An Assessment of Pertinent Social Circumstances on Childhood Cancer

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ABSTRACT
Progress in treating young cancer has increased the survival rate of the disease in recent years. Their accomplishment has brought the survivors a new challenge: to cope with their ordeal's physical, psychological and social ramifications that may limit their social integration and growth. If a child is affected by cancer, people face a double vulnerability: they are young and they are unwell, exacerbated by the existence of a society that equates cancer with death and promotes its classification as a tabuous subject. The overarching purpose of the study is to look at social-health relationships and the need to integrate both points of view to foster the social development of survivors of paediatric cancer after therapy. A list of societal contexts, including families, schools, peer groups and associations, will be presented in this respect. The connections of the participants are transformed by overcoming oncological conditions in different circumstances, which lead to changes in their subjective well-being and the social pathways.

Keywords: social, cancer, childhood, family

I.   INTRODUCTION

In the last few decades, cancer research and cancer treatment in medicine have advanced, as demonstrated by the increase among survival, which in children under the age of 14 is currently 70 percent. The achievement enables survivors to confront the challenge of rebuilding their lives after the process of healing has changed their social ties (sequelae). The continuance of a social perspective, as seen by the findings of the most current Oncobarometer, that links cancer to death, stigmatises persons suffering from the disease and has major consequences in terms of their subjective well-being and social trajectories. Despite the recurrent mention to the importance, if cancer manifests itself in infancy, of the field of sociology of concern, such as family, school or peer group, we find little studies in this subject.

The physical changes people undergo affect their self-conceptions, which broaden the gap between them and their peers. Cancer, by contrast, is a shared experience with other affected young people and creates new peer links.

The persistence of the social construction for cancer and death has consequences for social interaction, which lead to rejection, fear and social isolation. One of the very short interviews has an unstructured mention to adolescent people who do not overcome the disease and die when they have been treated.

The physical symptoms of the disease have an influence on social relations. The level of self-reliance is decreasing (particularly associated to mobility in the case of bone tumours of the lower limbs). Similarly, the image of the disease refers to the substantial sport and tear (for e.g. hair failure or excessive thinning) that affects self-conception and interpersonal interactions since they have distinct physical characteristics. Another point to mention is the chronic traumatic trajectory of the subjects after admission, often involving interruptions in the everyday life of the subject and the environment, as well as the incapacity to establish medium and long-term projects and return to the environment of the hospital.

These physical and cognitive constraints have an effect on the interaction of persons with diverse social groupings as will be detailed in the following chapters. In order to serve the general demand of cancer survivors, this stresses the importance of building ties between the health sciences and sociology as complementary areas of study.

II.   SOCIOLOGY, HEALTH AND CANCER RELATIONSHIP

Many scientists have seen the social environments of the topics throughout history as crucial parts of health studies. Prior to the formation of Sociology contribution was made by the discipline of medicine itself to create a social component and with it to health.

The hypothetical link between sociology and physical condition is one of the primary issues that we need to address in order to understand the phenomenon that we intend to explore. While there is a typical academic division between natural sciences and social sciences, which refers to medicine and hence disease study, the social contexts of these disciplines have been recognised by several authors as significant variables for health studies throughout history. It should also be mentioned that, even before sociology was created and this trend was to endure until the end of the 19th century, it was the area of medicine itself that made the primary assistance to the building of a social measurement of the health and therefore disease.

Context of History:

Scholars like Hippocrates, Galen and Paracelsus have contributed on the role of social conditioning as regards health from ancient times. Ramazzini (1700) afterwards spent a period in the 17th century on measuring the influence on sickness of employees of the industrial production system, whilst Petty (1623-1687) stressed the importance of demography and even of culture for society.

Only the 19th century did the earliest research in social science on the association between socio-economic variables and health occur (Echeverri, 2010). Virchow (1,848)'s work at this stage distinguishes himself by developing health policy based on a knowledge of the social consequences of the sickness. Dr McIntyre invented the name "medical sociology" in 1894, stating that "the relationship between medical profession and general sociology problems exists" (McIntire, 1894: 430, referenced in Duarte 1994: 317), yet, as with earlier authors, he continued to defend medicine' The theoretical precursors in socio-santé are going to strongly criticise and dispute this issue.

Shortly after that, Émile Durkheim, one of the original fathers of orthodox sociology, and his work, "Suicide," emerged (1897). The first work to explain things previously considered to be completely individual and psychological as social facts using social science principles. Afterward, Talcott Parsons considers that personal care is the most crucial aspect in the effective functioning of society in his work 'The Social System' (1951). Through its inclusion as a division in the American Sociological Association and identification by the World Health Organization (WHO) in the year 1960, a more fertile path to sociological health studies began in North America rather than in Europe. The interest in health studies in sociology increased during the next few decades, as medical professionals increased their need for the application of socio-economic research techniques to understand disorders holistically.

Clinical sociology is a method that is groundbreaking and crystallises the relationship between sociology and health research at current stage. At the start of the 20th Century, this perspective arose from the assistance of members of the Chicago School, who proposed that sociologists should be included as part of "therapy teams." This approach suggests that sociological study into the social dimensions and impacts of the disease on this topic and its setting should be carried out with a view to bringing the researcher closer together in the field and the actors utilising sociologic methodologies and techniques ((From Izaguirre and Cast The work of the International Sociological Association's workgroup (1992) and the Laboratoire of Social Change (1990) of the University of Paris VII, as well as the founding of the International Institute of Clinical Sociology, has made substantial progress since the late 1980s throughout Europe.

Politically and Socially, Health and Cancer:

Health is a complicated and critical phenomenon for the development of society. These attributes created the Bourdieu-inspired "security" idea, which defined itself as "a place where people rivalling resources, issues, and interests, establish a network of relations with relative autonomy that struggles to strengthen or take over and prevail. Patients and their all families, health staff, civil organisations, schools, public decision-making authorities...

Article 43 of the Spanish Constitution recognises Spain's right to health protection and delegates it to public authorities which, by "preventive measures and necessary benefits and services," protect public health. As defined by the World Headquarters as "health," we find that it was defined by the World Health Organization in 1948 as a complete state of corporeal, mental and community safety, not just lack of illness or impairment. Based on this concept, a number of aspects arise, including the dedication and attitudes of society to illnesses and public resource administration.

For scientific research and improving disease treatment (Alcántara, 2008), interdisciplinarity is crucial, which requires a particular consideration of health, particularly cancer, in political and social areas. The national and international regulatory framework recognises that "the whole practise of health produces and reproduces discursive forms which operate in social discourse" and "all practises in health produce and reproduce discursive forms which except the specific characteristics of social discourse care".

In this respect, models of comprehensive cancer care that take the family environment into account and focus on primary care providers have developed significantly in recent years.

Despite advancements in the social study of health, we find limited sociological assessments in the field of cancer and, especially, where this disease occurs in kids. Although the importance of individual engagement with social contexts, such as families, schools and associations, is emphasised by most previous research throughout therapy and rehabilitation, these studies often do not even come from social scientists. On the contrary, the recurrent reference to the importance of these areas of interest in sociology emphasises the requirement of a sociological approach that has emerged recently, particularly in English-speaking literature, in scientific literature.

III.   THE CHILDHOOD CANCER

The World Health Organization states that cancer is a "process of uncontrolled cell development and spread that can occur in any part of the body that places an important burden on patients, families and society" (2019). The word "childhood" refers to the disease presentation among children and young people (under the 14 years).

According to recent statistics from the National Institute of Statistics on mortality, cancer is the top reason of normal death for the Spanish residents aged 1-14 years. However, the survival percentage of cancer-treated children in this country, according to the latest information available from RETI is 75 percent, based on those children who have lived five years after their finding. The continued existence rate has improved by around 25 percent since 1980, when the first records were retained. (Switzerland and others, 2014). In consequence, given its high frequency of newborn mortality and increased survival rate, we would consider this illness to be a social problem. Given the young age of the group under consideration, coping and overcoming experience involves adaptations and significant changes in contact with various social contexts "because cancer has been diagnosed as a child and because treatment has endured.

While all oncological conditions have adverse biological, psychological, and social ramifications for patients, adverse consequences are increased when they strike at a young age. In so far as different social actors, such as individuals, families, peers, public or private institutions like schools, associations or hospitals are involved, the social challenges facing those suffering from this disease are a subject of study in the fields of sociology, both within and after the healing process.

IV.   CANCER'S SOCIAL REPRESENTATIONS

The use of social theory in health socio-economic studies, particularly in the field of cancer, has been an important part of scientific literature in recent years. This article focuses on the relationship between individuals and the society by researching how subjects develop meanings about their condition and results. Communal representations create a "group culture" that creates a sense of membership, which influences their understanding of reality as well as the methods used to cope with frequent questions. Understanding the attitudes, behaviours and strategies developed in the face of the differences of diagnosis, therapy and future social reintegration of those affected and their environment helps us to comprehend the attitudes, behaviour and strategies developed in the face of the people and environment.

Communal representations and descriptions of the perception of 'cancer' and different dictionaries established between the 17th and 18th centuries can be found in ancient and mediaeval writings. This disease is said to as a terribly hard-to-clean illness "related to death and putrefaction" which "goes, devoured and consumed (...)". The construction of the concept of 'cancer' has been influenced historically by western civilization, which for hundreds of years encouraged the consideration of this disease as something personal and private. There are several daily parallels linking cancer with the war, such "cancer has been combated, cancer cells have entered the body, the retreat of chemotherapy forces" and "cancer has been fought, carcinogenic cells have invaded the body and the withdrawal of chemotherapy forces" The formation of cancer, combined with agony, fear and death, has been accompanying this thought to this day.

The belief that cancer detection is equal to death endures, despite the fact that it improves the survival rates. This disease was the disease most affected by Spaniards due to the high risk of death and pain that is both associated with the diagnosis and treatment of individuals and their families, according with the results of the On cobarómetro research (2010) by the Centro de Investigations Sociological 1. This is the start of the « cancer culture », which promotes, develops and reproduces a wide range of attitudes and values that are protagonists of all patients' illnesses and post-disease experiences and of their social environment (Palestine).

This society, in which players like the family, educational systems and peers are identified, among others, transforms after the diagnosis of cancer to satisfy the needs of cancer treatment. For children, a period related to early life and disease, suffering and death is the most apparent manifestation of end-of-life and causes social vulnerability for patients diagnosed in a young person to become socially vulnerable in the case of paediatric cancer. For all these reasons, a deeper examination of

some of the social workers that play a major role in the trajectory and the repercussions of paediatric cancer among young people is crucial.

V.   SOCIAL CONTEXTS THAT MATTER

Since the meanings of the individual on cancer are influenced by the social context, it is vital to watch how the interaction between the subject and some players and situations evolves after the paediatric cancer is diagnosed.

The cancer is also important for social settings such as work environments, sentimental concern for partners and sexuality, religious views and/or spiritual practises.. The cancer influences various social contexts of significance to sociology.

The Family Context:
When a kid is affected by cancer, the issue has an influence on the structure of the family because the individuals involved are children and sick are specifically vulnerable. The development of the sickness is a destabilising element in the family because of its sudden and long-term character. The adjustment to cancer therapy requires family coping skills to address this new "crisis." At least one of the parents, often a mother on cultural work assignment, leaves her everyday activities, such as work paid, care for other relatives members, relaxation time during the hospitalizations, as well as throughout the follow-up and rehabilitation phases.

As people are young, the parents operate as intermediaries between the patient and the physician system and the rest of the family in their condition of health and are orientated towards their meanings, attitudes and conduct in the face of disease;. The family group thus constructs a framework of strategies to cope with cancer on the basis of financial, touching, learning and relational capital accessible to them.

Diagnosis of cancer in children initiates a sequence of contacts with the medical community that endure the rest of the life of the individual, since regular medical checks and medicine and psychological attention are necessary. When a child is diagnosed with cancer, the contact between the doctor and the patient is mediated by the family according to a 3D model in which each actor influences the other's responses. Where therapy is not the result, parental and healthcare workers may struggle to cope with their disease and at times even shatter the family structure. The results of the treatment are not intended. Families have to undergo a time of reintegration into daily life after the patient receives treatment which is characterised by the likely consequences of the disease or its treatment in terms of social and other associated consequences. The importance of social support networks in families as a source of resistance against the impacts of diseases as serious as social isolation, such as religious organisations, friends and groups of associations, should be stressed.

School and Group of Peers:
The disease has two main impacts on the educational environment: the temporary renunciation of university education and its separation from its peer group. The diagnosis of cancer requires hospitalisation that can final for the months and the years, it is depending on the category of ontological disease and the stage of disease, leading to a longer period of disruption for the academic study (Gurney et al., 2009). The return of children to school after the disease has been overcome may be impeded by anxieties of acceptance of peers and teachers as well as by the reaction of their peer groups to the physical changes they have experienced and result in constraints for personal and social growth.

In the country Spain and other independent communities, no protocol is currently in place to meet the particular educational needs of these children, which creates confusion in educational activities for professionals. In order to restore peer interactions and the academic and, later, professional progress of children, early reintegration into the school is crucial. This is in keeping with their individual requirements. Interaction with the group is vital since long-term hospital survivors may have more trouble creating friendships or partnerships as well as being pleased as members of the pre-diagnosis group.

Young people are defined as a time in a person's life when peers become more and more significant in their social growth. These people have similar levels of reality awareness and emotions, which often depend on their age. The members of this group connect horizontally on the basis of loyalty and truly friendly ties. Social support from peers is, apart from parental support, one of the most significant resources for dealing with the changes in therapy for the oncological disease in teenagers with oncological diseases.

Association Context:
Third-sector groups have stepped up their business in recent decades in response to public demand for social protection and, in particular, health. The restricted nature of government interventions promotes the establishment of organisations whose aim is to provide advice and assistance to persons with common concerns. Associative support for childhood cancer tends to focus on families and the social obligations that may come from the diagnosis of the disease.

The associations of people who work on cancer after-sales are composed of families, survivors and volunteers, and articulate themselves as a sort of social strategy in the search for solutions to common challenges. This social context is linked to all of the above because it comes through the establishment of networks of affected people that promote mutual aid and the learning of solutions that other Survivors and their environment have previously built to overcome obstacles. These clubs also help satisfy economic and emotional needs through housing, transportation and voluntary support for families in hospitals.

Spain has a broad network of patients, family, medical, psychiatric and social experts, volunteers, and citizens. Civic-based awareness initiatives, the educational maintain and socio-cultural graphics, their management and volunteer training, family dynamics, bureaucratic processing, economic help to families, housing management for rural workers and the formation of family networks. Associations also act as watchdogs and generators of political demand and as pressurising organisations, requiring public decision makers to be held responsible at regional, national and European levels. These organisations promote the implementation of action plans based on the needs of the impacted individuals.

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The survivors contact the associations throughout their lives after hospital treatment. The stories indicate a link to these organisations by participating, volunteering and accompanying families with cancer-fighting children to awareness activities. While people are separated before and after therapy from their peer group, the associations make it possible for new people to meet. The cancer experience has influenced the social, cognitive and emotional growth of the cancer group and has resulted in the development of a common identity. This section encourages survivors to keep in touch even after recovery from cancer.

Children's cancer diagnosis is a destabilising issue in their life that alter their linkages to the several social settings studied: family, school, peer group, and all related affiliations. At present there is a communal perception of cancer as a cause of death, which is strengthened by words and analogies everyday. This view has social consequences, both in relation to the rejection of pain and suffering and the introduction of the concept as a tabus, which encourages the social stigmatising of the affected people. They are twofold vulnerable because of the young age at which these young people are being diagnosed: they are kids and cancers.

Initially, the family needs to adapt to the social needs of the treatment. This process is often influenced by social demographic factors such as rural-urban origins, occupations, and income levels. Gender roles are changing: females often assume the role of primary caregivers by leaving their jobs while husbands maintain their work and remain responsible for the remainder of the families' children.

Diagnosis, hospitalisation and following procedures which could occur due to physics interrupt the school careers of the survivors. In comparison with their coworkers, this disadvantages them. In addition, the absence of school and limitations of entry into the education organization skilled by subjects for the period of the period of the hospitalisation might lead to estrangement from peers.

As a result, organisations grow as a response to the needs of survivors and their surroundings in order to promote the development of mutual support networks based on the common identity conferred by the conquest of the disease. The long-term continuity of the strategic interaction between survivors, families and associations can be explained by the development of a relationship between society and its own identity as a sense of belonging to a collective. Through training and awareness-building activities that aim to challenge the social representation of cancer-death binomials, these groups work as a link between the suffered and society.

This bibliographical approach has emphasised the need to integrate sociology and health studies as vital complementary disciplines in order to satisfy the specific demands of childhood cancer survivors. The fact that the impact and

social trajectories of both survivors and their families have been disrupted after their diagnosis requires more improvement in the sociology discipline.

Childhood cancer diagnosis is a destabilising issue in life that really affects their relations to the different communal contexts examined by children: their family, school, peer group and members, all related together. Currently there is a social view of cancer as a cause of death, strengthened by language and analogies of everyday life. The societal implications of this notion are that pain and suffering are refused, and that the concept is established as a tabu, favouring the social stigmatisation of those affected. They are twofold vulnerable because of the young age at which these young people are being diagnosed: they are kids and cancers.

VI.   CONCLUSION

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