more strength to all women but it required more in married. This study suggests that more efforts must be given to measurement of social functioning of breast cancer women and equal importance must be given to dimension specific instrument along with disease specific instrument to analyze overall quality of life of breast cancer patients.

REFERENCES

1. Smart CR, and Yates J. Quality of life. Cancer, 1987; 60(S3): 620-622.

2. Fallowfield L. The quality of life. Health status indicators, Evaluation, 2000; 234.
3. Aaronson NK. Methodologic issues in assessing the quality of life of cancer patients. Cancer, 1991; 67(S3): 844-850.
4. Fitzpatrick R, et al. Quality of life measures in health care. I: Applications and issues in assessment. Bmj, 1992; 305(6861): 1074-1077.
5. Oktay J. Psychosocial aspects of breast cancer. Lippincott's primary care practice, 1997; 2(2): 149-159.
6. Wan GJ, et al. An Analysis of the Impact of Demographic, Clinical, and Social Factors on Health-Related Quality of Life. Value in health, 1999; 2(4): 308-318.
7. Ashing-Giwa KT and Lim JW. Predicting health-related quality of life: Testing the Contextual Model using structural equation modeling. Applied Research in Quality of Life, 2008; 3(3): 215-230.
8. Sheth ND and Naik VD. Reliability Test of New Questionnaire Designed to Measure Social Wellbeing of Breast Cancer Patients. Ntl J Community Med, 2016; 7(5): 421-424.
9. Simonton S. and Sherman AC, Psychological aspects of mind-body medicine: promises and pitfalls from research with cancer patients. Alternative Therapies in Health and Medicine, 1998; 4(4): 50-8, 60, 62-4 passim.
10. Vacek PM, et al. Factors influencing quality of life in breast cancer survivors. Quality of Life Research, 2003; 12(5): 527-537.
11. Ziner KW, et al. Predicting fear of breast cancer recurrence and self-efficacy in survivors by age at diagnosis. in Oncol Nurs Forum, 2012.