IJRAR.ORG E-ISSN: 2348-1269, P-ISSN: 2349-5138

INTERNATIONAL JOURNAL OF RESEARCH AND ANALYTICAL REVIEWS (IJRAR) | IJRAR.ORG

An International Open Access, Peer-reviewed, Refereed Journal

Living with breast cancer at the margins: women's experiences of diagnosis, treatment access, and social support in Jammu and Udhampur

Jai Shree

Doctoral Research Scholar, Department of Sociology, Lovely Professional University, Punjab

Dr. Abhinandan

Lecturer in Sociology, Government Degree College Khour, Jammu

Abstract

The women, who reside in marginalized regions, have a huge challenge with breast cancer as they lack healthcare and social help as well as economic security. The present paper dwells on the actual life histories of women diagnosed with breast cancer in Jammu and Udhampur, routes to diagnosis, accessibility to treatment, and support services of the family and community. The study, in accordance with the patient and family opinions, demonstrates how geographic isolation, financial obstacles, and sociocultural beliefs affect healthcare-seeking behaviour and treatment retention. The findings reveal that a lag in the identification of the diagnosis, a fragmented treatment and utilization of the informal care network imposes an emotional and physical load on the targeted women. The paper determines the need to have equitable healthcare provision, combined support, as well as the policy intervention that occurs in underserved contexts in order to improve the results of breast cancer in the marginalized localities using foregrounding experiences at the margins.

Keywords: Breast Cancer, Marginalized Women, Diagnosis Experiences, Treatment Access, Healthcare Disparities, Social Support, Rural Health, Women's Health, Psychosocial Challenges

Introduction

Breast cancer was and continues to be among the commonest tumors in females in the entire world although the process of cancer diagnosis, therapy, and survivability is highly unequal on social and geographical lines. On the threshold of economic insecurity, poor health centers, institutionalized gender ideologies among other issues, women in the Jammu and Udhampur are experiencing breast cancer not only as a healthcare issue, but as a social shock. Ozcan et al. (2023) outline that structural inequities have the ability and indeed create a barrier to the proper involvement of underserved women in their care process; they may be diagnosed later, receive disjointed care systems, and have poor results not only due to the biological differences but also

because of other structural factors. Moreover, Richards et al. (2024) state that, due to a financial burden, burden of care, and social isolation, homeless people happen to be the victim of illnesses that influences the treatment adherence and mental health in turn.

Research Aim and Objectives

Research Aim

The primary aim of this study is to explore how women living with breast cancer in Jammu and Udhampur experience diagnosis, access to treatment, and social support, with particular attention to patient and family perspectives within marginalized healthcare contexts.

Research Objectives

1. To examine women's lived experiences of breast cancer diagnosis and the factors influencing diagnostic delays in Jammu and Udhampur.
2. To analyze barriers and facilitators affecting access to breast cancer treatment services, including surgical and follow-up care.
3. To explore the role of family, community, and informal support systems in shaping patients' coping and treatment trajectories.
4. To identify gaps in existing healthcare and social support structures and their implications for equitable breast cancer care.

Research Questions

1. How do women with breast cancer in Jammu and Udhampur perceive and experience the process of diagnosis?
2. What structural, economic, and geographic factors influence access to breast cancer treatment and continuity of care in these regions?
3. How do family members and social networks contribute to or constrain women's experiences of treatment and survivorship?
4. In what ways do marginalize social positions shape patient and family experiences of breast cancer care and support systems?

Conceptualizing Diagnosis, Treatment Access, and Social Support for Breast Cancer

Conceptualizing Breast Cancer Diagnosis at the Margins

The diagnosis does not just occur as a clinical episode but is a socially mediated event that is moderated by the knowledge of this, stigma, and medical accessibility. Early diagnosis of breast cancer in marginalized states, such as Jammu and Udhampur is not usual due to the elevated level of absence of screening facilities, radiological facilities are not trained, and individuals are not required to discuss their breast health. The

diagnostic delays, which result in worse prognoses and later occurrence at the late stage, do not impact underserved women equally, with Ozcan et al. (2023) discussing why this is a concern. This fear, misinformation and decision-making based on family further propagates such delays as the domestic obligations override the health of women. The introduction of the new diagnostic technologies such as new imaging and new spectroscopic technologies mentioned by David et al. (2023) can also be extremely promising to the area of the earlier diagnosis; however, it is tapered to the tertiary care facilities.

Conceptualizing Access to Breast Cancer Treatment

Access extends beyond mere access to the medical care settings, and extends to affordability, continued access and adherence to more complicated routes of care. Women in the regions where there are no or only a few oncology centers have tended to follow a piece meal treatment regimen which involves long distance travel, finances and time. Bundefined et al. (2022) point at the timely and adequate intervention direct relation to the outcomes of the surgery procedure and survival yet following the standards is difficult to comply with in the resource-limited setting. Examples of this fact are state-of-the-art imaging-based and sensor-based margin assessment tools like those mentioned by Van de Sande and Menekse (2022). in both publications, margin assessment is based on technology, which increases the accuracy of surgical performance. However, to theorize access, it should be mentioned that technological advancement cannot be fair to everyone, when assessed separately.

Conceptualizing Social Support in Breast Cancer Care

The social support issue has vital significance in identifying the emotional strength of women, the ability of their commitment and recovery success. The family members of the collectivist social settings such as Jammu and Udhampur are the primary caregivers, make decisions about the treatment and contribute towards the care which is financial and mostly lack literacy. According to Richards et al. (2024), the victims of the sickness state that when deprived, they rely on the expenditure of informal support networks, which in its turn may be extended by poverty and health illiteracy. Social support is therefore conflictual in the sense that it supports care whilst at the same time reinforces dependency and silence. The support evidence framework will be based on emotional reassurance, logistical/informational guidance which all reflect on patient outcomes. Besides, absence of psychosocial services, in turn, means that women are inclined to struggle with fear and doubt alone.

Evolution of Diagnosis, Treatment Access, and Social Support for Breast Cancer

Evolution of Breast Cancer Diagnosis Practices

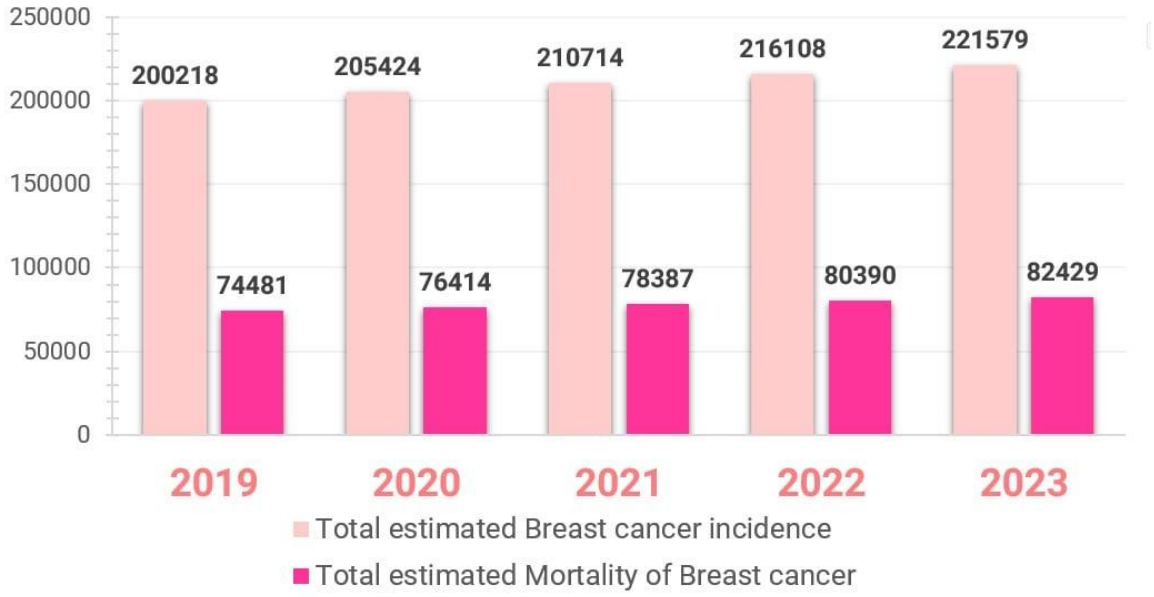

Figure 1: Rising Breast Cancer in India

(Source: Jha, 2025)

Over the past decades, the history of breast cancer diagnosis has been altered significantly, primarily since the diagnosis is no longer developed based on the first physical examination, but on alternative more advanced diagnostic tools, which rely on imaging and molecular diagnostic techniques. As imaging technologies (mammography and ultrasound) have become universal, making diagnosis more accurate, the populations served increased but, according to the authors of Ozcan et al. (2023), not across the board, placing the underserved groups in a disadvantaged position. More sophisticated technologies, including Raman spectroscopy and optical coherence tomography, as depicted by Zhang et al. (2024), allow finding cancer in time and during the surgery and detecting cancer more accurately. These technologies have failed to live to their promise since they are still concentrated in the urban tertiary centers.

Evolution of Treatment Access and Surgical Approaches

The treatment of breast cancer has also undergone massive transformation in accessibility particularly following the introduction of breast-conserving surgery and oncoplastic surgery. According to the assessment of the research conducted by Torras et al. (2024), the modern trend of surgical work is versed on the decrease of the physical disfigurement yet oncological safety. Simultaneously, the mentioned intraoperative margin assessment technologies such as the PET-CT imaging of the specimen or fluorescence-guided technologies, both of which are listed by Van de Sande and Menekse (2022), have improved the accuracy of surgery and reduced the reoperation rate. Still, the survival results remain strictly connected with availability of high-quality and timely care that is supported by Bundred et al. (2022). In poor neighborhoods, women are likely to come and go off chemotherapy or radiotherapy due to the cost, distance, and due to family care.

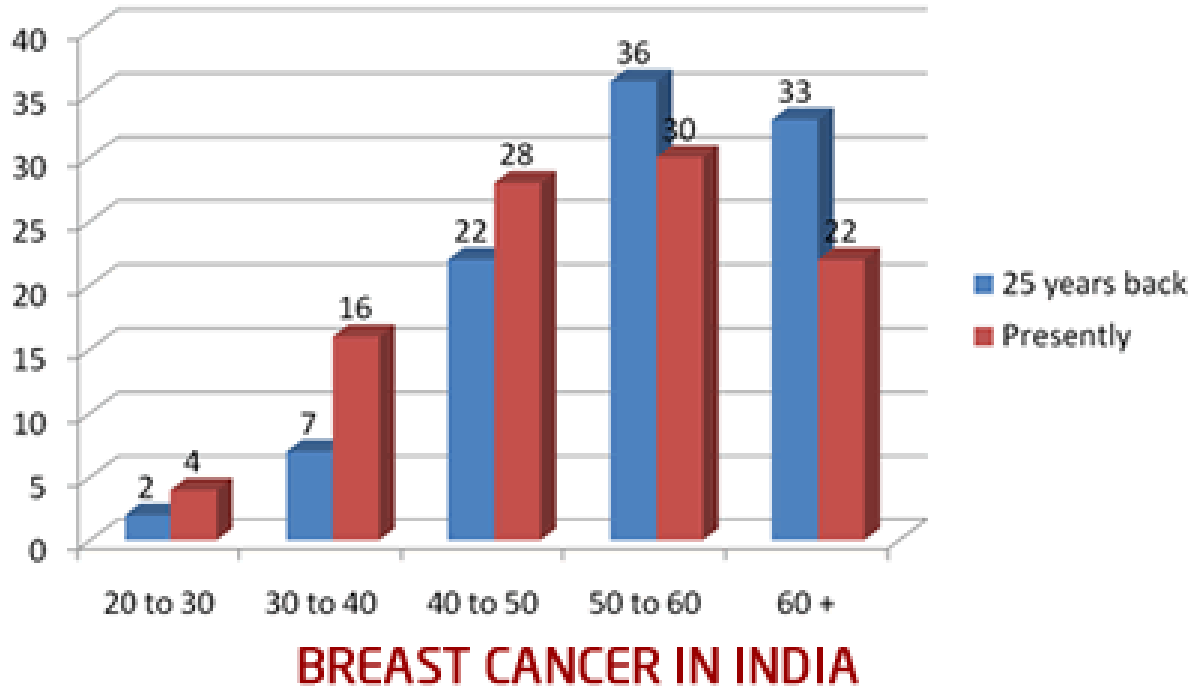

Figure 1: Rising Breast Cancer in India

(Source: Breast Cancer India, 2020)

Though susceptible to family supportive care, the social support programs of breast cancer patients have been steadily expanding to the offering of structured psychosocial and palliative care. Under the conditions of adequate resources, survivor support groups as well as multidisciplinary care teams have become incredibly significant in the patient welfare. However, as Richards et al. (2024) state, people who are financially deprived tend to be excluded with such formal assistance and must make sure that their families are overloaded. In the regions such as Jammu and Udhampur, social support is formed slowly since not much has been done in the region to incorporate counseling and survivorship with the services of oncology. The cultural practices continue to subject women as givers and not beneficiaries of care and this influences the support given and gotten.

Technological Frameworks for Diagnosis, Treatment Access, and Social Support for Breast Cancer

Technological systems that facilitate the process of breast cancer diagnosis have undergone a radical transformation and their traditionalist orientation that involves detection of the disease according to the visible symptoms are substituted with the possibility to detect malignancy through microscopic areas. New advanced imaging and molecular diagnostic methods have helped clinicians to detect small pathological changes at initial stages and thus improve the prognostic outcome. The fact that it is possible to identify biomolecular changes that reveal invasive breast cancer, which is an extremely sensitive diagnostic technique, has been demonstrated through Raman spectroscopy with machine learning, as demonstrated by David et al. (2023). However, despite the possibilities of clinical effects of these technologies, their use by women in geographically remote locations such as Jammu and Udhampur is hardly possible.

The availability of treatments in the management of breast cancers, particularly surgical oncology has significantly varied because of the use of technology. The inventions used to improve accuracy during an operation have reduced the cases of recurrence and the repetitiveness of an operation. It is rightly so that the survival after breast-conserving surgery is directly associated with the margin assessment that could only be achieved with the assistance of the margin assessment, as the argument of Biveau et al. (2022) suggests. The imaging technologies and the margin evaluation devices used in real-time can assist the specialists to make the correct decision during the operation supplying the surgeons with a more adequate treatment. However, in the feigned healthcare centers, these technological structures do not exist which leads to the disparity in the standard of the surgery and the continuity of care.

Besides clinical diagnosis and treatment, technological structures are more likely to influence social support and continuum of breast cancer treatment. To improve the geographic isolation area, telemedicine platforms and remote access consultation systems could be positioned as one of the sources of the solution since it opens prospects to pursue care and teach patients. However, as Ozcan et al. (2023) indicate, women who are not given the proper service tend to have certain limitations to digital health due to low connectivity, poor digital skills, and lack of finances. In sections such as Jammu and Udhampur, the utilization of technological systems is exceptionally low which is devoted to psychosocial needs therefore where emotional support is highly dependent on informal family structures. There are no ingrained digital support structures that can be used to encourage isolation, anxiety, and discrepancy in the adherence to the treatment of the patients.

Applications and Societal Implications

The prognosis of breast cancer warrants extensive consequences because of all the advanced diagnostic and therapeutic technologies. Managed interventions serve to reduce surgery errors, reduce therapy plans, and increase survival rates. Just like Kubo et al. (2022), the novel approaches to margin evaluation are equally as accurate as the older ones, although there is no higher level of operational time and additional patient load predictions. They are applicable in the lessening of both the physical and psychological trauma associated with the repetition in operations. Where marginalized are concerned, however, such clinical applications are inaccessible, and this is one of the factors behind late diagnosis and poor outcome. Women in Jammu and Udhampur have a long way to the diagnosis experience and are poorly treated, canceling the impact of the technological process.

Without much institutional support, breast cancer creates a lot of social and economic burdens on the family. The financial punishment of treatment, the monetary expenses of care giving, and emotional labor have the predisposition of causing several financial hardships to already struggle households. The families on the margins experience the consequences of dysfunctional healthcare systems: they must manage their illnesses with little resources (Richards et al., 2024). They impose gender roles and emotional burnouts, as they realize how in certain areas of the national territory, e.g., Jammu and Udhampur family members habitually fulfill their roles of a caretaker, a decision-maker, and a logistic organizer. Although technical innovation will reduce hospitalization or technical sophistication of the procedure, this is not popular, hence constraining the social value.

In the larger dimension of things, inequitable access to breast cancer technology is a problem that poses fundamental problems to the health status of the population and their ethical conduct specifically. Among other types of innovation discussed by Pachaiyappan et al. (2025), NIR imaging and multimodal diagnostic tools have potentials that are enormous respecting their ability to improve the accuracy of early detection and treatment. However, the disparities of benefits on the population level exist when such technologies are noble to become separated in the tertiary urban centers. In the countryside, the late detection has been one of the factors contributing to the rise in death and this depreciation to enable the national cancer control programs. Equity must therefore feature in the core of the technological implementation strategies.

Challenges and Future Research Directions

Structural and Healthcare System Challenges

In general, structural barriers represent one of the key influences that have continued to defy effective provision of equitable care in breast cancer in marginalized settings. Absence of proper infrastructure and specialization and systemic referral arrangement is hindering grasp of the diagnosis and treatment. Bundred et al. (2022) explains that the multidisciplinary care model is especially applicable to breast cancer treatment and necessitates several specialists to be concentrated within the peripheral healthcare setup. The Jammu and Udhampur women tend to experience the occurrences of transport delays due to transport complications, financial feasibility, and institution inefficiency. These are compounded by the sociocultural stigma that disparages the early healthcare seeking behaviors. To control such structural issues, they are supposed to decentralize oncology services, train workers and improve their referral systems.

Challenges in Technological Translation and Implementation

Even with the accelerating innovation in the sphere, conversion of the developed technologies of breast cancer into practice is difficult. Some of these diagnostic and intraoperative technologies capture special machines, technical skills, and constant investments to promote extrapolability, hence, the technologies cannot be applied in resource-limited settings. As portrayed by Zhang et al. (2024), the systems of future-oriented diagnostics are very precise but have been found to fail to scale in the uncontrolled clinical environment. There may not be adequate capacity in such places as Jammu and Udhampur health facilities to enable and offer such technologies. Preferential consideration in future research should be provided to the flexible low-cost solutions to decentralized care.

Future Research on Patient and Family Experiences

Relatives on breast cancer patients and their experience should receive more focus in further studies. The social, emotional, economic dimensions of illness are beyond the quantification of the indicators. Richards et al. (2024) state that qualitative research will be essential in revealing how individuals operate the care in the situation of deprivation. In Jammu and Udhampur, support mechanisms, informal caregiving and community-based survivorship models, which are culturally sensitive, should be researched. Included in the research and policy formulation are the patient voices, which will yield more responsive and inclusive interventions. The

approaches play a crucial role in designing cancer care systems based on the actualities of the marginalized individuals rather than providing blanket solutions.

Conclusion

A good example of a complex relationship between technological advancement, social disparity and experience is care-related to breast cancer and the marginalized regions such as Jammu and Udhampur. The progress in diagnosis and treatment has altered the opportunities in clinical work, however these opportunities are not evenly distributed. The barriers that have been in place all over in the past continue to accompany the women at the margins since they continue to experience delayed diagnosis, less access to treatment and the absence of social support. As has been demonstrated in this discussion, innovation will not suffice to manage breast cancer competently, but instead, equal health systems, non-discriminatory policies and a long-term interest in the experiences of patients and their families. Since the marginalized voices were put center stage, and the requirement to make breast cancer care more familiar and more knowledgeable, the future of the care services would be directed towards more favorable, more human, and more scientific means of caring.

Reference List

Breast Cancer India. (2020). *Trends of breast cancer in India*. Retrieved February 6, 2026, from https://www.breastcancerindia.net/statistics/trends.html

Bundred, J. R., Michael, S., Stuart, B., Cutress, R. I., Beckmann, K., Holleczek, B., … Bundred, N. J. (2022). Margin status and survival outcomes after breast cancer conservation surgery: A prospectively registered systematic review and meta-analysis. *BMJ, 378*, e070346. https://doi.org/10.1136/bmj-2022-070346

Dang, Y., Bai, J., Lou, K., Yang, R., Gao, Y., Tian, H., … Zhang, G. (2024). Intraoperative surgical margin assessment by NIR-II imaging with urine excretable Nd-based nanoprobe in breast cancers. *Advanced Functional Materials, 34*(16), 2311673. https://doi.org/10.1002/adfm.202311673

David, S., Tran, T., Dallaire, F., Sheehy, G., Azzi, F., Trudel, D., … Meterissian, S. (2023). In situ Raman spectroscopy and machine learning unveil biomolecular alterations in invasive breast cancer. *Journal of Biomedical Optics, 28*(3), 036009. https://doi.org/10.1117/1.JBO.28.3.036009

Gadaleta, E., Thorn, G. J., Ross-Adams, H., Jones, L. J., & Chelala, C. (2022). Field cancerization in breast cancer. *The Journal of Pathology, 257*(4), 561–574. https://doi.org/10.1002/path.5902

Jha, M. (2025, February 10). *Rising breast cancer in India: Challenges and opportunities*. Observer Research Foundation. https://www.orfonline.org/expert-speak/rising-breast-cancer-in-india-challenges-and-opportunities

Khalil, D. T., Slater, K., & Cooper, C. (2022). Metastatic breast cancer presenting as acute appendicitis. *Cureus, 14*(10), e30155. https://doi.org/10.7759/cureus.30155

Kubo, A., Tanei, T., Pradipta, A. R., Morimoto, K., Fujii, M., Sota, Y., … Shimazu, K. (2022). Comparison of “click-to-sense” assay with frozen section analysis using simulated surgical margins in breast cancer

patients. *European Journal of Surgical Oncology, 48*(7), 1520–1526. https://doi.org/10.1016/j.ejso.2022.04.003

Miripour, Z. S., Abbasvandi, F., Aghaee, P., NajafiKhoshnoo, S., Faramarzpour, M., Mohaghegh, P., … Abdolahad, M. (2022). Electrochemical tracing of hypoxia glycolysis by carbon nanotube sensors for intraoperative detection of suspicious margins in breast neoplasia. *Bioengineering & Translational Medicine, 7*(1), e10236. https://doi.org/10.1002/btm2.10236

Ozcan, B. B., Dogan, B. E., Mootz, A. R., Hayes, J. C., Seiler, S. J., Schopp, J., … Porembka, J. H. (2023). Breast cancer disparity and outcomes in underserved women. *Radiographics, 44*(1), e230090. https://doi.org/10.1148/rg.230090

Pachaiyappan, M., Loganathan, P., Singaravel, V., Moovendhan, M., Peng, Y. L., Yang, F., & Liu, S. Y. (2025). Recent developments in near-infrared organic fluorophores for breast cancer: From molecular design to diagnostic applications. *Journal of Materials Chemistry B*. Advance online publication. https://doi.org/10.1039/D5TB01820J

Richards, N., Quinn, S., Carduff, E., & Gott, M. (2024). Dying in the margins: Experiences of dying at home for people living with financial hardship and deprivation. *SSM – Qualitative Research in Health, 5*, 100414. https://doi.org/10.1016/j.ssmqr.2024.100414

Schwieger, L., Switchenko, J. M., Cao, Y., Amaniera, I., Phillips-Reed, R., Godette, K., & Rizzo, M. (2024). Intraoperative radiation therapy for early-stage breast cancer. *Journal of Surgical Oncology, 130*(5), 997–1005. https://doi.org/10.1002/jso.27814

Scolaro, L., Lorenser, D., Quirk, B. C., Kirk, R. W., Ho, L. A., Thomas, E., … McLaughlin, R. A. (2022). Multimodal imaging needle combining optical coherence tomography and fluorescence for imaging live breast cancer cells. *Journal of Biomedical Optics, 27*(7), 076004. https://doi.org/10.1117/1.JBO.27.7.076004

Shi, Y., Liu, J., Liu, Y., Quan, H., Li, B., Lu, H., … Han, J. (2023). Detection of breast cancer cells by a near-infrared fluorescent probe targeting mitochondrial viscosity. *Heliyon, 9*(8), e18825. https://doi.org/10.1016/j.heliyon.2023.e18825

Torras, I., Cebrecos, I., Castillo, H., & Mension, E. (2024). Evolution of breast conserving surgery: Current implementation of oncoplastic techniques. *Gland Surgery, 13*(3), 412–421. https://doi.org/10.21037/gs-23-454

Van de Sande, L., & Menekse, G. (2022). Peri-operative 18F-FDG-PET-CT specimen imaging for margin assessment in breast malignancies: A proof-of-concept study. *European Journal of Surgical Oncology, 48*(2), e87. https://doi.org/10.1016/j.ejso.2021.12.116

Zhang, S., Yang, B., Yang, H., Zhao, J., Zhang, Y., Gao, Y., … Wang, S. (2024). Rapid intraoperative cancer diagnosis using dynamic full-field optical coherence tomography and deep learning. *Science Bulletin, 69*(11), 1748–1756. https://doi.org/10.1016/j.scib.2024.03.061