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## **Cancer as an Emerging Epidemic: A Literature Review of Issues and Challenges**

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### **Abstract**

*Cancer is a leading cause of death worldwide which requires multipronged approach including research in to its contemporary issues and challenges. There are growing concerns over the increasing burden of cancer across all strata of populations in India as well as abroad. By contrasting perspectives from international, national (India), and regional (Punjab) viewpoints, this systematic review seeks to integrate the body of available literature in order to investigate the multifaceted issues faced by cancer patients and their caregivers. In order to find common present day challenges and contextual variations, studies carried out globally, domestically in India, and locally have been examined. The review also provides comparative insights that influence future research, policy, and practice in oncology care.*

### **Keywords**

Cancer patients, Psychosocial, Economic burden, Healthcare and Punjab.

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## **Cancer as an Emerging Epidemic: A Literature Review of Issues and Challenges**

### **1. Background**

One of the biggest and most prevalent health issues facing worldwide today is cancer. In addition to being a physical illness, it also has an emotional, social, and financial impact on people. Millions of people receive a cancer diagnosis each year, and the number is growing.<sup>1</sup> Cancer patients frequently experience mental stress, loneliness, and financial difficulties in addition to physical suffering. Patients, their family, and caregivers are all impacted by these difficulties. In addition to causing anxiety and uncertainty, cancer frequently results in drawn-out, costly therapies that are unaffordable, particularly for those living in poverty and rural areas.<sup>2</sup>

Over the last few decades, many researchers have examined cancer from a variety of angles, with some concentrating on its medical features and others on its psychological or economical implications. The majority of research, however, examines these issues independently and fails to provide a comprehensive picture. Bringing all of these elements together is the goal of this systematic study. It integrates international, national (India), and regional (Punjab) research to enhance comprehension of the various issues that cancer patients encounter. This paper finds patterns, variations, and lessons that can assist improve cancer care globally by analyzing data from various locales.

The fact that different countries and areas have different experiences with cancer is a crucial factor in our review. Better hospitals, financial aid, and mental health treatments are frequently available to residents of affluent nations. However, cancer patients frequently experience worse treatment delays, a lack of information, exorbitant prices, and inadequate health systems in poor nations like India. These issues are made worse in rural or underdeveloped areas like Punjab because of poverty, illiteracy, and environmental pollution.

A significant problem in cancer care is psychosocial concerns. Mental, emotional, and social challenges that patients encounter are

referred to as “psychosocial” issues. Many people with cancer have been found to experience loneliness, fear, worry, and sadness. Emotional anguish can lower their chances of recovery and impact their capacity to manage the illness. A patient’s mental health and capacity to adhere to treatment are greatly enhanced by the social support of friends and family.<sup>3</sup> However, patients may not receive the emotional support they require because mental health is frequently disregarded in many places, particularly in India.

Another significant concern is the economic burden. Many people cannot afford the high costs of cancer treatment, including hospital stays, medicine, surgery, and diagnostics. Families in nations with weak health insurance systems frequently borrow money or squander their life savings to cover medical expenses.<sup>4</sup> In several instances, patients experience such extreme financial strain that they discontinue therapy midway through or choose not to seek care at all. While providing care for the sick, caregivers may also experience job loss or income reduction as a result of this economic pressure.

A significant contributing reason to the increase in cancer cases, particularly in some areas, is environmental factors.<sup>5</sup> For instance, numerous studies in Punjab have connected high pesticide use and contaminated groundwater to cancer rates.<sup>6</sup> Particularly high rates of cancer fatalities and cases have been documented in the Malwa region.<sup>7</sup> People find it difficult to receive timely and appropriate care when these environmental hazards are coupled with subpart health services.

In short, cancer is a complicated social, emotional, and economical issue in addition to being a medical one. The context for a thorough examination of the results from various research levels is established by this introduction. This assessment offers a better understanding of the practical difficulties experienced by cancer patients by comparing data from around the world, the country, and the area. It also makes recommendations for methods to improve the effectiveness, affordability, and inclusivity of cancer care. Better research, more robust laws, and compassionate care systems that don’t leave anyone behind are the desired outcomes.

## **2. Research Methodology**

This systematic review examines the psychological impact, social support, economic burden, and treatment accessibility of cancer patients using secondary data from 2002 to 2017. The studies

were categorized into three groups based on geographic location: those conducted in other countries, India, and specifically in Punjab. Each group was evaluated for methodological quality, sample demographics, outcome variables, and contextual relevance to provide a comprehensive understanding of cancer patients' experiences in diverse settings.

### **3. Results**

#### **A. International Studies on Cancer Challenges**

##### **A.1 Psychological and Emotional Health**

According to Davidson *et al.* (2002), 44% of cancer patients experienced extreme fatigue, and 31% had insomnia.<sup>8</sup> A significant prevalence of sleep disturbance was linked to mental discomfort, pain, and cancer diagnosis.

Emotional coping was highlighted by Sprah and Sostaric (2004), who claimed that social support and psychosocial interventions greatly lower depression and boost self-esteem in cancer patients.<sup>9</sup>

In their 2005 study, Lightfoot *et al.* examined the financial, physical, and emotional impact that lengthy travel for cancer treatment in Northeastern Ontario had on patients and their caregivers. Despite the resources that were offered, several patients reported experiencing significant challenges.<sup>10</sup>

According to Nuhu *et al.* (2009), cancer patients in Nigeria experienced high levels of pain (71.8%) and depressed symptoms (37.2%), highlighting the connection between physical discomfort and mental health.<sup>11</sup>

##### **A.2 Social Support and Functional Status**

In patients with breast cancer, Ozkan *et al.* (2008) found a positive relationship between increased social support and better functional status. Wealth, marital status, and level of education all had an impact on the support received from friends and family.<sup>12</sup> Muhamad *et al.* (2011) demonstrated in Malaysia that family support, particularly from spouses, had a significant influence on treatment decision-making and emotional resilience.<sup>13</sup>

##### **A.3 Economic Burden and Accessibility**

High rates of catastrophic health expenditure following a cancer diagnosis were revealed by Kimman *et al.* (2012) through the

action study conducted across Asian countries. In many instances, treatment non-compliance was caused by economic hardship.<sup>14</sup>

Due to both practical and emotional issues, Lim *et al.* (2017) discovered that caregivers in Singapore had a lower quality of life than those in Western nations.<sup>15</sup>

#### International Studies Summary

S.No	Study	Location	Focus Area	Key Findings	Inference
1.	Davidson <i>et al.</i> (2002)	Canada	Cancer patients with sleep disturbances in Canada	Sleeplessness, exhaustion and mental health issues	Sleep disturbances are common among cancer patients
2.	Sprah & Sostaric (2004)	Europe	Psychology Coping	Coping mechanisms lessen anxiety	Depression is reduced by receiving effective support
3.	Ozkan <i>et al.</i> (2008) Turkey Pain & Mental	Turky	Social assistance for breast cancer patients	Functional status is impacted by social support	Positive relationship with quality of life
4.	Nuhu <i>et al.</i> (2009)	Nigeria	Pain, Mental	Anxiety and depression-related pain	37.2% had depression and 71.8% had pain
5.	Kimman <i>et al.</i> (2012)	Asean	Socio-economic burden	Terrifying health expenditures	high financial burden post-treatment

From the above, International studies highlight the challenges faced by cancer patients, focusing on emotional, social, and economic aspects. Pain and emotional stress can lead to insomnia and fatigue, while emotional support and psychosocial interventions can reduce depression and boost self-esteem. Strong social support can improve functional status and quality of life for breast cancer patients. Family involvement in treatment decisions and emotional strength is crucial in Malaysia. In Nigeria, high levels of pain and depression are reported among patients. Economic challenges are also significant, with cancer care often leading to financial strain and treatment discontinuation. Overall, comprehensive care, including emotional support, social backing, and financial assistance, is essential for improving the well-being of cancer patients globally.

## B. Studies Conducted in India

### B-1 Risk Factors and Awareness

Pan-tobacco chewing and bidi smoking were identified by Sankarannarayanan *et al.*, (1990) as the main risk factors for oral malignancies in Kerala.<sup>16</sup>

Dikshit and Shiela (1999) found that gas exposure was linked to higher cancer rates in Bhopal, with lung and oropharyngeal cancers being the most common types.<sup>17</sup>

### B-2 Psychosocial Issues

According to Bhagyalaxmi and Rawal (2003), 59% of patients with oral cancer reported psychological or social hardship, with families experiencing financial disturbance.<sup>18</sup>

Counselling dramatically decreased depression among cancer patients in a rural hospital in Loni, as shown by Vimala (2012).<sup>19</sup>

### B-3 Economic Impacts

The average cost of cancer therapy, according to Mohanti *et al.* (2011) at AIIMS, was Rs. 36,812 per patient. The significant financial cost is shown by the fact that more than half spent more than Rs. 5,000 before even obtaining specialized care.<sup>20</sup>

According to oncologists in Bangalore and Mumbai, Pathak and Dutta (2016) observed that the two main obstacles to successful treatment were lack of early diagnosis and cost.

#### Indian Studies Summary

S.No	Study	Location	Focus Area	Key Findings	Inference
1.	Mohanti <i>et al.</i> (2011)	India (AIIMS)	Financial/Economic burden	Rs. 36,812 average treatment cost	High pre-treatment cost
2.	Bhagyalaxmi & Rawal (2003)	Ahmedabad	Psychological problems in oral cancer	Financial and social strain	59% experienced social and psychological stress
3.	Vimala (2012)	Maharashtra	Anxiety & Depression among cancer patients	Counselling reduced depression	Significant improvement after intervention

4.	Pathak & Dutta (2016)	Mumbai & Bangalore	Treatment trends	Lack of early diagnosis and cost	The primary obstacle, according to oncologists, is affordability
5.	Manjunatha (2013)	Bangalore	Women cancer patients	Illiteracy & poverty	68.4% were illiterate

Overall, studies in India highlight the significant challenges faced by cancer patients, including risk factors like pan-tobacco chewing and bidi smoking in Kerala and increased cancer rates due to gas exposure in Bhopal. Psychosocial issues also pose a significant challenge, with 59% of oral cancer patients suffering from emotional and social stress, often due to financial problems. Economic difficulties, such as high treatment costs and late diagnosis, also pose a significant barrier to treatment. Poverty and illiteracy also affect 68.4% of female cancer patients in Bangalore. The findings underscore the need for better awareness, emotional support, early diagnosis, and affordable treatment for cancer patients in India.

### C. Regional Studies in Punjab

#### C.1 Cancer Epidemiology and Environmental Concerns

Singh (2008)<sup>21</sup> and Thakur *et al.* (2008) discovered that the Malwa region had a startlingly high cancer incidence and mortality rate, which they linked to groundwater pollution and extensive pesticide use. With an average age of death of about 50, female cancer mortality was higher than male cancer mortality.<sup>22</sup>

In a 2016 study by Chauhan *et al.*, 89% of the patients with cervical cancer in Bihar were from rural areas. Radiation therapy was administered to 66% of those who came at advanced stages. Toxic side effects and a lack of adequate local infrastructure were major causes of treatment delays.<sup>23</sup>

#### C.2 Socio-cultural and Economic Dimensions

Manjunatha (2013) noted that poverty and illiteracy were significant obstacles in Bangalore, where 68.4% of female cancer patients lacked literacy, particularly those with malignancies of the oral cavity.<sup>24</sup>

According to Pati *et al.* (2013), the two most common excuses given for delaying cancer treatment in Odisha were financial

limitations and ignorance. Just 9% of patients went straight to a tertiary care hospital; the majority had to go through many providers.<sup>25</sup>

#### Punjab Studies Summary

S.No	Study	Location	Focus Area	Key Findings	Inference
1.	Thakur <i>et al.</i> (2008)	Talwandi Saboo	Cancer epidemiology	Increased incidence as a result of pesticide exposure	125 incidents for every lakh people
2.	Singh (2008)	Malwa Region	Cancer mortality	Associated with gender and cropping patterns	Higher mortality rates among women

Regional studies on cancer in Punjab & nearby areas reveal high rates and deaths in the Malwa region, primarily due to pesticide use and polluted groundwater. Female cancer deaths are higher, with many dying around the age of 50. In Bihar, cervical cancer cases are more prevalent in rural areas, with 89% of patients coming from rural areas. Most patients are diagnosed at advanced stages and receive radiation treatment, with delays often due to side effects and poor healthcare facilities. In Bangalore, illiteracy and poverty limit access to timely care for women with oral cancers. In Odisha, lack of money & awareness lead to delayed treatment. These factors contribute to the challenges faced by many patients in early detection and treatment.

#### 4. Comparative Analysis

Domain	International Studies	Indian Studies	Punjab Studies
Psychological Impact	High; coping strategies are used	Underreported; emphasize anxiety and sadness	Neglected; little psychological assistance
Economic Burden	Catastrophic in Asian (Kimman <i>et al.</i> )	High Out-of-pocket expenditure (Mohanti <i>et al.</i> )	Severe; economic hardship delays treatment
Social Support	Effective (Ozkan <i>et al.</i> )	Support from family is essential (Muhamad <i>et al.</i> )	Little data; family role assumed
Diagnosis Stage	From early to moderate	From moderate to late	Mostly in the late stage (IIIB)
Health System Access	A Variable	Metros are centralized	Sparse in remote regions

Overall, comparative analysis shows a common concern: cancer patients over the world have multifaceted struggles. Regional differences exist in the extent and consequences of these problems, though. Results are greatly influenced by structural and socioeconomic issues in developing nations, such as India and particularly Punjab. With preventive methods like psycho-oncology integration, financial hardship and emotional coping are given comparatively more attention worldwide. On the other hand, India falls behind in terms of mental health treatments and early detection methods. Punjab emphasizes the significance of region-specific research, preventive education, and agricultural change because of its distinct environmental dangers. The underutilization of community health workers in Punjab and rural India-an area in dire need of policy reform-is another finding of this analysis. Current knowledge gaps could be filled by awareness efforts catered to cultural sensitivities and literacy levels.

## 5. Discussions

Overall, the analysis put forward that the various issues that cancer patients encounter are highlighted by the discussion of national, international, and regional studies. Cancer has an impact on people's mental and physical health worldwide. Research such as that conducted by Davidson *et al.* (2002) and Nuhu *et al.* (2009) demonstrated that patients frequently experience pain, sadness, insomnia, and exhaustion. Support from family and friends is important since it enhances mental health and day-to-day functioning (Sprah and Sostaric, 2004; Ozkan *et al.*, 2008). Kimman *et al.* (2012) demonstrated that cancer causes severe financial stress in Southeast Asia, which frequently leads to patients discontinuing treatment. India faces similar challenges. Cancer cases are increased by common risk factors such as pollution and tobacco use (Sankarannarayanan *et al.*, 1990; Dikshit & Shiela, 1999). Financial and psychological costs are also substantial. While Vimala (2012) shown that counseling lowers depression, Bhagyalaxmi and Rawal (2003) pointed out that many patients experience mental anguish and family difficulty. According to Mohanti *et al.* (2011), many people cannot afford the high costs of treatment. High cancer rates have been caused by environmental contamination in Punjab as a result of pesticide use and poor water quality (Thakur *et al.*, 2008). Due to inadequate infrastructure and a lack of understanding, many

patients-women in particular-get late diagnoses and treatment delays. Studies from Bangalore and Odisha show that poverty and illiteracy exacerbate the condition.

All things considered, these studies demonstrate that cancer is a social and economic concern in addition to a medical one. Early diagnosis, reasonably priced therapy, emotional support, and public awareness are all essential components of effective solutions, particularly in rural and poor areas. By addressing these issues, cancer patients and their families can experience less suffering and achieve better results.

According to the literature point of view, cancer patients face a combination of structural impediments to care, financial hardship, and emotional suffering. These findings are consistent across geographic boundaries. The majority of research point to serious gaps in pricing, accessibility, and awareness, even if some demonstrate resiliency through family support. These difficulties are made worse by region-specific elements like environmental exposure (in Punjab) or a lack of early screening facilities (in India).

## **6. Summing Up**

This systematic review of global and Indian research reveals that psychosocial distress, delayed diagnosis, economic burden, and lack of healthcare access remain major concerns in cancer care. International studies show that emotional support, early detection, and health insurance systems help reduce the impact of cancer. Countries investing in psychosocial care, such as counselling and group therapy, show better mental health outcomes among patients. Financial support schemes and strong healthcare systems also help in reducing out-of-pocket expenses.

In India, risk factors such as tobacco use and industrial pollution contribute to cancer, but there is a large gap in awareness, access, and affordability. High costs and long treatment periods create financial strain on patients and families. Environmental and agricultural practices, worsen the cancer burden, with heavy pesticide use and poor-quality drinking water. Women face higher mortality rates and are more likely to be diagnosed late. Social issues like illiteracy, poverty, and gender roles further complicate the situation. Punjab, a high-risk zone, requires urgent, multifaceted interventions. The review suggests that tackling cancer effectively requires a holistic approach, including emotional support, public awareness, early

detection programs, financial assistance, and better health infrastructure. Policies must be tailored to the needs of different regions, and best practices like psycho-oncology, telemedicine, and patient support groups can serve as models for improving care in developing countries. Community health workers, who are often the first point of contact for patients, should be trained to identify early signs of cancer, provide counselling, and guide families. A national cancer control strategy that decentralizes care, integrates psychosocial services, regulates agrochemical use, and enhances financial protection mechanisms for vulnerable populations is essential. Collaborative efforts between governmental and non-governmental actors are essential for a holistic and equitable response.

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### **Conflicts of Interest**

There are no conflicts of interest.

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