



## **Psycho-Social Problems Of Breast Cancer Victims Of Tamil Nadu**

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### **Abstract**

According to the American Cancer Society, about 1.3 million women are diagnosed with breast cancer annually worldwide about 465,000 die by the disease. It is the second major cause of cancer deaths in women today after lung cancer and is the most common cancer among women, excluding non-melanoma skin cancers. Breast cancer rates have risen about 30% in the past 25 years in western countries. Although breast cancer rates are rising in many western countries, deaths from the disease have decreased in some countries as a result of improved screening and treatment. In developing countries, the lifetime probability of developing breast cancer is about 1.8%. The number of breast cancer in India is about 100,000 women each year and there will be approximately 2, 50,000 new cases of breast cancer in India by 2015 says Indian Council of Medical Research (ICMR). The world cancer report also reveals that the developing world is expected to account for more than half of all cancer cases in the world by 2020. WHO is also warning that Asia's annual death toll from cancer, currently at about 4 million, could reach 6.4 million by 2030 if current trends continue. This rise is particularly affecting younger women between 30 and 40 years. According to the National Cancer Registry Programme Report on time trends in cancer incidences rates (1982-2005) of the ICMR the estimated number of breast cancer cases in India in 2010 is 90,659. With this background, to address the issues and seriousness of this emerging women's health needs this research explores the Psycho-Social Problems and Challenges in Access to Medical care and support of Breast Cancer Patients.

**Keywords:** Cancer Society, Indian Council of Medical Research, breast cancer, Women, Psycho Social problem

### **1. Methodology**

This study is exploratory in its research design, attempting to investigate the psychosocial problems of breast cancer infected women and their survival challenges. Fifty breast cancer infected women have been selected for this study on the basis of purposive sampling method. For this study, the prominent two cancer treatment specialty medical institutions such as GVN hospital, Tiruchirappalli and Madras Cancer Institute, Adyar, Tamil Nadu have been approached for the purpose of this research and got the list of breast cancer infected women who are undergoing the treatment in their hospitals, then among them the researcher has been selected 50 women who are given the consent for data collection with the permission of hospital authorities.

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Both primary and secondary source of data have been collected for this research. Primary data have been collected from the breast cancer infected women and doctors of the chosen hospitals by using structured interview schedule and in-depth interview techniques. The secondary source of research has been collected from Periodicals, Books, Newspapers, Reports, hospital records, web source and so on.

## **2. Background of Breast Cancer Patients**

Among the total respondents three-fourth (76%) of them were completed their primary education and one tenth of them were completed their collegiate education. Comparatively very less percentage (8%) was illiterate. Regarding marital status 94 percent of the respondents were married and only 4 percent were unmarried. Breast cancer risk increases with age. Review of medical histories said that 16% of women aged 40-60 have breast-related problems. Most of the respondents (78%) were hailed from the other backward caste 12 percentage were hailed from backward caste of one – tenth of the victims were fall under scheduled caste. Eighty –four percent of the respondents were Hindu; only 13 percentages were belonged from Christians and Muslims. 62 percentages of respondents were resided in nuclear families, 38 percentages respondents were resided under the tradition family system as joint family. Seventy percentage of the respondents were holed 3 – 5 members in their family as family size very nearly one third of respondents monthly family income was less than Rs.5000/- sixty two percentage of the respondents family monthly income was rages forms Rs.5000 to Rs.2000 very least percentage of respondents were had above Rs.2000 as their monthly family income. The above mentioned socio economic characteristics of respondents are directly or indirectly affected their health status. In this particular disease of Breast cancer the victims' education, marital status, income, family type are closely linked with their knowledge on Breast cancer, treatment seeking behaviours, support systems needed, early detection of disease and their medical expenses etc. It has been proved by this research. Since lack of awareness and highly expressive cost of cancer treatments and poor socioeconomic status of women in their family as well as society the women are struggling for searching the answers to the Question like for treatment how to get. Where to go? Whom to contact? Who will spend? What are the processes?.

## **3. Psycho-Social Problems**

All the women were experienced different kinds of psychological issues. Generally they were stated that they had no words to express their feelings and mental worries related to disease and reflections of others just because of affected by this type of cancer. They have undergone the psychological problems the use the reasons loneliness, mental stress due to economic inability to bear cost of treatment, fear about family members' acceptance themselves as cancer patient, no persons to take care of them, refusal negligence of family members. And family barrowings debts had drawn to meet out the treatment expenditures. It was found that psychologically they had been so worst conditions, which are very difficult to narrate by words or writings. Eighty-six percentage of women stated that they were taken care of their family members remaining were unhappy with their family members approach as well as society's wrong perception and attitude about the breast cancer.

They were mentally worried and disturbed more due the breast cancer infection. They expressed that since this disease normal routine life of their family was affected though they are cared by family members. It has increased the responsibility of family member especially in terns economical spending. The difficulties which are faced by the family members related to their disease care made them to feel so guilt and burdened they added. In certain families it was found that their disease intensively has affected their children's education. In order to spend more for medical expenses, their family was made the pressure to reduce the investment of children's education. This situation pressurised the children to withdraw their interest in education and minimize children's ambitions even though they have knowledge and potentials. This situation was affected their future. The need of spend more of medical treatment had disturbed the peacefulness of every one's mind in the family and made the patients to thought themselves as burden. The entire respondent expressed that their mind stature and stress were so worst during the periodical medical check – up time than the permanent stress which is they are experiencing. They said that every time whenever they go to medical examination their mind had been

fearful of survival, last date of survival, intensive of disease and what to do if the doctor asks to remove the breast.



#### 4. Conclusion

There are multiple factors which collectively or individually lead to the breast cancer many oncologists state that westernization of culture, high stress at a young age, consumption of alcohol, rise in pollution levels, obesity, and among others are the main reason behind the disease. Also experts say early detection is the best way to prevent the disease from spreading and improve the odds of survival. If detected in time, the cure rate is an astonishing 97 percent. The problem is almost 70 percent of cases are detected in the stage three of the disease due to lack of awareness and hesitate to visit the health facilities for breast cancer examination. Till then a lot of time had been wasted and the cure rate obviously goes down. The above mentioned facts have been also reflected in this particular research, it is observed that gender as obvious and prime reason for psycho social problems of breast cancer infected women. The lack/absence of awareness about the breast cancer, lack of information regarding availability of health facilities and treatments, late diagnosis, high expensive nature of treatments, gender insensitive health policies and programmes, gendered myths, and misconceptions associated with women's body and its related talks are observed as the important factors for disease prevalence and rising. This condition leads to the misunderstandings about the diseases in public spheres especially paves way forward to social exclusion one-way, the other way it has damaged the psychological conditions of the women who are infected by various forms to make the situation as burden of life in private sphere. The Gender construction associated with women's right to access information regarding their body talks and reproductive rights are the invisible and hidden fact for this kind of victimization of women.

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