



Quality of life in breast cancer women in south punjab in tertiary care hospital Multan, Pakistan

Adeela Qayyum¹, Fouzia Sattar², Tahira Nazir^{1,3}, Shazia Arooj⁴, Saima Parveen⁴ and Samia Iqbal⁵

¹University College of nursing IUB Bahawalpur, Pakistan

²Multan institute of cardiology Hospital Multan Pakistan

³Nursing college Muzaffargarh Pakistan

⁴DHQ D G Khan Pakistan

⁵public health department IUB Bahawalpur, Pakistan

*Correspondence: Adeela.qayyum@iub.edu.pk Received 24-01-2022, Revised: 10-06-2022, Accepted: 11-06-2022 e-Published: 12-06-2022

Breast cancer is a malignant cancer that occurs due to out of control cell growth in the breast. One of the features of malignant tumor is that it grows into (invade) neighboring tissue and can transfer (metastasize) distant tissue of the body. The purpose of this study was to assess quality of life in suffering from breast cancer in woman having breast cancer, in South Punjab and to evaluate the changes in their physical, social, psychological, sexual, Socio-economic impacts and coping mechanisms due to which their quality of life effected. At first stage, non-probability purposive sampling technique was used. In this regard, In-depth interviews were conducted from 20 women suffering from breast cancer. Similarly, Samples were taken from Nishter Hospital oncology department Al.Minar, a tertiary care hospital in lower Punjab. In those samples, all women were diagnosed with breast cancer and were under treatment .All participants shared their experience after breast cancer diagnosis due to which their social, socio-economical, sexual, and coping mechanisms changed. During the sampling process, it was observed that breast cancer had a negative effect on life quality of the participants. The in depth interviews of participants helped identify six different themes in the study and it further helped in finding reasons for change in life quality of patients with breast cancer having treatment. Approximately, all women had same experience after breast cancer diagnosis and treatment. All women shared their experiences of physical changes like loss of their shiny hair, skin changes, nausea, vomiting, and constant fatigue affecting their social life. Likewise, Expensive treatment of cancer affected the lives of all family members. Psychological issues like Fear of recurrence of disease and severity of disease symptoms made the patients and their family agetile. Due to physical changes after mastectomy the sexual life of those patients also affected. So, after breast cancer diagnosis and its treatment life quality of the patients changed. At the end of the study, we came to know that Overall awareness regarding quality of life was very poor among the participants. The main reason is that most of people did not give priority to women health. More than half of our females in our country are illiterate so they need awareness regarding breast assessment and early sign and symptoms of breast cancer development. This research finding shown that poor quality of life badly affects women thus creating social, sexual, emotional, psychological and health issues for those women. It was also noted that women in lower Punjab have less awareness regarding health so they face more problems and dilemma after diagnosis and surgical problems.

Keywords: breast cancer, treatment, organization, surgical problems.

INTRODUCTION

Breast cancer is a common cancer in worst statistically, globally in every 10 women, 1 woman is diagnosed with breast cancer (Alder, J., et al. (2008). American society report published in 2007, in every 15 minutes, five people are diagnosed with breast cancer and one women dies due to cancer (Althuis, M. D., et al. (2005). Another report published by same organization in 2013 concludes that among every 8 women in the USA, one is affected by breast cancer (Ferlay, J., et al. (2013). Mortality rate, due to breast cancer, in USA was 39620. Breast cancer is second

leading cause of death from cancer after lung cancer. Fortunately, introduction of advance technology in breast cancer screening and treatment have led to increase in survival rates: approximate 50% women survived after 5 years post diagnosis. It is now recognized via research that women sexuality can become complex after breast cancer (Alicikus, Z. A., et al. 2009, Emilee, G., et al. 2010). Even after completion of treatment, the impact of breast cancer on women sexual system lasted long and mostly resulted in serious physical and emotional side effects (Antoni, M. H., et al. 2006, Farley, J., et al. (2010).

World Health Organization defined "Quality of life as individual's perception of their position in life in the context of culture, and value systems in which they live in relation to their goals, expectations, standards and concerns (Leape, L., et al.2009, Jakesz, R.2008 Group, W. (1993).). It is broad ranging concept effecting in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal believes, and their relationship to salient features of their environment Coetzee, M. and J. Spangenberg (2003).

Cells begin to grow out of control is called cancer. Cancer can grow in any part of the body of the cells and can transfer from one part of body to other part of body. Breast cancer is a type of malignant cancer which occurs due to out of control cells growth in breast. A malignant tumor is cancer cells group that grow into (invade) neighboring tissue and can transfer (metastasize) distant tissues of the body (Guzzini,S.(2000),Avis, N. E., et al. (2005). Breast cancer most commonly occurs in women, but in few cases men also suffer breast cancer. The breast of woman is consisted on lobules which produce milk, ducts and the stroma. Lobules are the milk producing glands; ducts are the tinny tubes which carry milk from lobules to nipples Chavez, L. R., et al. (1995) Charmaz, K. (2011).

The objective of our study was to assess quality of life in suffering from breast cancer in woman having breast cancer, in South Punjab and to evaluate the changes in their physical, social, psychological, sexual, Socio-economic impacts and coping mechanisms due to which their quality of life effected.

MATERIALS AND METHODS

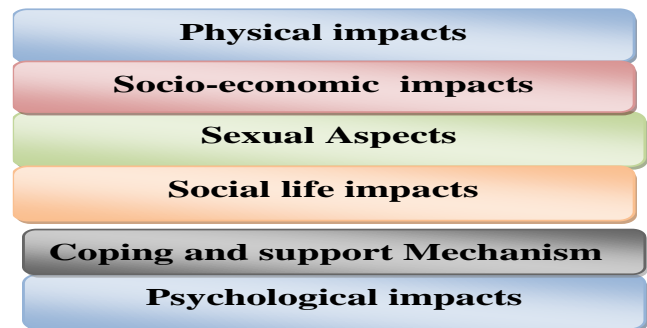
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RESULTS

The purpose of this chapter is to analyze the data which was collected by using tool of semi structured in depth interview. A total number of participant in this study were twenty women who were known case of breast cancer. This interview revealed new realities and further made it easy to comprehend the quality of life in breast cancer women in southern Punjab. Based on same point

of view and experiences, sometimes perspectives were opposite but at times more or less same. During data analysis data shows both reflection of differences and similarities via critical synthesis. For a coherent framework an interpretive technique was used to proper explanation of interview data. Data collected by participant were systematically analyzed and summarize. The interpretive structure is used to make sense of interview data in terms of intentions of the respondents by systematically analyzing the data and summarizing the description, to provide a coherent framework.

This chapter is consisting on six main themes which categories from general to specific.



Physical Impact

Before diagnosis of breast cancer all women were spending happy life, they were physically fit and performed all activities of daily life having good skin and shiny hair. After diagnosis of breast cancer, describing the impact on their life most of women called it a disaster and took it as end of their life. Disease process and treatment also embrace patient's cancer care and treatment. But it is equally important to maintain your sense of self. Whenever women are diagnosed with breast cancer they perceive that their body appearance will change and they also feel that they look different from other normal and healthy women. Breast cancer women identify these changes in their body and try their level best to cope with these changes in a healthy way which is beneficial for their wellbeing. These physical changes are because of cancer itself and side effects from disease treatment. Regardless of its cause just as there is no routine cancer, there is no routine cancer journey; the changes and side effects experience will be different to every individual experiences. During interview most of the women discuss these five changes which will be discussed one by one. These changes are undesirables and challenging for women.

Hair loss is more common problem in breast cancer women and it is a big change in their life. Hair is main part of women beauty and identity, but as common side effects of chemotherapy and radiations this situation is too much stressful for female patients; not only they lose hair on

head but also they lose their eyebrows and eye lashes. It can destroy the patient's self image. A lot of resources available to assist patients with hair loss such as wings, hats and wraps but in this area participant have dearth of resources. They always feel embarrassment after losing their hair. One of the participants while commenting on her hair loss said.

Hair loss makes me feel embarrassed among my age fellows, Therefore, I prefer living alone and rather I do not like to see my image in the mirror Kim, J., et al. (2010).

They always embrace after hair fall. Skin color change due to disease process and its treatment side effect almost all patients having same problem that their skin color change and their look not fresh. People can easily assess that they are sick because they look pale, dry lips, and loss skin shine.

A participant describe this as:

After breast cancer surgery when start chemo the therapy and radiation cycle its skin color totally change always look pale I was beautiful in my all sister but after this disease Whenever I look myself in mirror I did not identify myself. (Ayesha Akram, 32)

Poor Concentration is a common side effect of cancer treatment or mental cloudiness, frequently referred to as "chemo brain". These side effects can be characterized as: Memory lapses, Trouble concentrated, Trouble remembering details like name, dates, some times larger events, Trouble multitasking, taking long time to finish things. For most of the participants, these cognitive side effects happen quickly and last only for a brief time. However, some individuals have reported long term mental changes. In either case, many cancer patients do not share this concern with their treatment team until it begins affecting their everyday life. One of my participants shared same experiences as previously researcher discussed one participant

Now I forget everything, unable to focus on routine activities even whenever I talk any one I forget the topic of discussion before that I was sharp minded and remembered family matters for many year; now I forget even what I eat in my breakfast or lunch and dinner. (Sidra Rasool, 28)

Dietary pattern changes in cancer patients due to chemotherapy and radiation therapy side effects. Mostly, patients complain appetite loss after when treatment starts. Similarly, most of the patients complain nausea and vomiting due to fear of nausea and vomiting they avoid to eat. Few participants say they do not like smell of food, even when cooking starts in their kitchen they feel nausea and vomiting. Appetite changes are common side effects of cancer and cancer treatment. Patients may experience appetite loss causing them to eat less than usual; feel full after eating only a small amount or not feel hungry at all. Persistent appetite loss can lead to serious complications, including weight loss, malnutrition and the loss of muscle mass.

Fatigue is one of the most common and stressful side

effects of cancer and cancer treatment. Cancer related fatigue is more intense than the feelings of being tired people on occasions. It can be debilitating and can greatly impact person's quality of life. Most of patients share common experience of fatigue after disease diagnosis and its treatment. As a result of this, life pattern changes and patients start feeling lethargic and laziness and so cannot perform their daily activities properly.

According to studies after breast cancer women experiences changes in their sexual pattern majority of women experiences a range of negative emotional changes because of disturbance in body images, sexual frequency changes, including fear of loss of fertility, feeling of sexual unattractiveness, loss of femininity, depression and anxiety, as well as variation to their sexual self. Removal of breast after mastectomy or changes in appearance of breast, loss of menstruation women have feeling of old before their time Goldhirsch, A., et al. (2011).

Breast are often positioned as such a significant part of women sense of self after mastectomy having a one breast in women is considered as 'half a woman'³¹. The absent breast: speaking of the mastectomies body²⁹.

women who have poor body images after breast cancer diagnosis and treatment have lower sexual satisfaction and are more dissatisfaction with their relationship as compare to those women with a positive body images. Sexuality effected via breast cancer in first year of survivorship. Body image is more affected after mastectomy as compare to conserving surgery of breast reconstruction. Women after mastectomy dislike their appearance without clothing and most of time avoids to use mirror to looking themselves and feeling of embracement, ugly or self-conscious. Even women who reconstruct their breast after conserving surgery also suffer fewer problems with their dressing, body image, and being naked, than women who have had a mastectomy^{31,33}

Socio Economic impact

Socioeconomic factors also have impact on stage of disease presentation and partially account for differences. For example, African Americans have less medical care accessibility and advanced technology like screening for breast cancer, so they come to doctors with advanced stage of disease. Few studies shown that socioeconomic variables alone do not account for all observed effects DeSantis, C., et al. (2014). Deshpande, P. R., et al. (2013).

It is important to note that beliefs, attitudes, and knowledge regarding breast cancer can vary from race to race and effects of these factors on patients' disease pattern rises every day. But no study has yet established a direct relationship between socioeconomic factor and disease stage or mortality studies^{28,29}

"In a comprehensive, long-term study to evaluate factors that influence breast cancer diagnosis, treatment, and outcome, was started at the Leo W. Jenkins Cancer

Center of East Carolina University, Greenville, NC. Emphasis of the study was placed on psychosocial factors as well as medical factors. This report presents the results showing how race, socioeconomic factors, and cultural factors interact to influence breast cancer stage at diagnosis" Deshpande, P. R., et al. (2013)

Breast Cancer diagnosis is a major event for an individual and also for her family and care takers. Socioeconomic status is combination of education, income, occupation and distribution of resources. A number of studies conducted in this field, and the result show association between socioeconomic status and health. But mechanism by which socioeconomic status affects individual health is complex and variable. Its association is not straight forward. It is confounded by many factors, for example, education, place of residence, health beliefs and behavior, occupation, income, access to health services and environment in which individual lived. Cancer imposes significant economic challenges for individuals, families and society. Household breast cancer patients experience income loss because job or occupation status varies after disease and its expensive treatment. Financial cost of breast cancer is very high for an individual and for society. Morbidity and mortality vary according to socioeconomic status. Lower socio-economic status and lack of access to care are often implicated as plausible causes for African American women to present with lend stage of breast cancer than Caucasian women.

Breast cancer women who belong to lower socioeconomic status group have relatively lower survival rate as compared to affluent women and this difference in outcome seems independent of the measure of socioeconomic use. All patients belonged to poor families. Their source of income was limited. They did not have money for food according to them, so how can they give priority to their health. At initial stage of breast cancer, they did not take it serious and they thought it was just an obsession rather than any disease symptoms. When symptoms got worse and could not be tolerated; they went to government hospital for treatment.

But they had no money to purchase medicine and for diagnostic test. When their relative came to know about their disease they cut off from them and did not come their home, because they did not want to support them financially. Almost families have only one bread earner they sell their jewelry for chemotherapy and laser therapy.

One of the respondents replied that: They had to sell their home just for treatment; now they live in a rent home but her disease has not been controlled and she is still having symptoms of disease (HufsaMuneer)

Few Participant said:

They save dowry for their daughter but due to expensive treatment of their disease they have to spend their everything, even their savings. Hence, they have nothing left for the marriage of theirdaughters. Due to these reason their child cannot go to school and ultimately start labor to return loan which they have to borrow for the

treatment. In this situation the whole family suffers because they do not have enough money to the affairs of their family(Rabia Akbar 36)

Before disease diagnosis and appearing of the symptoms they used to spend a good life. Sometimes they worked at others 'home, crafted hand-made things and sold them to support their husband financially, and tried to fulfill small needs of their children. But after having breast cancer they are unable to work at other homes and even their health status does not permit them to work at their own home for making home- made things. Most of the patients said that their husbands of labor and only four to five hundred rupees is their daily income. Every evening it is too much difficult for us to make a decision where to spend this money; either we buy food for our child, or borrow medicine or return loan which we take from our relatives and neighbors.

One participant said it was better for me that God gives me death rather than this life which is not bearable for. It is hard to see tears in my child eyes for food's want. I wanted to see my son become a doctor but just because of mehe is working in sun heat to earn money. Death is better than life because in these circumstances I am dying every moment of my life (Tahira Fida,29)

Every patients is facing a lot of problems financially

One participant was orphan whose aunty brought her to hospital for treatment and one consultant was supporting her for treatment. They were thankful to him and also worried for future because after surgery they had to start chemotherapy. So she was on chemotherapy then along with radiation therapy which was too much expensive treatment.

Sexual Aspects

Sexual wellbeing is one of the most problematic aspects of life after having breast cancer, with long lasting impact after treatment. After surgical procedure of breast cancer physically appearance of women change which is uncomfortable situation for them. Chemotherapy have multiple side effect on patients one main side effect is hormonal imbalance due to which women sexual interest and response reduced. For women in their 20s or 30s who may be focused on choosing partner or having children diagnosis of breast cancer can be especially difficult. Breast cancer treatment like surgery and radiation can damage women feelings of attractiveness.

In our culture, we are taught that breast is a basic part of beauty and femininity. If a breast is removed, a woman needs to worry whether her partner still finds her attractive. She may also be worried about not being able to enjoy sexual stimulation in the effected breast. Even after having breasts removed, some women still enjoy being stroked around the area of the healed scar. Others is like being touched there and may no longer even enjoy being touched on remaining breast and nipple. Some women who have had a mastectomy may feel self-conscious in certain sexual positions where the area of the

missing breast is more visible. Although there may be emotional effects, breast surgery or radiation to the breasts does not physically decrease a women's sexual desire.

Nor does it decrease her ability to have vaginal lubrication or normal genital feeling, or to reach orgasm and according to recent research, most women with early-stage breast cancer have good emotional adjustment and sexual satisfaction within a year after their surgery. They report a quality of life similar to women who never had cancer.

Languillier and Sullivan studied that how discourses embedded in women's 'breast talk', and found that women discussed four different types of breast which are interlinked with each other. The 'medicalised breast' constructed as a physical body part with disease; the 'functional breast' constructed as a symbol of women's emotional abilities to nurture others; the 'gendered breast' constructed as a symbol of femininity, beauty, and sexual desirability; and the 'sexualized breast' which incorporates the look and feel of the breast. These types of breast talk as belonging to not only to themselves, but also to their children, husband and lovers³⁰. After mastectomy women have a feeling of loss of bodily symmetry.

After surgery women led themselves to manage their appearance or hide their deformity from others. Women prefer to wear prosthesis to hide their deformity from others and for normal appearance in front of public. In patriarchal culture there is focus on women breast as a 'daily visible and tangible signifier' of women's femininity for both herself and also for others³¹. One respondent replied:

I have chronic pain in chest and shoulders after surgery. During intercourse, supporting these areas with pillows and avoiding positions where weight rests on chest or arms may help (Shaheen Fatima, 31)

If a patient had breast cancer-conserving surgery followed by radiation therapy, the breast may be scarred. It also may develop into different shape or size. During radiation therapy, skin may become red and swollen and the breast may be a little tender. This improves over time after radiation is finished. Breast reconstruction restores the shape of the breast, but it cannot restore normal breast sensation. The nerve that supplies feeling to the runs through the deep breast tissue, and it gets disconnected during surgery. In a reconstructed breast, the feelings of pleasure from having the nipple touched are lost. A rebuilt nipple has much less sensitivity.

With the passage of time, the skin on the reconstructed breast will regain some sensitivity but probably will not give the same kind of pleasure as used to give before mastectomy. Relationship issues are also critical because the cancer diagnosis can be very distressing for the partner, as well as emotionally after treatment, especially after surgery. Due to chemotherapy sexual desire decreases in that women, reduces vaginal

lubrication, vaginal size rarely reduces due to which intercourse is too much painful, therefore, patients face trouble to reach orgasm stage and often infertility. People often realize that their sex life was less than ideal before cancer and they change their sexual practices; try to make the most of this chance to look at your sex life in a new way. The areas of your genitals most sensitive to touch may be a little different, or perhaps touch that felt good before cancer treatment is now painful. You might find your favorite positions for intercourse has changed.

Most of the women feel too shy to discuss this topic and hesitate to share their feeling regarding this topic. However, when doctors built rapport with patients and put some trust in them, patients tend to share their feelings. Importantly, most of women suffer a lot of problems because due to breast cancer they are unable to satisfy their husband and they themselves are unable to fulfill their sexual desire. Most of times these women are in pain, therefore they avoided intimacy with their husbands.

One woman said:

Whenever I try to come close to my husband he stops me and says he cannot tolerate my body smell because of pus discharge from my breast. Before breast cancer diagnosis he always used to say I like your body fragrance I do not like to detach you from me (Sundas Khalid, 32)

Some women life partners divorced them, sent them back to their parents and got second marriage

A participant said,

Breast cancer pain is bearable but it is not bearable when my life partner starts living along with another women in front of me; the person who did not live a single moment without me but now he is along with another women (Saima Batool, 34)

Researches in western women has found that sexual function was disturbed after breast cancer diagnosis and its treatment which also caused dyspareunia, fatigue, vaginal dryness, lack of interest in sexual activity and feeling of numbness in breast and difficulty to achieve orgasm and pleasure^{33,34,35}.

Research in nonwestern culture also showed same results as western women. Reduced sexual desire, coital pain, deteriorate of sexual relation with life partners even interest in partner decreased same result has been described by Iranian, Turkish and Chinese women after breast cancer, Can, G., et al. (2008) Anyanwu, S. N. (2008), Chen, X. and Z. Kong (2010). Ferlay, J., et al. (2010).

Researches have shown that women who are undergoing chemotherapy are having higher risk of sexual dysfunction as compared to those women who have not received chemotherapy. Problem in sexual arousal, lubrication, orgasm and sexual pain are the most common problem which patients suffer after chemotherapy treatment. Whilst research has found that radiation is associated with feeling medically invaded, it is not likely to be associated with decreased sexual desire as in chemotherapy treatment. Chemotherapy chemically

induced menopause in breast cancer patients Archibald, S., et al. (2006). Loss of sexual function, premature menopause along with vaginal dryness leads to distress situation for young women who may also be concerned about loss of reproductive opportunity Burwell, S. R., et al. (2006).

It has been recently examined via research that breast cancer surgery has impact on sexual functioning of women, though the results are mixed. Few studies found that women who received breast conserving surgery suffer fewer problems regarding sexual interest as compared to those women who had a mastectomy. Women who had mastectomy experienced difficulty in relaxing and enjoying sex as well as had decreased frequency in sex after surgery Burwell, S. R., et al. (2006).

Quality of their partnered relationship is main and an important predictor of sexual health in women Carver, C. S. (1997).

After breast cancer diagnosis and treatment Women's relationship is strongest predictor for sexual satisfaction, sexual functioning, and sexual desire as compared to physical and chemical damage to body which occur due to treatment Brown, M. L., et al. (2001).

Social life impacts

Social support refers to support received (e.g. informative, emotional, or instrumental) or the source of the support (e.g. family or friends) that enhances recipient 'self-esteem or provides stress-related interpersonal aid (Dumont & Provost, 1999). Social support has been known effectors moderate the impact of stress caused by illness (e.g. Aro, Hanninen, & Paronene, 1989).

Specifically for the breast cancer patients, supports has been found to reduce stress associated with a cancer diagnosis Anderson, I. and K. Doherty (2007). It brings positive changes in their lives and improves emotional their well-being Bernheim, J. L. and M. Buyse (1993)

Before breast cancer diagnose most of women were too much social according to their point of view. They did not miss any social gathering in their families, friends and neighbors. Most of women belong to joint families and living in shared homes in villages, and after finishing their daily routine work they used to sit together and gossip with each other. And they used to make fun of every moment of life with their families; friends and even neighbors liked it. Their child and husbands always used to go out together.

A participant replied:

After suffering from breast cancer most of time patients develop symptoms of disease nausea, vomiting, and pain; they feel uncomfortable in getting together and prefer living alone rather than disturbing others' time. Marriage ceremonies and urse on peer shrine they did not miss in their life but now they start vomiting even smell of spicy food. Due to which they did not go to friends and families gatherings even along with their child; because they feel embarrassed. They think them are burden on their family

and do not spoil their happy moment, so they like to remain alone (Sadia Bano, 35)

But few women said their relatives and friends left them just because they got breast cancer and their relatives also thought breast cancer was the punishment of God for their sins. Few relatives passed comments which were unbearable for those patients therefore they thought it better to go away from them.

People in lower Punjab are so close minded they take breast cancer disease as a result of big sin punishment.

One participant said:

"When I used to go down the street, a man used to say that this lady had breast cancer because her father was not a good person; it was God's punishment. That time I wished I had disappeared from earth "as breast is hidden part of women body and they always feel shy to show it, but after breast cancer every one shares this topic and wants to present different views regarding disease. This social attitude damages stigmatizes the social character of the patient (Zeenat Farooqi, 25)"

Psychological impacts:

Psychological stress describes feeling of an individual when they are under mental, physical and emotional pressure. For some situation it is normal experience but when an individual experience high level of stress and for long time then it create health problem same as in breast cancer women because its management and treatment is prolonged and stressful for an individual. Research shows that if an individual experience stressful situation for long time they can have digestive problems, fertility problems, urinary problems, and poor immune system, depression and anxiety.

People use different strategies to manage disease and its treatment stress. Few people adopt risky behaviors to manage her stress such as smoking (Huka) or drinking alcohol or become more sedentary due to which their quality of life become poor after cancer treatment. In contrast, people who use effective strategies to manage stress for example relaxation, and stress management techniques, have been shown lower level of anxiety, depression and symptoms related to breast cancer and its treatment. But not found any evidence that successful management of psychological stress improves cancer survival.

Family members and care giver may have feelings. Most of time they afraid of losing loved one. May also angry because their love one having breast cancer, frusted that they can't do enough, 'or stressed because they have to do more at home. It is important to member that women with breast cancer, their family and friends also feel distress about things which can be happened any time after breast cancer diagnosis, Even breast cancer treated but these fear persist for many years. Physical symptoms can easily manage by taking medicines. But psychological symptoms take long time. To manage these problems encourage patients to talk each other, share

their feelings and fears that an anxious person may be having listen their feeling with full attention and support them. Consider it normal sadness and frusted behavior counseling them. Use meditation, prayer, or other types of spiritual support if it helpful deep breathing exercise and relaxation therapy.

All breast cancer women at least few psychosocial distress during her disease diagnosis and treatment time period. But level of distress varies from individual to individual, over the course of diagnosis and treatment. Distress related to cancer dissipates with time for the most of an individual diagnosis with cancer. Due to such of distress an individual comfort disturb, quality of life affected, and the ability to make an appropriate decision about treatment and adherence to that treatment. Psychological distress most of the time is due to physical problems like illness and disability, family issues and social concerns for example employment, insurance, and supportive care access. Most of the time women have psychological problem because they have fear of reoccurrence of disease, physical symptoms such as fatigue, trouble sleeping, or pain, change of appearance, problem in sexual activities, side effect of medicines, feeling of insecurity, fear of death.

Medicines and disease process have several effects on patient life. Due to chemotherapy, radiation therapy, and surgery after mastectomy they face a lot of psychological problem.

DISCUSSION

Breast cancer is very common type of a cancer in women statistically globally in every 10th women is diagnosed with breast cancer. A lot of studies conducted on quality of life in breast cancer in developed countries. Due to breast cancer burden of disease going to raise day by day. Now a day breast cancer is a big issue of public health.

According to the literature review women diagnosed with breast cancer face a lot of problems and their quality of life compromised Berterö, C. and M. C. Wilmoth (2007). Binder, E. B., et al. (2008). From literature review and in depth interview following six themes are derived which effect women health status due to which quality of life compromised.

After breast cancer diagnosis women feel different changes in their appearance like hair fall, skin color changes and phobia developed after surgical procedures.¹⁶ Their economically status changes due to expensive medicine of chemotherapy and surgical procedure. breast cancer women suffer depression and her social circle life also affected Bower, J. E., et al. (2000) Can, G., et al. (2008). In lower Punjab women health status is compromised due to lack of awareness and limited resources.

CONCLUSION

There are many limitations that are associated with this study should be noted. A qualitative approach was appropriate for the explanation of quality of life in breast cancer women. Cultural limitation are exist due to the factors that limited number of respondents from one institute. So there is a caution must be taken when generalizing these finding on to the overall population of Pakistan. However, this study could provide a framework to analyze the quality of life in breast cancer women among other region of Pakistan.

In depth interview enhanced data collection through participant shared understanding and comfortable environment but may reduce the perceptions of those participants who are less verbal and not able to share their perspectives clearly.

In qualitative approach every respondent should not equally appreciated Healy, M. and C. Perry (2000).

Hence, in future a quantitative study can be used for larger representative sample. It is also important to determine value of each determinants and making diiferentaiton of an individual characteristics of each participant. Future studies should continue to use a combination of qualitative and quantitative approaches for more explanation of such type of socio cultural phenomenon that are being widespread in our society.

Health and mass media department may work in collaboration to launch health education programs and campaigns to highlights the significance of women health. And women breast examination education programs among women to evaluate early stage identification of breast cancer in women. It is recommended that future researches should be conducted for women to promote quality of life in women in Pakistan.

CONFLICT OF INTEREST

The authors declared that present study was performed in absence of any conflict of interest.

ACKNOWLEDGEMENT

I acknowledge that Dr. Saira Afzal helped me a lot in writing this research.

AUTHOR CONTRIBUTIONS

AQ designed and performed the research and also wrote the manuscript. , FS, and TN performed data collection and data analysis. SA, SP and SI designed manuscript and reviewed the manuscript. All authors read and approved the final version.

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