



PSYCHOSOCIAL ISSUES AMONG BREAST CANCER PATIENTS IN ASIAN DEVELOPING COUNTRIES

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ABSTRACT

Cancer, which is known by different names across the world, is a pathological condition that leads to the abnormal and uncontrolled growth of normal body cells. Due to ever increasing predisposing risk factors, high recurrence rate, and chronicity, cancer are counted as second major cause of death after the cardiovascular diseases (Agarwal and Ramakant, 2008; Naeem et al., 2008; Shulman et al., 2010; Bano, 2013). Due to the connotation of its name, cancer causes apprehension in society and the patients with cancer face different challenges in their life. Although physical sufferings related to the disease are very painful and hard to survive with, the psychosocial excruciation associated with it is even more difficult to be faced in some countries including Pakistan.

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Keywords: Developing countries, Breast cancer Management, Cancer and psychosocial issues.

Contribution/ Originality

This review is of its own kind that has gathered different factors leading to psychosocial distress in breast cancer patients. Although Extensive Researches have been conducted on breast cancer, to the researcher limited knowledge, studies that have exclusively focused on psychosocial issues are rare. In literature, the data available for addressing the issue are in bits and pieces. This review summarizes the focal issue in one paper and the root causes of psychosocial distress are explicitly mentioned. Moreover, the information will help the policy makers to devise effective strategies and policies for assessment and prevention of psychosocial distress in cancer patients.

1. SEARCH METHODOLOGY

A literature search was conducted by using different servers and search engines mainly: PubMed, CINAHL, Cochrane Library, and Google Scholar. Different key words related to the title

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of this article like Breast Cancer, Psychosocial Issues, Developing Countries, and Breast Cancer Management was searched and reviewed. The literature showing most relevancy and being published in an authentic journal or any other authentic source was included in this review.

2. LITERATURE REVIEW

2.1. Introduction

In Asian developing countries like Pakistan, the available resources for management of psychosocial issues of breast cancer patients are either scarce or not sufficiently utilized because of cultural constraints. First, due to joint family system, the diagnosis of cancer is often concealed to avoid distress in close family members. The diagnosis is also concealed due to stigmas attached to the Cancer. Second, owing to financial constraints, denial from diagnosis of cancer, and unawareness of treatment options, patients often try treatment from Hakims and homeopaths which significantly delays proper medical treatment (Banning *et al.*, 2009).

Due to the submissiveness of females in Asian culture, the bar of severity of psychosocial issues hits up to the peak in women with cancer, specifically in ones with breast cancer. This also needs a clear understanding that the nature of the psychosocial issues varies in different age groups of breast cancer women (Zebrack, 2011) and so the need of interventions differ from age to age. Although, age itself plays a great role in coping with diagnosis of cancer, the role of social support is a unique characteristic of Asian culture because of extended family system and strong emotional bonds between relatives.

The purpose of this literature review article is to enlighten the psychosocial issues of a breast cancer patient in Asian developing countries. In addition, recommendations with a psychosocial management tool (Stress Model Theory) are set forth to address the psychosocial issues in breast cancer women.

2.1.1 Concealing the Diagnosis of Cancer

In general, the term “cancer” is a major source of stress regardless of its type and severity. In Pakistani society, the very name of cancer brings frowns of concern and grief to the public. In a qualitative study conducted in Pakistan, one of the 30 respondents shared that her worry and distress was due to impoverished facility and trivial (Banning *et al.*, 2009). Besides, another qualitative study has discovered that Pakistani women perceive the cancer diagnosis as the end of life. They feel guilty for their diagnosis and consider it as wrath of God (Banning and Tanzeen, 2014). Concurrently, in her systematic literature review, Vainio (2010) has added that the reasons for hiding their diagnosis are the fear of side effects of treatment, the taboo that breast cancer carries in many countries including Pakistan and India, and fear of rejections and stigmatization from people around them.

Moreover, it is also identified that Pakistani and Brazilian women hide their diagnosis to protect their closer ones from pain and grief. According to Banning *et al.* (2009) in Pakistan it is believed that breast cancer can cause cancer in unborn children of the women. Therefore, unmarried females are at more risk of psychosocial issues as they have fear of rejection from the

society in terms of marital life. Having all these psychosocial issues, many women try 'Peers' and 'Hakeems' before consulting a physician. It is found that many women having lump in breast reported after almost two years of the development of the lump and delay of such an extent highly reduces the survival chances of a patient with cancer (Sharma *et al.*, 2012).

2.1.2. Financial Constraints

In Asian developing countries where government hospital are overcrowded and mostly with deficient resources (Bajpai, 2014) patients in need of critical nature of treatment usually prefer private hospitals. Consequently, all the cost of their treatment remains due on them for which they spend all their savings.

A family often depends on one or two breadwinners and poses more difficulties, especially when the bread winner himself is not healthy or has already passed away. For unmarried females, the condition becomes even more stressful as their parents show concern for their dowries; a debating tradition of all times in Asian developing countries. Besides, most of the women seek concession in their treatment as most of the population in the region suffers from poverty (Sharma *et al.*, 2012) but very few institutions provide welfare in this regard (Banning *et al.*, 2009). Thus, financial constraints either halts their treatment or compels them to avail cheaper options readily available in the region in form of 'Peers', 'Hakims', and 'Homeopaths'.

2.1.3. Unawareness and Denial

A cross sectional study conducted in Karachi, Pakistan has identified that women most of the times undergo shock and prolonged period of denial at the time of their breast cancer diagnosis (Rashid *et al.*, 2012). The study discovered that, due to this emotional disturbance and denial, treatment was delayed up to two months after the initial diagnosis of cancer. Another reason of not seeking medical attention is reported to be the fear of treatment and its side effects. Many women, before coming to hospital had tried alternative ways of treatment (Banning *et al.*, 2009). In some countries like China, several strategies are adopted to make the patient accept the diagnosis in its initial stages. These strategies included, the perception that they are not the only one with such diagnosis, and the fact that advances in medical treatments today have come up with its cure.

Research in India has revealed that most women with breast cancer have no knowledge about their disease (Shulman *et al.*, 2010). Some, however, do acquire relevant knowledge from kith and kin. These same patients express that they know breast cancer is painful and is incurable, which overwhelms them with different physical, social, and psychological issues.

Many women also showed their trust in Allah that the cancer has come from Allah and by His grace, it will be cured. In a qualitative study, participants of 40 years age and below shared their concerns about fertility. They were not properly directed on fertility options that increased their worries and stress regarding their future family (Gorman *et al.*, 2011). Thus, the awareness of breast cancer is still an unmet goal and even now women get information from sources that at times may not be reliable. Women with breast cancer need to know much more than the disease process.

2.1.4. Age Related Psychosocial Issues of Women with Breast Cancer

The experience of living with breast cancer is perceived differently by different age groups (Sammarco, 2001). To each age group, there are specific domains of life which affect their psychosocial health. In their study, Gorman *et al.* (2011) have identified that before the age of 41 years, breast cancer has devastating effects in a woman's life. At this stage, when a woman, especially the married one is tangled in various domestic relationships, breast cancer has its vile repercussions. Thus, coping with cancer is more difficult at this particular stage. Likewise, breast cancer in females of the age below 40 leads to more strained life. They show more concerns regarding their body disfigurement and their life goals especially their career, marriage, abrupt menopause, sexual and social relationship with intimate partners, and facing their colleagues and friends. Moreover, many of them try to manage their illness on their own account which renders them prone to psychosocial concerns. Attractiveness is an essential component for self-esteem (Abrams *et al.*, 2007) especially for the young adults who increasingly seek experience of intimate relationships, career achievements and high self-esteem; the diagnosis and treatment of breast cancer has critical influences on their lives. Alteration in their perceptions about their body image and self-esteem greatly affect their relationships and psychological health (Zebrack, 2011). A Study findings reveal that women in Pakistan were more worried for removal of their breast/s and at times they showed reluctance to mastectomy. Furthermore, a woman shared that she was ready for the side effects of chemotherapy, but mastectomy was not an acceptable option. Besides, increased consciousness of their body image leads to low self-esteem which badly affects their psychosocial health (Banning *et al.*, 2009). At later stage of the course of their disease, they mentally prepared themselves for side effects of chemotherapy, but mastectomy still remained an unacceptable and psychosocially distressing aspect for them. Thus, the psychosocial stress due to breast cancer is much more in young women with breast cancer than in old. However, interestingly this age group copes more quickly than any other if age appropriate interventions are provided (Sammarco, 2001; Zebrack, 2011). Literature on psychosocial issues of older women with breast cancer is limited. They cope with breast cancer in a different way as they have their own set of physical and psychological restraints. Their concerns range from poor financial conditions to loneliness resulting from the death of spouse and/or marriage and separation of children. It is reported that, older women with breast cancer have less psychosocial distress than younger women with breast cancer but comparatively they have low quality of life as they cannot manage their needs effectively (Sammarco, 2001).

2.1.5. Role of Social Support

Family and friends play an important role in treatment and emotional and social support of cancer patients (Abrams *et al.*, 2007). A study conducted in Pakistan reveals that initially family console a woman with breast cancer and express grief, but later on reassure her that she will get well. Likewise, the patient herself shows great concerns for her family; children and husband. In some cases, patients were more worried for their families rather than their own selves (Banning *et al.*, 2009).

Asian developing countries have highly patriarchal culture and that places great authority to head of the family. Consequently, his support and decision to go for treatment is highly significant in management of breast cancer. In such situations, if family is not supportive, patient get in psychosocial distress and mental complications. Pakistani women with breast cancer prefer to lead a secluded life, away from family and friends. The possible cause of such behavior is the profound scrutiny they receive from relatives and friends (Banning *et al.*, 2009). Another study has identified that, for most women their disease made them more self-centered and driven by personal goals that provoke their concerns about their relationship in particular with the husbands. Besides, some patients feel worthless, which intensify the need of support from family and friends (Banning and Tanzeen, 2014). Furthermore, a study conducted in Pakistan reports that withholding disease information from patients resulted in higher hopes of patients and better recovery. The study also revealed that, many families in Pakistan request the health care professional to not share the actual diagnosis with the patient at the time of initial diagnosis or during the relapse of the disease (Rashid *et al.*, 2012). Thus, in care of cancer patients, social support plays an important role. There is a need of awareness in public regarding the breast cancer in order to reduce stigmatization and torment resulting from extensive schmooze.

3. RECOMMENDATIONS

Zabora and MacMurray (2012) have described that, the Stress Model Theory (SMT) best fit with the coping process of a patient with cancer. According to SMT, before an individual response to an event such as the diagnosis of cancer and psychosocial distress related to it, the individual develops personal meaning of the event or disease. The development of this personal meaning depends upon the internal and external resources available to the individual undergoing through the disease or any other stressful event (Donovan *et al.*, 2014). Consequently, based on this personal meaning, patient copes with situation either in positive way or in negative way. See fig 1

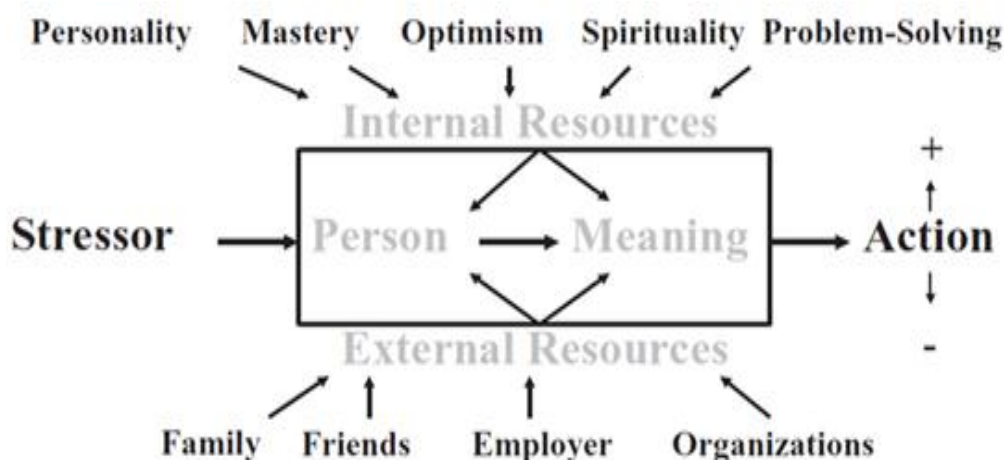


Fig-1. Psychosocial Screening History

Looking into the importance of preventing psychosocial issues in patients with cancer, nurses should be specially trained for psychosocial issue screening and management. For this purpose,

specialty track in oncology must be introduced and generally applied in nursing which will prepare skillful nurses for holistic care of a cancer patient. Besides, a standard tool like distress thermometer tool should be introduced in oncology units to screen patients for psychosocial distress. This will ultimately help in management of psychosocial distress among cancer patients.

4. CONCLUSION

Psychosocial issues are one of the basic challenges faced by a breast cancer patient. Based on certain factors, the intensity of psychosocial distress varies from patient to patient. Although, strong social support is usually available to a cancer patient in Asian countries, the role of health care professionals is still pivotal in this regard. Psychological capabilities not only give comfort to patients, it also puts the patient in a better scenario to take effective decisions in management of her conditions.

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