

Research Article

SOCIAL SUPPORT PERCEIVED BY CERVICAL CANCER PATIENTS IN MOROCCO

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Abstract

Cervical cancer is a common cancer and the second most common cancer in women. The lack of confidential relationship support in cancer patients is a predictor of depressive or anxiety disorders. The aim of the study is to describe the social support perceived by patients with cervical cancer. **Methods:** A questionnaire was administered to a sample of patients diagnosed with cervical cancer who were treated in 2017 at the Mohammed VI center for the treatment of cancers in Casablanca. Social support was measured by the questionnaire SSQ-6 (Social support questionnaire 6 items). **Results:** A total of 78 patients responded to the questionnaire. The average age was 53 with a standard deviation of 7 years. Sixty-four percent of the patients were married, 97% had at least one child with an average number of children of 3.6 (standard deviation = 1.9). The average number of people available to support the patient ranged from 1.3 to 3.0 depending on the items. And the average satisfaction of support received ranged from 4.08 to 4.54 out of 6. **Conclusion:** Sufficient social support has been noted in cervical cancer patients with a fairly high level of satisfaction with the support received. This shows the role of the Moroccan family in supporting this type of patients during the disease.

**Keywords** Cervical cancer, Social support, SSQ6.

INTRODUCTION

Cervical cancer is a common cancer, ranking fourth among cancers in women worldwide (1). According to the World Health Organization, the number of new cases of cervical cancer was almost 604,000 in 2020 with about 342,000 deaths (1). In Morocco, the incidence rate of this cancer reported by the cancer registry of Greater Casablanca was 10.9 per 100,000 for the period 2013-2017 (2). Several studies in the Western literature refer to a "social death" in cancer patient. Cancer induces major changes in lifestyle habits of patients. It implies numerous trips to the care centers, sometimes with long periods of hospitalization, thus separating the patient from his usual socio-professional and family environment. There is then a risk of gradually developing relational and existential loneliness which can increase the emotional distress of patients (3). Social support is a concept that has become extremely popular since the first publications by Caplan, Cassel and Cobb (4-6). In Hupcey's definition, the recipient of social support should feel that someone is caring for them with a resulting sense of well-being. Indeed, he had cited some important characteristics of social support, namely that there should be a relationship between the provider of the support and the recipient, that the support should not be given reluctantly, and that the act should have a positive outcome perceived by the receiver (7). Several articles have focused on social support and report the favorable impact of social support on health (8-10). Jadidi and Amiri reported in their study a positive and significant correlation between social support and the meaning of life in breast cancer patients (11). Another study reported a significant negative correlation between depression and social support in colorectal cancer patients (9). Manne et al, reported that social support played an important role as a mediator in the association between benefit finding and depression;

support would improve benefit finding through positive reappraisal associated with positive responses from friends and family (12). Cervical cancer is often diagnosed at late stages in developing countries, requiring treatment that may be associated with side effects that affect the quality of life and psychological status of these patients (13-15). This negative impact of the pathology and its treatments could be alleviated by the social support received by the patient from her entourage. The objective of our study was to measure the perceived social support of Moroccan patients with cervical cancer.

MATERIALS AND METHODS

A cross-sectional study was conducted in 2017 at the Mohammed VI Center for Cancer Treatment. Patients with cervical cancer were recruited, regardless of the date of diagnosis and regardless of the stage, at the time of their presentation to the consultation at the center. Data were collected using an interviewer-administered questionnaire, including sociodemographic data, duration of illness and type of treatment received. Social support was measured using the SSQ6 (social support questionnaire) which consists of 6 items. The level of satisfaction with the social support received was assessed on a 6-point Likert scale (1 =very dissatisfied, 6=very satisfied). Two scores were calculated for the SSQ scale, SSQ-N which corresponds to the average number of people available to support the patient and SSQ-S which corresponds to the average satisfaction with the support received. The comparison of scores according to patient characteristics was performed by Student's t test or ANOVA.

RESULTS

Patient characteristics

A total of 78 patients participated in the study;the average age was 53.19 years with a standard deviation of 7.45 years. The

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majority of patients were married (64.1%) and 20.5% were widowed. Most patients (97.0%) had children and 82.1% of participants were housewives (Table 1). The most common stage at diagnosis was stage II (38.5%) followed by stage III and VI (24.4% and 21.8% respectively). The mean duration of disease since diagnosis was 21.0 months (SD =18.0 months). Eighty-two percent of patients had received surgical treatment with radiation and chemotherapy.

**Table 1. Patients' characteristics**

	n	Pourcentage %
Age Mean (standard deviation)	53.19 (7.45)	
Marital status		
Maried	50	64.1
single	1	1.3
Divorced	11	14.1
Widow	16	20.5
Number of children Median (minimum-maximum)	3 (0-8)	
Educational level		
Illiterate	63	80.8
Primary	7	9.0
Secondary	3	3.8
High	3	3.8
University	2	2.6
Occupation		
Housewife	64	82.1
Civil servant	3	3.8
Liberal profession	10	12.8
Employee	1	1.3
Perceived financial status		
Low	53	67.9
Medium	22	28.2
High	3	3.8
Residence area		
Urban	46	59
Rural	32	41

### Social support received

Means of the number of people available to support patients ranged from 1.33 (SD=2.20) for those who could console the patient when she was upset to 3.01 (SD=2.11) for those who she could actually count on for help (Table2). The mean SSQ-N score was 2.05 (SD=1.35) and the mean SSQ-S score was 4.37 (SD=1.74).

**Table 2. Number of people available for social support (SSQ-N Scores)**

	Mean	Standard deviation
Who can you count on when you need help?	3.01	2.11
Whom can you really count on to help you feel more relaxed when you are under pressure or tense?	2.18	1.71
Who accepts you totally. including both your worst and your best points?	2.28	1.66
Who can you really count on to care about you. regardless of what is happening to you?	2.17	1.7
Whom can you really count on to help you feel better when you are feeling generally down in the dumps?	1.33	1.51
Who can you count on to console you when you are very upset?	1.31	2.2

The total satisfaction scores for the support received were quite high. Patients were most satisfied with the support they received from their caregivers and from those they could count on for help, with a mean of 4.54 and standard deviations of 1.77 and 1.68, respectively. However, the lowest satisfaction was reported for consolation satisfaction with a mean of 4.08 and standard deviation of 2.20 (Table 3).

**Table 3. Level of satisfaction with the support received (SSQ-Scores)**

How satisfied are you with :	Moyenne	Ecart-type
Who you can count on when you need help	4.54	1.68
Whom you can really count on to help you feel more relaxed when you are under pressure or tense	4.44	1.74
Who accepts you totally. including both your worst and your best points	4.5	1.74
Who you can really count on to care about you. regardless of what is happening to you	4.54	1.77
Whom you can really count on to help you feel better when you are feeling generally down in the dumps	4.14	2.18
Who you can count on to console you when you are very upset	4.08	2.20

The SSQ scores averages were higher in married women, the SSQ-N average was 2.21 (SD=1.27) in married patients versus 1.75 (SD=1.46) in others, however this difference was not statistically significant ( $p=0.146$ ). Similarly, the SSQ-S score had a mean of 4.69 (SD=1.44) in the married patients versus 3.80 (SD=2.07) in the others ( $p=0.051$ ). No significant association was noted between perceived financial status and social support scores.

### DISCUSSION

In our study population, the majority was married. They reported a fairly high level of satisfaction with the support they received (ranging from 4.1 to 4.5 out of 6). The average number of people available to support the patient was 2. According to El Youbi et al, the accompaniment of the cancer patient, in his misfortune, is an opportune moment for the Moroccan family to prove its devotion and its attachment towards the patient. For them, it is also a duty according to cultural, social and religious norms. A Moroccan cancer patient, throughout his journey with the disease, will never come alone to the hospital; sometimes even the whole family can accompany him. The presence of family members all the time during the illness is an undeniable source of comfort and encouragement that can optimize the patient's ability to cope with the disease (16). In a study conducted at the University of California, patients reported that the social support of their partners was particularly valuable, with a high value on emotional support versus instrumental or practical support. According to some authors, older couples are much more involved in their relationship and are less likely to break up, even when faced with life-threatening diseases such as cancer (17). For cervical cancer, the highest incidence is in women aged 75 years and older (18). Patient satisfaction with social support in our study was quite good with means above 4.08 for all SSQ6 items. A similar finding has been reported in Iranian cervical cancer patients (19). Social support is essential to cope with the cancer diagnosis, treatment, as well as the emotional consequences. Patients seek social support not exclusively from family members, but a wide range of sources of social support exists, including friends (20).

### Conclusion

Fairly good social support was noted among cervical cancer patients with a high level of satisfaction with the support received. This shows the role of the Moroccan family in supporting cancer patient during the disease.

Statement of Competing Interests : The authors report there are no competing interests to declare.

## REFERENCES

1. WHO. Cancer du col de l'utérus [Internet]. 2022 [cité 24 mars 2023]. Disponible sur: <https://www.who.int/fr/news-room/fact-sheets/detail/cervical-cancer>
2. Registre\_des\_Cancers\_de\_la\_Region\_du\_Grand\_Casablanca\_2013-2017.pdf [Internet]. [cité 26 mars 2023]. Disponible sur: [https://www.contrelecancer.ma/site-media/uploaded\\_files/Registre\\_des\\_Cancers\\_de\\_la\\_Region\\_du\\_Grand\\_Casablanca\\_2013-2017.pdf](https://www.contrelecancer.ma/site-media/uploaded_files/Registre_des_Cancers_de_la_Region_du_Grand_Casablanca_2013-2017.pdf)
3. Simón MA. Manual de psicología de la salud: fundamentos, metodología y aplicaciones [Internet]. 1999 [cité 30 mars 2023]. Disponible sur: <https://dialnet.unirioja.es/servlet/libro?codigo=452751>
4. Caplan G. Support system and community mental health. Behavioral. New York; 1974.
5. Cassel J. The contribution of the social environment to host resistance: the Fourth Wade Hampton Frost Lecture. *Am J Epidemiol.* août 1976;104(2):107-23.
6. Cobb S. Social support as a moderator of life stress. *Psychosom Med.*, 1976;38:300-14.
7. Hupcey JE. Social Support: Assessing Conceptual Coherence. *Qual Health Res.*, 1 mai 1998;8(3):304-18.
8. Chambers A, Damone E, Chen YT, Nyrop K, Deal A, Muss H, et al. Social support and outcomes in older adults with lung cancer. *J Geriatr Oncol.*, mars 2022;13(2):214-9.
9. Shi H, Wang L, Zeng T, Li Y, Xu H, Sui X, et al. The Mediating Role of Alexithymia: Social Support and Depression among Colorectal Cancer Patients. *Comput Math Methods Med.*, 2022;2022:6771005.
10. Usta YY. Importance of social support in cancer patients. *Asian Pac J Cancer Prev APJCP.* 2012;13(8):3569-72.
11. Jadidi A, Ameri F. Social Support and Meaning of Life in Women with Breast Cancer. *Ethiop J Health Sci.* juill 2022; 32(4):709-14.
12. Manne SL, Kashy DA, Virtue S, Criswell KR, Kissane DW, Ozga M, et al. Acceptance, social support, benefit-finding, and depression in women with gynecological cancer. *Qual Life Res Int J Qual Life Asp Treat Care Rehabil.* nov 2018;27(11):2991-3002.
13. Bae H, Park H. Sexual function, depression, and quality of life in patients with cervical cancer. *Support Care Cancer.* mars 2016;24(3):1277-83.
14. Dos Santos LN, Castaneda L, de Aguiar SS, Thuler LCS, Koifman RJ, Bergmann A. Health-related Quality of Life in Women with Cervical Cancer. *Rev Bras Ginecol E Obstet Rev Fed Bras SocGinecol E Obstet.* avr 2019; 41(4):242-8.
15. Rahman Z, Singh U, Qureshi S, Nisha null, Srivastav K, Nishchal A. Assessment of Quality of Life in Treated Patients of Cancer Cervix. *J-Life Health.* 2017;8(4):183-8.
16. El Youbi MBA, Kharmoum S, Errihani H. Le soutien familial du patient cancéreux: qu'en est-il du Maroc? *Pan Afr Med J.* 21 juin 2013;15:64.
17. Shields CG, Travis LA, Rousseau SL. Marital attachment and adjustment in older couples coping with cancer. *Aging Ment Health.* 1 août 2000;4(3):223-33.
18. Ferlay J, Colombet M, Soerjomataram I, Parkin DM, Piñeros M, Znaor A, et al. Cancer statistics for the year 2020: An overview. *Int J Cancer.* 5 avr 2021;
19. Torkzahrani S, Rastegari L, Khodakarami N, Akbarzadeh-Baghian A, Alizadeh K. Quality of Life and its Related Factors Among Iranian Cervical Cancer Survivors. *Iran Red Crescent Med J.* avr 2013;15(4):320-3.
20. Pfaendler KS, Wenzel L, Mechanic MB, Penner KR. Cervical cancer survivorship: long-term quality of life and social support. *Clin Ther.* 1 janv 2015;37(1):39-48.

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