3.0 Exploring Journeys: Physical Well-being in Breast Cancer Patients across Uttar Pradesh

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Abstract

A rising number of women are being diagnosed with breast cancer every year, making it the most frequent form of cancer among females worldwide including Uttar Pradesh in India. Understanding how breast cancer affects patients' physical health is becoming increasingly important for the development of efficient healthcare strategies and support systems as the number of breast cancer cases continues to rise. The study aims to explore the physical well-being of breast cancer patients in Uttar Pradesh. Purposive sampling methods were employed and thoughtfully selected 96 participants across four district (Kasganj, Etah, Kanpur and Lucknow) across Uttar Pradesh representing both rural and urban areas within each district. Fatigue, a common symptom, exhibited similar patterns in both rural and urban settings, with subtle disparities. Appetite changes, sleep changes indicating a higher prevalence of severe hunger disorders in urban areas. Aches showed discernible disparities, with rural participants reporting fewer issues than their urban counterparts. Weight gain and vaginal dryness displayed nuanced variations, highlighting the complexity of these issues across different contexts.

To address these findings, individualised interventions for nutritional support, hygiene education, fatigue management, pain management, education on sleep, weight management, and sexual health support are recommended. These tailored strategies aim to enhance the overall well-being of breast cancer patients, recognizing the specific challenges identified in both rural and urban settings in Uttar Pradesh.

Key words: Cancer, breast, pain, sleep, nutrition, weight

Introduction

Breast cancer, a disease that is common and can change the course of a person's life, presents affected persons with major obstacles to both their physical and mental well-being. According to statistics compiled from all over the world, breast cancer is the type of female cancer that occurs most frequently, and its incidence is growing all over the world. This concerning pattern can also be found in Uttar Pradesh, which is located in India and is one of the states with about 240 million population. As the number of people diagnosed with breast cancer continues to climb, it is more important than ever to have a solid grasp of how the disease affects the patients' physical health in order to devise appropriate treatment plans and support networks.

The physiological impact of the disease and its treatment, as well as the overall quality of life experienced by those who are dealing with this diagnosis, are all variables that contribute to a breast cancer patient's overall quality of life and can have a significant impact on their physical well-being. A significant number of researches have shed light on the delicate connection that exists between a person's physical health and the psychological and emotional components of cancer. Researchers are delving deeper into the specific environment of Uttar Pradesh, and as a result, it is becoming increasingly important to explore the special obstacles that breast cancer patients in this region experience. These issues should take into account cultural, socioeconomic, and healthcare inequities, all of which may have an impact on the patients' overall physical health.

Through investigating the myriad facets of breast cancer patients' health, the purpose of this study is to make significant contributions to our understanding of the patients' overall physical well-being in Uttar Pradesh. We can find areas for focused interventions and holistic support systems that address the specific requirements of individuals in this region if we conduct an exhaustive assessment of the physical impact of the disease and therapy on patients. This will allow us to identify areas of concern.

As we begin this voyage of inquiry, it is necessary to identify the preexisting corpus of literature that will serve as the foundation of our investigation. Studies such as those conducted by Ferlay et al. (2020) and Bray et al. (2018) offer a global perspective on the incidence and trends of breast cancer. These studies help set the stage for our specific investigation within the context of Uttar Pradesh. Additionally, works by Ganz et al. (2018) and Stanton et al. (2015) highlight the delicate interplay between physical and mental well-being in cancer patients. These studies serve as a guide for our approach to evaluating the overall impact that breast cancer has on those living in this region.

The purpose of this research was to contribute to the current body of information while also presenting practical implications for healthcare professionals, policymakers, and support organisations about the physical well-being of breast cancer patients in Uttar Pradesh. We think that by catering to the particular requirements of this group, we will be able to pave the path for better patient outcomes as well as a healthcare system that is both more compassionate and efficient.

Literature Review

Extensive study has been conducted all over the world on the subject of the mental and physical health of breast cancer patients. These studies have yielded important new insights into the complex obstacles that individuals who are battling this tough illness must encounter. Studies conducted by Ganz et al. (2017) and Stanton et al. (2017) have investigated the physical sequelae of breast cancer. These studies highlighted the influence that treatments such as chemotherapy, radiation therapy, and hormonal therapies have on the general health of patients. These research highlight how important it is to have a comprehensive awareness of the global environment of physical wellbeing in order to contextualise and solve the specific issues that breast cancer patients in Uttar Pradesh confront.

Furthermore, the global incidence and trends of breast cancer, as documented in extensive reports such as those by Sung et al. (2021) and Ferlay et al. (2018), provide an essential backdrop for understanding the frequency and distribution of the illness. These reports may be found on the websites of Sung et al. (2021) and Ferlay et al. (2018). We can find probable factors influencing the physical well-being of breast cancer patients in this region by comparing worldwide patterns with the unique conditions in Uttar Pradesh. This allows us to determine potential causes of breast cancer.

In addition, research conducted by Andersen et al. (2018) has investigated the impact that socio-economic determinants have in determining the physical outcomes of breast cancer. This research emphasises the importance of taking into account the larger social context in our investigation. It is essential for us to incorporate data from other parts of the world in order to have a comprehensive understanding of the factors that contribute to health inequalities and outcomes when we are investigating the physical well-being of breast cancer patients in Uttar Pradesh.

A complete assessment of research conducted all over the world on the physical well-being of breast cancer patients serves as the foundation for the research that was conducted in Uttar Pradesh. We may establish a detailed understanding of the issues experienced by persons in this region by synthesising findings from a variety of contexts. With this information, we can formulate targeted interventions to improve the individuals' physical well-being.

Research conducted within the setting of India plays an essential part in gaining a better understanding of the unique obstacles that breast cancer patients must overcome and adds significant value to the overall body of knowledge. Gupta et al. (2019) conducted research that investigated the socio-cultural factors that influence the health-seeking behaviour of breast cancer patients in India. This research looked specifically at patients in India. This study highlights the necessity of incorporating cultural aspects in our study on the physical well-being of breast cancer patients in Uttar Pradesh, where cultural nuances may greatly effect healthcare utilisation and results. The research was conducted in Uttar Pradesh, which is located in northern India.

In addition, Patil et al. (2020) investigate the incidence of treatment-related complaints among breast cancer patients in India. Their findings offer light on the particular physical obstacles that are confronted by persons who are receiving a variety of therapeutic procedures. If we incorporate the findings of studies like this into our own study, we will have a better knowledge of the nuanced experiences that breast cancer patients in Uttar Pradesh go through. This will make it possible for us to develop a strategy that is more tailored and culturally sensitive to improve their physical well-being.

In addition, studies such as the ones carried out by Rathod et al. (2018) highlight the significance of taking into consideration the socioeconomic gaps that exist in regards to healthcare access and outcomes. In light of the numerous socioeconomic conditions that may

be found in Uttar Pradesh, it is essential to include the findings of the Indian research that have been conducted in order to conduct an in-depth investigation of the physical health of breast cancer patients living in this area.

So, the utilisation of research that was carried out within India enhances our comprehension of the situation-specific aspects that influence the physical well-being of breast cancer patients. We hope that by incorporating the findings of these Indian studies into our research on Uttar Pradesh, we will be able to develop a more nuanced and culturally informed perspective. This will help us contribute to the development of targeted interventions that address the specific challenges that breast cancer patients in this particular region face.

Objective

The primary objective of this research study is to investigate the physical well-being of breast cancer patients in Uttar Pradesh. This investigation is an essential part of the researcher's overarching mission, which is to evaluate the entire quality of life that is impacted by a diagnosis of breast cancer in this area for those who are coping with the disease on a daily basis. The researcher's goal is to understand the influence of the disease and its therapies on the health status of patients by concentrating primarily on the physical aspects of well-being. This purpose requires a careful investigation of a variety of aspects of patients' physical health, including but not limited to the physiological effects of breast cancer and its treatments, the prevalence of treatment-related symptoms, and the patients' overall functional level.

This research is expected to contribute useful insights that go beyond the conventional clinical measures and provide a comprehensive perspective on the health of breast cancer patients in Uttar Pradesh. It can pave the path for targeted therapies and support mechanisms that address the special requirements of persons who are dealing with breast cancer in this region by understanding the distinct physical problems that exist within this cultural and socio-economic environment. Through the use of evidence-based research and well-informed healthcare methods, the ultimate objective of this research is to improve the general well-being of breast cancer patients in Uttar Pradesh as well as their quality of life.

Methodology

In this study, individuals were selected for the research in a deliberate and careful manner using purposive sampling methods. The study was carried out in four different districts: Kasganj, Etah, Kanpur, and Lucknow. Within each of the research districts, a total of 96 people were chosen to participate in the study. These people were from both rural and urban parts of their respective districts. Within each district, 12 samples each were drawn from rural and urban areas, so that the results would be representative.

The selection of this strategic sample strategy was made in order to capture the various socio-economic and geographical aspects of the districts that were chosen. The purpose of the study was to achieve a balanced sample of the population by purposefully selecting participants. This would allow for a more nuanced knowledge of the physical well-being of breast cancer

patients in both rural and urban settings. This comprehensive sampling technique guarantees that the findings are reflective of the varied experiences that can be found within the defined districts of Kasganj, Etah, Kanpur, and Lucknow. This strategy also improves the generalizability of the study's findings, which means that the findings can be applied to a wider population.

Results and Interpretation

Indicators of physical well-being in breast cancer patients include a variety of factors that have a direct influence on the patients' level of comfort and overall health. Indicators of Physical Well-Being It is vital to monitor the patient's physical well-being for the purpose of maintaining their comfort and general health. Some examples of physical well-being indicators include changes in appetite, aches, sleep difficulties, weight gain, and vaginal dryness. In order to provide complete care for breast cancer patients and to address both their comfort and their general health, it is essential to monitor these indications of their physical well-being.

Table: Physical well-being of breast cancer patients in Uttar Pradesh (Sample = 96)

PHYSICAL WELL BEING	Area	No Problem	Some Problem	Problem	High Problem
Fatigue	Rural	25.00	35.40	29.20	10.40
	Urban	25.00	35.40	27.10	12.50
Appetite changes	Rural	20.80	43.80	27.10	8.30
	Urban	14.60	33.30	25.00	27.10
Aches or pain	Rural	18.80	41.70	27.10	12.50
	Urban	14.60	31.30	41.70	12.50
Sleep Changes	Rural	33.30	29.20	27.10	10.40
	Urban	8.30	39.60	33.30	18.80
Weight gain	Rural	25.00	33.30	31.30	10.40
	Urban	29.20	39.60	20.80	10.40
Vaginal dryness	Rural	25.00	33.30	22.90	18.80
	Urban	12.50	45.80	25.00	16.70

Source: Primary data. Figures given in the percentages.

1. Fatigue

The severity of fatigue can vary, which in turn affects a patient's levels of energy and their day-to-day activities. Fatigue is a common symptom. A state of great tiredness and exhaustion, fatigue is most commonly brought on by exertion of either the physical or mental variety. There was no significant difference in the proportion of participants reporting "No Problem" or "Some Problem," and approximately 60-61% of participants in both rural and urban settings indicate that they are either not exhausted or are experiencing a level of fatigue that is tolerable for their activities.

According to the findings, there is a somewhat higher proportion of rural participants (29.2%) who rated experiencing fatigue as a "Problem" in comparison to their peers who live in urban areas (27.1%). Despite the fact that the difference is rather little, it suggests that there is a

somewhat higher incidence of moderate fatigue in rural areas. In comparison to rural respondents (10.4%), urban respondents reported a prevalence of fatigue that was classified as a "High Problem" that was slightly greater than that of rural respondents (12.5%). Again, it should be highlighted that this difference is rather minor; yet, it does suggest that there may be a somewhat increased occurrence of marked exhaustion in surroundings that are predominantly urban.

In a nutshell, people who live in rural areas and people who live in urban areas both experience fatigue, with comparable percentages indicating either the lack of exhaustion or the ability to manage with it. The two groups have some subtle differences, such as the fact that rural residents have a marginally higher incidence of moderate fatigue while urban residents have a significantly higher incidence of severe exhaustion. The patterns of exhaustion are, in both settings, generally speaking, rather comparable to one another to a significant degree.

2. Appetite changes

Changes in appetite are crucial to keep an eye on during treatment since they can have an impact on both nutrition and general health. Participants from both rural and urban areas have reported having changes in appetite, albeit the severity of these changes varies. Seventy to seventy two percent of people in both groups report feeling some degree of appetite change, with responses ranging from "Some Problem" to "Problem" or "High Problem."

The percentage of people who live in rural locations who say they have "No Problem" with their appetite changing is slightly greater than the percentage of those who live in urban areas who say the same thing, which is 14.6%. This suggests that a greater number of people who live in rural areas have not had challenges related to their appetite. According to the findings, those who live in rural locations have a higher propensity to report experiencing "Some Problem" with variations in their appetite. This is in comparison to their counterparts who live in urban areas, who only have a 33.3% likelihood of doing so. Based on these findings, it appears that rural areas have a higher incidence of mild appetite disorders. In comparison to their urban counterparts, rural participants (27.1%), who showed a little higher proportion in expressing "Problem" with appetite modifications, there is a slight difference. Urban participants (25.0%) were more likely to say they had a problem. This research suggests that those living in more rural areas had a somewhat higher incidence of minor hunger problems. The percentage of urban respondents who indicated that they had a "High Problem" with fluctuating appetites was significantly greater (27.1%), in comparison to the percentage of rural respondents (8.3%). This study implies that there is a significantly higher frequency of severe hunger issues in urban areas.

Thus, people living in rural areas and people living in urban areas have reported experiencing changes in their appetite, and the proportions of those experiencing these changes are equivalent, which indicates that there are mild to moderate worries. However, there are notable differences that can be detected between the categories that have been discussed thus far. In terms of shifts in appetite, those who live in rural locations are more likely to report

having "No Problem" or "Some Problem" than those who live in urban areas. Those who live in urban regions, on the other hand, are more likely to report a "High Problem," which indicates a greater prevalence of severe hunger problems inside urban contexts.

3. Ache or pain

Because the disease itself or the therapy for it can cause aches or discomfort, it is necessary to have appropriate ways for managing pain. The number of participants who live in urban regions who report having aches or pain is significantly lower, at 14.6%, than the percentage of participants who live in rural areas who indicate "No Problem" when asked about experiencing aches or pain, which is 18.8%. The percentage of people living in urban areas who say they have "Some Problem" with aches or discomfort (31.3%) is close to the percentage of people living in rural regions who say they have "Some Problem" with these symptoms (41.7%). In more remote areas, approximately 27.1% of people report having a "Problem" that is related to aches or discomfort. On the other hand, an equivalent percentage of 41.7% of people report having comparable problems in urban locations.

12.5% of participants from both rural and urban areas report having a "High Problem" with aches or discomfort. This number is the same for both groups. 12.5% of participants in both rural and urban settings reported experiencing "High Problem" occurrences of pains or discomfort, indicating that this issue is prevalent in both settings. The percentage of people who report having "Some Problem" with aches or discomfort is about identical in urban (31.30%) and rural (41.70) areas.

When compared to their counterparts in urban regions, the proportion of people living in rural areas that report having "No Problem" with aches or discomfort is somewhat greater (18.8%) than it is for those living in urban areas (14.6%). The proportion of people living in urban regions that report suffering "Problems" linked to aches or discomfort is significantly higher than the proportion of those living in rural areas, who claim a lower prevalence of 27.1%. This proportion accounts for 41.7% of people living in urban areas.

In general, there are observable differences in the occurrences of body discomfort, specifically aches or pains, between respondents living in rural and urban locations. These differences can be seen when comparing the frequency of aches and pains. In this regard, respondents who live in rural areas are more likely to report less problems than respondents who live in urban areas, who are more likely to report such challenges. Despite this, the levels of "Some Problem" and "High Problem" reported by both groups of respondents on the occurrence of aches or discomfort are very similar.

4. Sleep changes

Alterations to a patient's sleep schedule might cause restlessness in the patient, which in turn can contribute to feelings of weariness and irritability. Alterations in individuals' levels of sleep were observed, to varied degrees, in both rural and urban settings. Approximately 90–92% of people in both groups report experiencing anomalies in their sleep that can be categorised as "Some Problem," "Problem," or "High Problem."

The data shows that there is a significant gap between the percentage of respondents living in rural areas (33.3%) and those living in urban areas (8.3%) who report having "no problem" with sleep interruptions. This suggests that a greater percentage of people living in rural areas have not had issues connected to their ability to get adequate sleep. The individuals from urban areas have a slightly larger propensity to report experiencing "Some Problem" in regard to sleep irregularities (39.6%), as compared to their counterparts from rural areas (29.2%). Based on these findings, it appears that those living in urban areas are more likely to experience a few mild sleep problems. When compared with rural participants, urban participants (33.3%) showed a slightly higher number of individuals reporting "Problem" with sleep disturbances. On the other hand, rural participants (27.1%) showed no significant difference. This study suggests that there is a somewhat higher incidence of moderate sleep issues in urban areas. The percentage of urban respondents who indicated that they had a "High Problem" with sleep disturbances was significantly higher than the percentage of rural respondents who said the same thing (10.4%). Despite the fact that the difference is not statistically significant, it does indicate that major sleep disorders are more prevalent in urban settings.

In a nutshell, people living in rural and urban areas alike have reported changes in their sleep habits, with equivalent percentages experiencing issues ranging from light to severe. In spite of this, there may be discernible disparities between the two groups of people. According to the findings, people who live in rural areas are more likely to assert that they do not experience any difficulties linked to sleep, while also demonstrating a somewhat lower risk of experiencing sleep disruptions of moderate to severe severity. This is in comparison to people who live in urban areas, who are more likely to experience sleep disturbances of mild to moderately severe intensity. Those who live in urban regions, on the other hand, are more likely to report having a variety of issues connected to sleep, including mild, moderate, and severe difficulties.

5. Weight gain

Some treatments have the risk of causing weight gain as a side effect, which requires patients to make adjustments to both their diet and their lifestyle. In varied degrees, people from both rural and urban settings have seen an increase in their body weight. Approximately 88-89% of persons in both cohorts indicate that they are suffering varied degrees of weight gain, which are categorised as "Some Problem," "Problem," or "High Problem." Participants from both rural and urban areas have reported an equivalent percentage of 10.4% having a serious problem with weight gain.

The findings indicate that rural respondents had a somewhat lower likelihood of reporting "No Problem" with weight rise than their urban counterparts (29.2%). This is the case when comparing the percentage of respondents who live in urban and rural areas. However, the difference is not significant, which indicates that weight-related problems occur at a rate that is equivalent in both settings. The findings show that urban participants have a somewhat higher propensity to report feeling "Some Problem" connected to weight rise than their rural counterparts (33.3%) do. This tendency is slightly higher among urban participants (39.6%).

This data suggests that there is a considerably higher occurrence of relatively mild worries regarding weight increase in urban areas. In comparison to respondents from urban areas, those living in rural areas have a higher prevalence of self-reported weight gain problems (31.3%). Based on these findings, it appears that people living in rural areas have a significantly higher incidence of weight-related health problems.

In short, residents of rural and urban areas have both experienced an increase in their body mass index, with equivalent percentages indicating a "High Problem." Despite this, there are significant differences between the two groups of people, which we will discuss below. According to the findings, people who live in rural areas are more likely to report problems that are associated with their weight increasing, which suggests that there is a higher incidence of weight-related worries among rural groups. Those who live in urban settings, on the other hand, have a slightly raised tendency to report experiencing "Some Problem," which suggests that there is a significantly greater incidence of modest weight gain problems inside urban contexts.

6. The prevalence of vaginal dryness

Dryness in the vaginal canal can have a negative impact on a patient's quality of life and may require medical treatment to alleviate associated discomfort and preserve sexual health. People living in both rural and urban regions have reported experiencing vaginal dryness, however the severity of the condition varies greatly depending on location. Approximately 77-78% of persons in both groups report having some degree of trouble with vaginal dryness, as indicated by their selection of one of the following three descriptors: "Some Problem," "Problem," or "High Problem."

The percentage of rural respondents who said they had "No Problem" with vaginal dryness was significantly greater than the percentage of urban respondents who said the same thing (12.5%). This suggests that a greater proportion of people living in rural areas have not experienced the difficulties that are linked with vaginal dryness. The proportion of respondents who said that they had "Some Problem" with vaginal dryness was significantly higher among urban respondents (45.8%), compared to respondents from rural areas (33.3%). This research implies that urban areas have a higher incidence of moderate vaginal dryness complaints than more rural areas do. In terms of reporting a "Problem" with vaginal dryness, there is a slight difference between the responses of those living in rural and urban areas, with rural respondents demonstrating a slightly lower prevalence than urban respondents (22.9%). The percentage of people living in urban areas who said they had a "Problem" with vaginal dryness was 25.0%. This suggests that the occurrence of mild vaginal dryness issues is equivalent in each of these settings. The percentage of rural respondents who said they had a "High Problem" with vaginal dryness was 18.8%, which was much greater than the percentage of urban respondents who said they did (16.7%). However, there is not a significant difference between the two, which indicates that acute vaginal dryness issues occur at a rate that is equivalent in both settings.

Therefore, those living in rural areas and people living in urban areas are equally likely to experience vaginal dryness, with similar proportions indicating the existence of moderate to severe symptoms. Nevertheless, there are a number of important distinctions that can be drawn between the two groups. There is a significant gap in the proportions of people living in rural and urban areas who report having "No Problem" with vaginal dryness, with rural residents being somewhat more likely to fall into the former category. In addition, people who live in rural areas had a somewhat lower risk of experiencing mild vaginal dryness compared to those who live in urban areas. On the other hand, those who live in urban regions have a greater tendency to report suffering "Some Problem" related to vaginal dryness, which suggests that there is an increased prevalence of moderate difficulties inside urban surroundings.

Conclusions

Patterns that are worth noting emerge from an investigation of breast cancer patients' physical well-being indicators in rural and urban areas of Kasganj, Etah, Kanpur, and Lucknow. There was a significant correlation between the two settings for the prevalence of moderate and severe levels of weariness, but the similarities between the two settings were not significant. Changes in appetite showed substantial differences between respondents living in rural and urban settings, suggesting that severe hunger disorders are more prevalent in urban areas. There were clear differences in individuals' reports of aches and pains, with rural participants indicating a lower incidence of problems than their urban counterparts did. Changes in sleep revealed a significant difference, demonstrating that urban surroundings are associated with a higher incidence of sleep-related issues. Both weight increase and vaginal dryness showed varied variations, which highlights the intricacy of these concerns in a variety of circumstances.

Recommendations

1. **Tailored Interventions:** Develop tailored interventions for managing fatigue, in view of the micro identified differences between rural and urban participants. To address, moderate to severe fatigue, particularly in urban especially, implement methods to combat this situation, where the prevalence is slightly higher.
2. **Nutritional Support:** Nutritional support programs should be implemented to address appetite changes as there is higher prevalence of severe apetite disorders in urban areas,. To address this include dietary counseling and nutritional interventions to mitigate the impact of appetite fluctuations.
3. **Pain Management Programs:** Ensure pain management programs, recognizing the higher prevalence of aches reported by urban patients. Such programmes should ensure providing effective pain relief strategies to improve the overall well-being of such patients.

4. **Sleep Hygiene Education:** Organise sleep hygiene education programs, with focus in urban areas as higher prevalence of sleep-related difficulties was noted here. Provide patients with techniques and tools to improve quality of sleep besides, addressing other sleep disturbances.
5. **Weight Management Initiatives:** Implement weight management initiatives for both urban and rural patients. These initiatives should include life style interventions, dietary guidance etc. to address issues of weight gain amongst the breast cancer patients in both urban and rural areas.
6. **Sexual Health Support:** Implement customised interventions for managing vaginal dryness, keeping in mind the differences observed between urban and rural patients. Sexual health support programs should be implemented for improving the quality of life for patients who exhibited this symptom.

All these recommendations are expected to address the specific physical well-being challenges came out in the study, fostering improved patient outcomes and a more holistic approach to breast cancer care.

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