

## Evaluation of Lifestyle for Women with Breast Cancer

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### KEYWORDS

Evaluation, lifestyle, women, breast cancer

### ABSTRACT

**Introduction:** Breast cancer is a significant global health concern, affecting millions of women worldwide. While advancements in diagnosis and treatment have improved survival rates, the impact of this disease extends beyond physical health. It also significantly influences a woman's lifestyle and overall well-being. **Objectives:** The current study intends to analyze the lifestyle of breast cancer patients who are receiving therapy or are being followed up at the Oncology Teaching Hospital in Medical City, Baghdad, Iraq. **Method:** The present study uses a descriptive design with an application of an evaluation approach. A convenience sample of 100 women with breast cancer was selected from the Teaching Oncology Hospital at the Medical City in Baghdad City, Iraq. The study's objectives are served by a questionnaire. Physical, role, emotional, cognitive, and social functioning are its five functional domains. These domains are evaluated as low, moderate and high. Each study participant received a questionnaire explaining how to complete it, along with a form requesting their approval to remain anonymous. They also had the opportunity to leave the study at any time without being provided an explanation. A panel of (10) experts determines the questionnaire's content validity, and its internal consistency reliability is calculated via the split-half method with a Cronbach's alpha correlation coefficient of ( $r=0.92$ ). Data are collected using the study questionnaire, and they are then analyzed via a descriptive statistical data analysis approach on the basis of frequency and percentage. **Results:** The study revealed that the majority of these women experienced sleep issues, but most of them experienced problems with body weight gain (70%), social and community activity (70%), sexuality (60%), stress (60%), diet (56%), physical activity (50%) and smoking (45%), and some of them took birth control pills and used hormone replacement therapy (43%). **Conclusion:** This study revealed that women with breast cancer have experienced a variety of lifestyle domain-associated problems. These problems are clearly manifested in the results of this study.

## 1. Introduction

Breast cancer is currently the most common disease globally, accounting for 12.5% of all new cancer cases each year. In many areas of the globe, breast cancer is the most common cancer in women and one of the major causes of cancer-related death (1). When a woman has a first-degree relative who has breast cancer (mother, daughter or sister), her risk roughly doubles. A family member with breast cancer affects approximately 15% of women who develop it (2). The World Cancer Research Fund encourages women who have been diagnosed with breast cancer to implement certain rules to lower their chances of developing cancer again. Getting enough exercise, eating a nutritious diet that is high in fiber and low in saturated fats, and maintaining a healthy body weight are all part of this process (3). Having extra adipose tissue after menopause can increase estrogen levels and increase the possibility of developing breast cancer. Blood insulin levels are frequently higher in overweight women. Several cancers, particularly breast cancer, are associated with elevated insulin levels (4). A previous study revealed that lifestyle modification may reduce the chance of developing breast cancer. Changes in lifestyle have been demonstrated to be effective in the prevention of breast cancer. The risk of breast cancer in women is influenced mostly by factors such as diet, physical activity, smoking, and vitamin and mineral usage (6).

## Objectives

The current study intends to analyze the lifestyle of breast cancer patients who are receiving therapy or are being followed up at the Teaching Oncology Hospital in Medical City, Baghdad City, Iraq.

## 2. Methods

The present study uses a descriptive design with the application of an evaluation approach. A convenience sample of 100 women with breast cancer was selected from the Teaching Oncology Hospital at the Medical City in Baghdad City, Iraq from December, 2022 to June, 2023. The study's objectives are served by a questionnaire. It consists of nine lifestyle domains: physical activity, diet, sleep, smoking, social and community activity, sexuality, body weight gain, birth control and hormone replacement therapy and stress. These domains are evaluated as low, moderate and high. Each study participant received a questionnaire explaining how to complete it, along with a form requesting their approval to remain anonymous. They also had the opportunity to leave the study at any time without being provided an explanation. A panel of (10) experts determines the questionnaire's content validity, and its internal consistency reliability is calculated via the split-half method with a Cronbach's alpha correlation coefficient of ( $r=0.92$ ). Data are collected using the study questionnaire and then analyzed via a descriptive statistical data analysis approach on the basis of frequency and percentage.

## 3. Results and Discussion

The results in this table indicate that most of the women with breast cancer included in this study were 50--59 years old (32%), high school graduates (36%), government employees (55%) living in urban areas (68%) and had a low socioeconomic status (65%).

Table (1): Sociodemographic characteristics of the women

| Characteristics     | Frequency | Percent |
|---------------------|-----------|---------|
| <b>Age (Years)</b>  |           |         |
| < 30                | 4         | 4.0     |
| 30-39               | 13        | 13.0    |
| 40-49               | 30        | 30.0    |
| 50-59               | 32        | 32.0    |
| 60-69               | 13        | 13.0    |
| ≥ 70                | 8         | 8.0     |
| <b>Education</b>    |           |         |
| Primary School      | 12        | 12.0    |
| Intermediate School | 24        | 24.0    |
| High School         | 36        | 36.0    |
| Diploma degree      | 9         | 9.0     |
| Bachelor's degree   | 15        | 15.0    |
| Postgraduate        | 4         | 4.0     |
| <b>Employment</b>   |           |         |
| Government Employee | 55        | 55.0    |
| Self-employed       | 11        | 11.0    |
| Retired             | 21        | 21.0    |
| Housewife           | 13        | 13.0    |

| <b>Residency</b>            |    |      |
|-----------------------------|----|------|
| Urban                       | 68 | 68.0 |
| Suburban                    | 15 | 15.0 |
| Rural                       | 20 | 20.0 |
| <b>Socioeconomic Status</b> |    |      |
| Low (7-10)                  | 65 | 65.0 |
| Moderate (11-25)            | 30 | 30.0 |
| High (26-29)                | 5  | 5.0  |

The results, out of this table, show that an overwhelming number of these women suffer from sleep problems, but most of them have problems with body weight gain (70%), social and community activity (70%), sexuality (60%), stress (60%), diet (56%), physical activity (50%) and smoking. (45%), and some of them take birth control pills and use hormone replacement therapy (43%).

Table (2): Lifestyle evaluation for women with breast cancer

| <b>Domains</b>                                   | <b>Low</b> | <b>Moderate</b> | <b>High</b> |
|--|------------|-----------------|-------------|
| Physical activity                                | 50 (50%)   | 30 (30%)        | 20 (20%)    |
| Diet   | 56 (56%)   | 24 (20%)        | 20 (20%)    |
| Sleep  | 90 (90%)   | 10 (10%)        | 0 (0%)      |
| Smoking  | 20 (20%)   | 35 (35%)        | 45 (45%)    |
| <b>Social and Community</b>                      |            |                 |             |
| Activity   | 70 (70%)   | 25 (25%)        | 5 (5%)      |
| Sexuality  | 60 (60%)   | 20 (20%)        | 20 (20%)    |
| Body Weight Gain                                 | 5 (75%)    | 25 (25%)        | 70 (70%)    |
| <b>Birth control and<br/>Hormone replacement</b> |            |                 |             |
| Therapy  | 52 (52%)   | 5 (5%)          | 43 (43%)    |
| Stress   | 15 (15%)   | 25 (25%)        | 60 (60%)    |

Part I: Discussion of Women's Socio-demographic characteristics: According to the analysis of such factors, the overwhelming majority of women with breast cancer in this research are in late adulthood with moderate levels of education, are employed, are urbanized, and are derived from families with low socioeconomic status. These characteristics provide a clear image and empirical evidence about the reality of these women. A descriptive, correlational study of 250 women with breast cancer revealed that these women are aged 62.8 ( $\pm 8.0$ ) years, have an education level of  $\geq 12$  years, and live in urban areas (7). According to a cross-sectional study of 520 women with breast cancer, the majority of the respondents (46.5%) were between the ages of 35 and 40 years and had a tertiary education (52.5%) and low socioeconomic status (37.9%) (8).

A retrospective study of (1196) women revealed that 31.5% were aged between 26 and 35 years, 61.3% were school educated, and 77.0% were housewives/unemployed (9). A prospective study of 577 women with breast cancer revealed that the majority of them were 55--59 years old (6). According to epidemiologic studies, breast cancer is linked to a variety of sociodemographic aspects, including age, educational attainment, occupation, and socioeconomic position (10, 11). Part II: Discussion of Evaluation of Women with Breast Cancer Lifestyle: The study findings revealed that the majority of these women faced challenges during the duration of data analysis associated with the lifestyle domain of sleep, but for most of them, women had problems with body weight gain (70%),

social and community activity (70%), sexuality (60%), stress (60%), diet (56%), physical activity (50%) and smoking (45%). Furthermore, some of them took birth control pills and used hormone replacement therapy (43%). This can be interpreted in a way that, as these women are complaining of breast cancer, they are at risk. Lifestyle-related risk factors include diet, physical activity, being overweight or obese, birth control, menopausal hormone therapy, not having children and not breastfeeding (12). The World Cancer Research Fund encourages women who have been diagnosed with breast cancer to implement certain rules to lower their chances of developing cancer again. Getting enough exercise, eating a nutritious diet that is high in fiber and low in saturated fats, and maintaining a healthy body weight are all part of this process (13-15). Changes in dietary and lifestyle choices (including overweight, a poor intake of vegetables and fruits, a lack of physical activity, and so on) are associated with an increase in breast cancer incidence and deaths among women in the Middle East (16).

#### **4. Conclusion**

On the basis of the research conclusions and discussion of the study findings, the lifestyle of women with breast cancer has been negatively influenced as a result of having breast cancer. This negative impact is clearly noted in the domains of their lifestyles.

#### **5. Recommendations**

With respect to the study conclusion, the study recommends the following:

1. Periodic assessment and screening can be employed to the lifestyle of women with breast cancer.
2. Lifestyle enhancement education program can be designed, created and implemented for women with breast cancer.
3. A supportive social program for women with breast cancer can be initiated to help them maintain healthy lifestyles.
4. Large sample sizes with a variety of characteristics can be used to perform nationwide research.

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