

## Impact of Social Determinants on Cancer Patients and Their Caregiver's Well Being: A Study at Cancer Specialty Hospital in Jaipur

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### Abstract

Health is an essential aspect of human life. It is not only restricted to physical state of wellness or absence of any kind of disease but also includes social, psychological and spiritual wellbeing. Cancer is widely acknowledged as a chronic disease, thus, it has an impact on every aspect of life of not only the patient but also his caregiver. Two of the most important criteria of judging wellbeing of an individual are stress and quality of life. Based upon one's own assessment of state of affairs these variables represent the how an individual feels about the situation he or she is in. Social determinants are the socio environmental factors which have an impact on the well-being of an individual. The analysis of these factors shows the extent of influence they have on the health of a person.

**Keywords:** Health, Social determinants, Stress and Quality of Life

### Introduction

The academic discipline of sociology is concerned with the understanding of human societies and human relations. It not only highlights personal troubles and social issues but also emphasizes on individual crisis situations and institutional contradictions.

Medical sociology, a branch of sociology; came into existence during the post second world war era in developed countries like Europe and United states. It has a distinct scope and subject matter which synthesizes information from both medical and sociological point of view. The correlation between health and social structure has been the building block upon which the entire setup of medical sociology is based. Traditionally, the materialistic or structuralism explanation was used to highlighted a correlation between health and social structure investigating how social factors such as the political economy, the corporate structure, the distribution of resources, and the uses of political, economic and social power influence health and illness along with society's response to health and illness.

With the development of new paradigms in the study of health, there were various other factors which were considered equally important in their influence on individual and social health. Gradually importance was given to the complex interactions and relationships between economic conditions, social structure, social relationships and networks, individual behaviour and psychosocial factors.

### Theoretical Background

One of the most important contributions towards development and understanding of medical sociology was that of **Talcott Parsons**. He in his book "**The Social System**" in 1951 explicated the relatively complex structural functionalist model of society, in which social systems are linked to corresponding systems of personality and culture. It also contained Parsons' concept of social system and most importantly "the sick role".

The Parson Ian viewpoint insisted on maintaining stability and balance in the society and considered

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sickness as dysfunctional as it threatened to hamper the poise of the system. The sick that are unable to perform their social roles and obligations because of their medical conditions were seen as hindrances. The medical professionals on the other hand provided controlling and curing the disease so that the person could reunite with the society and become functional again by fulfilling his social roles.

Later, social theorist Michael Foucault at this time emphasized on the emergence of two distinct trends in medical practice. They were called "medicine of the species and the medicine of social spaces". While the medicine of species dealt with classification of disease, its diagnosis and treatment and finding cures making the human body an object of study and observation. On the other hand, the medicine of social spaces emphasized on the prevention of diseases rather it's than cure.

To begin with, the very core of medical sociology is the concept of health. The WHO defines health as "A state of complete physical, mental and social well-being and not merely the absence of a disease or injury". This definition understands health as the ability to function to the point that they can do whatever they want to do. Another important aspect related to the study of health is disease. Sociologically, disease is thus seen as deviation from normal values and is accompanied with abnormalities in structure and function of body organs or systems. The disease can be further classified into chronic and acute depending upon its intensity. Acute disease lasts for a short duration but have a prominent impact on the body; chronic disease on the other hand lasts for lifetime. Chronic disease may later content into terminal illness.

Cancer is defined as most common example of chronic diseases. However, cancer can progress from chronic to terminal stage. Cancer is a resultant of abnormal cell growth within the body. It has been distinguished into various stages depending upon the growth and the specific symptoms associated with it gradually transforming from a chronic to terminal stage is usually classified into four stages, each having different parameters to distinguish one stage from another.

### **Objective**

The objective of the research article is to provide a sociological understanding of the concept of health, illness and well-being. It will try and understand the relevance of the social determinants of health and their impact on the individual's life and social health. The study will also analyse the contribution of social stress as a major factor in influencing mental health of the patient as well as the care giver. To understand the psychological traumas which include fears, anxieties, and depressions mood swings etc. of acceptance and adaptation of the disease.

### **Methodology**

The study was conducted by selecting respondents from Bhagwan Mahaveer Cancer Hospital and Research Centre, Jaipur Rajasthan. The study has used sampling method to select the respondents from the above said universe. With the intent to choose selective respondent depending upon the requirement of the research work, purposive sampling method was used with sample size of 50. The sample size was further divided into 25 patients and their respective caregivers.

### **Research Findings**

As the interactionism theory evolved after the fading of structural theories, it placed greater emphasis on the relevance of socio ecological factors. Thus, the Socio ecological model constituted the socio -demographic factors which were called the social determinants gained importance. It included age, gender, social class and education important in defining health and illness.

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The research work considers the following as its social determinants which has an impact on health and wellbeing of the respondents. It is necessary to mention here that the research work considers two new factors as social determinants namely area of residence and family structure as it considers them influential on health of respondents.

- a) Social class      b) Age              c) Gender      d) Education
- e) Area of residence- rural or urban    f) Family structure- nuclear or joint

**A) Social Class**

A social class is a hierarchical categorization or grouping of people who have approximately the same amount of wealth, status, and power in a society. The study of health and medicine describes social class in terms of Socio economic status (SES) which is used as a parameter to understand the influence of ecological elements on an individual’s well-being. In context of this research work, B. G Prasad model was used to assess the Socio – economic status of the respondents of the study. It is an income based scale which is calculated every year on the basis of inflation and depreciation of currency in a financial year. The study uses the classification as determined in December 2016.

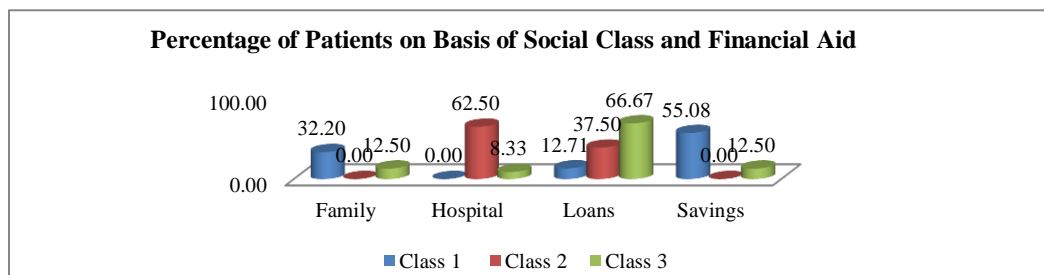
**Table 1**  
**Socio- Economic distribution of respondents**

Social Class	Patient	Percentage (%)	Caregiver	Percentage (%)
Class I	19	79	19	79
Class II	2	5.0	2	5
Class III	4	16	4	16
<b>Total</b>	25	100	25	100

**Table 1** suggests that majority of respondents belonged to class I that is their income was more than Rs. 6277 per month which was in accordance with the rate of currency and inflation that year. Also, the reason for similarity between the class distribution of the patient and the caregiver is that all the caregivers were usually the members of the same family as the patient. As a result, they belong to the same social class. However; the next highest category of respondents belonged to class III which earned less than Rs.3138 per month.

Moreover, it is highlighted in the study that the socio economic scale also represented the nature of financial burden by assessing the relation between social class and loan taken for treatment (financial aid) of the patient and how both the patient and the caregiver interpret and assess their financial situation.

**Table 2**  
**Relation between Social Class and Financial Aid (Loan)**



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**Table 2** shows the percentage distribution of respondents belonging to different social classes and the sources from where they have arranged for financial aid during the course of treatment. While the Class I depends on family (32.20) & previous savings (55.08) for financial help, the respondents belonging to Class II (62.50) have financial backup from the hospital itself for not only the treatment but also medicines. Class III (66.67) on the other hand is dependent on private money lenders for financial aid. These figures highlight that the majority of the respondents need financial help at one point of time or another during the course of the treatment.

### B) Age

Another important determinant which has a significant impact on health is, age. However, in the study the influence of age is not clearly visible in the patients but its influence can be seen in case of caregivers for whom age influences many issues which may act as a hurdle in the care taking tasks associated with the patients suffering from cancer.

The maximum number of respondents belongs to the age range of 30 to 60 years. This data however, has different interpretation for the patient and the caregiver. To begin with, the analysis of patient data reflects that 77.5% of the patients belonged to the age of 30 to 60 years. Similarly, 78.67 % of the caregivers also belonged to the same age range, making them more physically fit to handle caretaking tasks. The study also found a negative correlation between the age and the quality of life of patients.

**Table 3**

#### Relation between Age of Patient and other variables

Variables	Pearson co-relation	P- Value	Significance
Stress	-0.031	0.708	Non-significant
Quality of Life	-0.156	0.057	Significant

**Table 3** Shows a negative correlation between the two variables which signifies that an increase in one variable leads to a decrease in the other; that is, an increase in age leads to deterioration in quality of life of the patient. This is not only restricted to physical attribute of well-being along with over dependency on others both psychologically and socially also contributes a feeling of lack of control over one's life. All these factors and more contribute to a low sense of well-being.

### C) Gender

The impact of gender specifically in case of cancer is not clearly visible but the individual perception of disease associated stress and ability to cope can be swayed by gender. Moreover, the caretaking tasks associated with the cancer patients can have gender associated connotations.

This research work considers gender as a social entity which is both socially and culturally understood. As stated above, each society has certain kind of roles and behaviours attached to a particular gender. The research tries to understand these roles and their relevance in study of health and care.

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**Table 4**  
**T- Test between Gender, Stress and Quality of life**

Variable	Male		Female		T-Value	P-Value	Significance
	Mean	Std. Deviation	Mean	Std. Deviation			
<b>Stress</b>	24.26	4.54	22.26	3.50	-2.98	0.003	Significant
<b>Quality of Life</b>	72.24	9.50	77.40	8.38	3.51	0.001	Significant

**Table 4** shows the relation between gender and levels of stress found among the respondents. It is important to pinpoint that the influence of gender on stress is visible only on comparing the data of the respondents belonging to the two genders. The impact of stress is more prominent in case of males as compared to females. Contrastingly, the quality of life among male caregivers was found to be better in comparison to the female caregivers. This, as stated above might be due to the burden of responsibilities perceived by the female caregivers. This burden is not merely restricted to physical and mental trauma but social strains as well.

#### **D) Education**

The knowledge and skills attained through education may affect a person's cognitive functioning, make them more receptive to health education messages, or better enable them to communicate with and access appropriate health services. Therefore, it captures the long-term influences of both early life circumstances on adult health and the influence of adult resources.

For the purpose of this research the respondents have been categorized based on the definition of literate as put forward by the government of India. Thus, it divides respondents into illiterate, literate and graduate. More than half of the respondents are educated namely 57.33% in case of patients and 62.67% in case of their caregivers. Also, the percentage of respondent who could neither read nor write was 24 % and 20% respectively in case of patients and caregivers.

However, while analysing education as a factor which influenced health of the respondents, it was found that both in case of patients as well as caregivers education did not play a significant role. Contrary to the belief, it was established that the impact of education on stress and quality of life of the respondents was not evident enough as compared to the other social determinants of health.

#### **E) Area of residence: Urban and Rural**

To begin with, health seeking behaviour of the individual is influenced by not only by one's attitude towards health illness but also by the accessibility to health care services as well. With growing urbanization, the rural-urban continuum in health became more apparent. However, a thin line still exists which demarcates these two socially as well as culturally.

The difference between the rural and urban health influencing factors is also visible in context of the social environment that is the existence of psychological stressors, the presence of marginalized population with risk behaviours and the influence of socio economic class is more prominent in case of urban societies . Similarly, the physical environment in terms of clean and pollution free air, more space for outdoor activities is more in rural areas.

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Table 5

T- Test between Area of Residence, Stress and Quality of life

Variable	Male		Female		T- Value	P- Value	Significance
	Mean	Std. Deviation	Mean	Std. Deviation			
Stress	34.55	7.416	34.67	9.432	0.01	0.930	Significant
Quality of Life	76.58	8.34	72.96	9.78	5.56	0.020	Significant

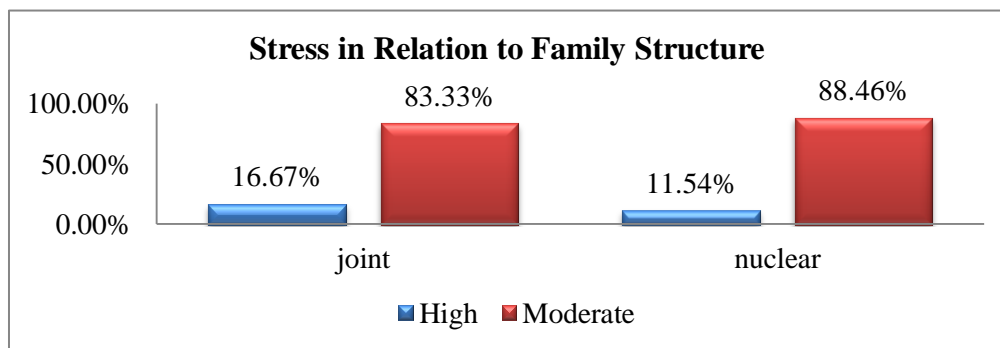
Table 5 shows area of residence is significant factor and causes stress among respondents. This might be due to several factors such as making arrangements for travel, arranging for adequate means of transport in accordance with the needs of the patient, the time consumed in travel in case of a hospital visit, leaves required for accompanying the patient in case of a working caregiver and apart from these arranging for financial resources for such visits are major concern of the care givers.

**F) Family Structure: Nuclear or Joint Family**

In India, the family is the most important institution that has survived through the ages. India, like most other developing, traditional eastern societies is a collectivist society that emphasizes family integrity, loyalty, and unity.

Table 6

Stress and its relation with Family type



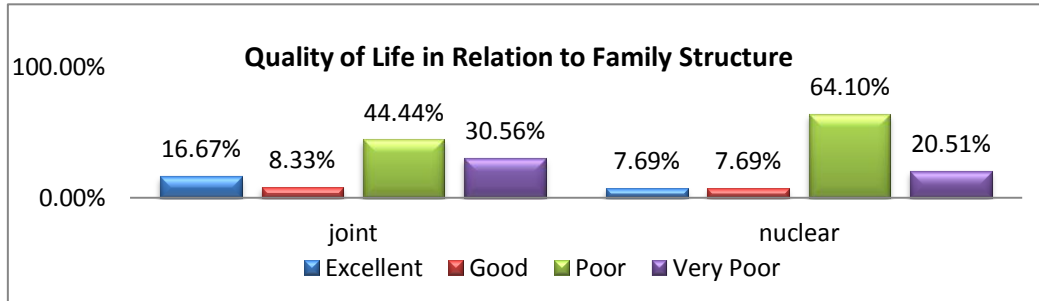
The existence of stress and its relation with the type of family is evident enough in Table 6. The family structure can have both positive as well as negative impact on the health of an individual. On one hand, it provides a supportive and caring environment for the patient and the caregiver to help cope with the disease, but in some instances create a disharmonious environment and lack of support to the patient and their caregivers making situation problematic for them. On the other hand, on

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analysing the Quality of life and the family structure among patients the results were completely different. **Table 7** below shows that the quality of life as perceived by the patients in joint families was better than those belonging to the nuclear families.

**Table 7**  
**Quality of life and its relation with Family type**



### Conclusion

To conclude, it is not incorrect to say that although the social determinants have an impact on health and well-being of the respondents. The study found that the most relevant social determinants were the social class and the family structure. However, the priorities of the respondents vary; the patients are more concerned about financial security in future for their family whereas the caregiver is more worried about the well-being of the patient.

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