



General Well-Being among the Parents of Pediatric Cancer Patients

Timisha Kamat, Dr. Yasmin D. Nadaf, Dr. Shivaswamy M.S

(Received: 16 January 2026

Revised: 25 February 2026

Accepted: 17 March 2026)

KEYWORDS

General well-being, Children, Parents, Cancer, Stages.

ABSTRACT:

Background:

Parents of children who are diagnosed with cancer experience emotional, psychological, physical and social demands that have profound effect on their overall well-being. Stressors like fears about treatment outcomes, repeated hospital visits, financial strain, witnessing the child's suffering, and managing family responsibilities disrupt their daily functioning, sleep, relationships and sense of stability. General well-being (GWB) in such circumstances often becomes compromising as parents struggle to balance caregiving responsibilities with their own need for rest, social support and self-care. Demographic factors like gender, education, employment, income etc. also influence coping capacity by shaping access to resources, support systems, and adaptive strategies

Objectives:

1. To evaluate the overall general well-being of parents of children diagnosed with cancer.
2. To examine association of the demographic variables with the general well-being of parents of children with cancer.

Materials and Methods: A cross-sectional research design was used and through convenience sampling 126 parents of children who were diagnosed with cancer were selected and their General Well-Being was assessed using the standardized General Well-Being Index authored by Dr. Vijayalaxmi Chauhan and Dr. Varsh Sharma.

Statistical Analysis: Chi Square and percentage method.

Results: Among 126 participants, 83.33% demonstrated below-average general well-being. The stage of the cancer exhibited a highly significant association (0.0001) with General Well-Being.

Conclusion: The study concludes that parents of children with cancer experience low levels of general well-being. Parents of children in advanced cancer stages showed significantly poorer well-being; only stages of cancer have significant association with general well-being.

1. Introduction

“Well-being is a combination of feeling good as well as actually having meaning, good relationships and accomplishment.”¹

General well-being plays a crucial role in reflecting an individual's holistic health across physical, emotional, and social areas. When well-being is maintained, it enhances resilience, supports effective coping, and contributes to a better overall quality of life.

Mental health comprises of psychological, emotional and social well-being which impact cognition, perception and behavior. Mental health plays an

important part in individual life when one is managing stress, engaging with others and contributing to the overall life. Mental health encompasses well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and self-actualization of one's intellectual and emotional potential.² General well-being is essential for one's life, especially general well-being gets affected negatively in case of severe sickness or life-threatening sickness like cancer.

Cancer can occur across all age groups and may develop in virtually any tissue of the body. Its onset is typically marked by genetic alterations within a single



cell, which subsequently lead to uncontrolled cell proliferation, tumor formation and the potential to invade surrounding or distant sites, posing serious health risks if left untreated. In comparison to adult cancers, the etiology of most pediatric cancers remains largely unknown. Although extensive research has attempted to identify contributing factors, only a small proportion of childhood cancers have been associated with environmental or lifestyle influences. Consequently, preventive strategies for children primarily emphasize promoting health behaviors that may reduce the likelihood of developing preventable cancers later in adulthood.³

Childhood cancers comprise diverse types of malignancies that differ substantially from those seen in adults. Unlike adult cancers, which commonly originate in specific organs, pediatric cancers often arise from rapidly developing tissues such as the hematopoietic and lymphatic systems, central nervous system, muscles, and bones. Early identification in children is particularly challenging because, unlike adults who can recognize and report symptoms, children may struggle to articulate what they feel. Moreover, early signs of cancer in children are frequently subtle and may resemble common illnesses, minor injuries, or routine childhood concerns. Given the rarity of pediatric cancers compared to adult cases, timely diagnosis becomes even more difficult. Some of the common symptoms that may indicate childhood cancer are unexplained or persistent weight loss, frequent headaches, often accompanied by early-morning vomiting, persistent pain or swelling in bones, joints, the back, or legs, lump or mass in the abdomen, neck, chest, pelvis, or armpits, whitish reflection in the pupil or noticeable changes in vision, Recurrent fevers without an identifiable infection, sudden or excessive bruising or bleeding and Marked paleness or prolonged fatigue.⁴

Understanding the general well-being of parents is crucial because it reveals the difficulties caregivers face and helps to safeguard the emotional and psychological health of both parents and their children. When parents remain mentally and emotionally balanced, it contributes to better recovery outcomes for the child. Assessing parental well-being also highlights the factors that influence overall family functioning, supports the creation of effective assistance programs and strengthens family resilience. This becomes even more important for

parents of children with cancer, who often encounter intense emotional strain, financial difficulties and heavy caregiving responsibilities that affect their mental health. By studying their well-being, healthcare professionals can identify their specific challenges, provide appropriate interventions and ensure parents receive the support they need during this demanding and emotionally overwhelming period.

2. Objectives

1. To evaluate the overall general well-being of parents of children diagnosed with cancer.
2. To examine association of the demographic variables with the general well-being of parents of children with cancer.

3. Methods

Research design: Cross Sectional

Sampling technique: Convenience sampling

Sample size: 126 parents of children with cancer from Cancer Hospital in Belagavi by using Cochran's formula.

Measure used: General Well-Being Index by Dr. Vijayalaxmi Chauhan and Dr. Varsh Sharma

Procedure: Once ethical approval was granted by the J. N. Medical College Institutional Ethics Committee, parents of children in the age group of 3 to 16 years and suffering with any type and stage of cancer were included in the study. They were assured that their information would remain confidential before taking their consent to participate. The questionnaire was provided with simple, clear instructions in both English and the vernacular language and for parents who had difficulty reading, the researcher guided them by reading each question aloud and noting their answers. After completion, all questionnaires were collected for scoring and statistical analysis.

Analysis of Results: Chi Square and percentage method was used to assess the general well-being and association of demographic factors among parents of children with Cancer.



4. Results

Table. No.1: Showing the distribution of demographic variables

Characteristics	Level Of general well being								χ^2	P-value
	Average	%	Below average	%	Low	%	Total	%		
Age Group										
<=30yrs	10	14.93	55	82.09	2	2.99	67	53.17	3.464	0.749
31-35yrs	5	13.89	30	83.33	1	2.78	36	28.57		
36-40yrs	0	0	9	90	1	10	10	7.94		
>=41yrs	2	15.38	11	84.62	0	0	13	10.32		
Gender										
Male	6	12	43	86	1	2	50	39.68	0.568	0.753
Female	11	14.47	62	81.58	3	3.95	76	60.32		
Education										
Secondary	7	14.89	39	82.98	1	2.13	47	37.3	1.56	0.816
Graduate	8	11.43	59	84.29	3	4.29	70	55.56		
Professional	2	22.22	7	77.78	0	0	9	7.14		
Stages										
Stage 1	16	100	0	0	0	0	16	12.7	123.62	0.0001*
Stage 2	1	1.61	61	98.39	0	0	62	49.21		
Stage 3	0	0	44	91.67	4	8.33	48	38.1		

Table no.2: Showing the association between demographic variables and general well-being.

Age group	Number	Percentage
Age groups		
<=30yrs	67	53.17
31-35yrs	36	28.57
36-40yrs	10	7.94
>=41yrs	13	10.32
Gender		
Male	50	39.68
Female	76	60.32
Education		
Secondary	47	37.3

Graduate	70	55.56
Professionals	9	7.14
Stages		
Stage 1	16	12.7
Stage 2	62	49.21
Stage 3	48	38.1
Total	126	100

*p<0.05

5. Discussion

Well-being includes emotional, social, intellectual and spiritual aspects along with physical and financial components. It reflects a person’s ability to find purpose, meaning and satisfaction in life while maintaining balance across these various areas. Researchers also



viewed well-being as the presence of more positive emotions and fewer negative ones, along with a general sense of life satisfaction. Later studies expanded this idea, suggesting that well-being consists of six key elements: positive relationships with others, self-acceptance, autonomy, environmental mastery, personal growth and having a sense of life purpose.⁵

Few other studies demonstrated that parents of children with cancer, experience significant psychological distress with heightened vulnerability among mothers and those of lower socioeconomic status. Increased disease severity and reduced child functioning were strongly associated with higher parental distress, while limited social support further exacerbated these effects. Overall, illness severity and constrained emotional expression collectively and substantially impair parental mental well-being.⁶

Similarly, with this background present study was carried out on parent of children with cancer.

According to table no. 1, among 126 participants quiet more than half of the parents (53.17%) were aged 30 years or below, followed by 28.57% in the 31–35 year age group, only 10.32% were 41 years or above age. The sample consisted predominantly of female parents (60.32%), indicating that mothers were more often involved as primary caregivers during the child's treatment.

A nearly equal distribution was observed regarding residence with 52.38% residing in urban areas and 47.62% in rural areas. Over half of the respondents (53.97%) belonged to nuclear families, while 46.03% were from joint families.

With respect to occupation, the highest proportion (57.14%) were working parents, followed by housewives (31.75%), whereas 4.76% were involved in agriculture and 6.35% in other occupations. Educational attainment revealed that more than half (55.56%) were graduates, followed by those with secondary education (37.30%) and only 7.14% were professionals.

Regarding the child's clinical details, nearly half of the children were in Stage 2 cancer (49.21%), followed by Stage 3 (38.10%) and Stage 1 (12.70%).

Analysis of general well-being scores showed that a large majority of parents (83.33%) reported below-

average well-being, indicating significant emotional distress. Only 13.49% demonstrated average well-being, and 3.17% exhibited low levels of well-being. These findings suggest that most parents experience considerable psychological burden during their child's cancer treatment.

With reference to the table no 2, the results of the study clearly showed that below average general well-being was observed in the all the age groups whereas average well-being was observed 15.38 in ≥ 41 yrs 14.93 in ≤ 30 yrs and 13.89 in 31–35 yrs; 2.99% reported low level of Well being in ≤ 30 yrs . The calculated chi square is 3.464 with the p value of 0.749 indicating there was no significant association between age and well-being levels.

Below-average well-being was the noted in both genders almost equally, 86.00% males and 81.58% females. Average well-being was slightly more among females with 14.47% compared to males with 12.00%. Low-level well-being was marginally higher among females with 3.95% than males with 2.00%. The chi-square value 0.568 and p value 0.753 showed no significant association existed between gender and well-being.

Below-average well-being was observed among 84.29% graduates, followed by 82.98% secondary-level parents and 77.78% professional course. Average well-being was most evident among 22.22% professionals course. However, the chi-square test 1.560 and p value 0.816 showed no statistical association between education and well-being.

A distinct pattern emerged for cancer stage. For Stage 1, all parents (100%) reported average well-being, making it the only stage dominated by this category. In contrast, Stage 2 and Stage 3 reported below-average well being 98.39% and 91.67%, respectively. Low well-being demonstrated in Stage 3 with 8.33%. The chi-square value 123.62 and p value 0.0001 indicates a highly significant association, showing that stage has a substantial impact on parental well-being.

Among all the demographic characteristics, only stages of child's cancer had significant association with general well-being of parents. Similarly, some studies conducted on parents of children with advanced (progressive, recurrent, refractory) cancer, reported that



over 50% of parents had high psychological distress. Factors linked to distress included the child's symptoms/suffering, financial hardship and parents' perceptions of prognosis.⁷ A recent study (from Northern India) assessed caregivers of children receiving chemotherapy and demonstrated high prevalence of anxiety and depression and results emphasized the need for psycho social support and healthy coping among caregivers.⁸

6. CONCLUSION

1. Most parents of children with cancer experience poor general well-being, with the majority falling into the below-average category.
2. Parents of children in Stage 2 and Stage 3 showed significantly lower well-being.
3. There necessity for specialized psychological and emotional support, especially for parents of children in advanced cancer stages.

7. LIMITATIONS OF THE STUDY

- a) Small sample size may limit the generalization of the findings to all parents of children with cancer.
- b) The study used a cross-sectional design, which captures data at one point in time and cannot determine changes in well-being over different stages of treatment.
- c) Self-reported measures may be influenced by social desirability or emotional state at the time of data collection.
- d) The study was conducted in a single geographical region, which may not represent cultural or regional differences in parental well-being.
- e) The research focused only on selected demographic variables; other influential factors such as coping style, social support, and financial burden were not assessed.
- f) The severity of cancer was categorized by stage only; type of cancer, duration of illness, and treatment intensity were not considered.

8. SUGGESTIONS

1. Future research should incorporate a broader and more diverse participant group, which will strengthen the external validity and applicability of the results.
2. Longitudinal designs are recommended to better understand how parental well-being evolves

throughout the course of the child's illness and treatment.

Source of funding- NIL

Conflict of interest- None declared

REFERENCES

1. Seligman, M. E. P. (2011). *Flourish*. Nicholas Brealey Publishing. (Original quote from AZ Quotes.)
2. World Health Organization. (2004). *Promoting mental health: Concepts, emerging evidence, practice (Summary report)*. <https://www.who.int/publications/i/item/9241591595>
3. World Health Organization. (2025). *Childhood cancer*. https://www.who.int/health-topics/cancer#tab=tab_2
4. Indian Cancer Society. (n.d.). *Childhood cancer*. <https://www.indiancancersociety.org/cancer-information/childhood-cancer>
5. Davis, T. (n.d.). *Well-being: Definition, types, & psychology*. Berkeley Well-Being Institute. <https://www.berkeleywellbeing.com/well-being.html>
6. Ibrahim, H., et al. (2025). Childhood cancer and parental mental health: Role of disease severity, socioeconomic status, and social dynamics. *BMC Psychiatry*. <https://doi.org/10.1186/s12888-025-06494-z>
7. Psychological distress in parents of children with advanced cancer Rosenberg, A. R., Dussel, V., Kang, T., Geyer, J. R., Gerhardt, C. A., Feudtner, C., & Wolfe, J. (2013). *Psychological distress in parents of children with advanced cancer*. *JAMA Pediatrics*, 167(6), 537–543. <https://doi.org/10.1001/jamapediatrics.2013.628>
8. Psychological distress and coping strategies among caregivers Chaudhary, P., Singh, E., & Gupta, S. (2025). *Psychological distress and coping strategies among caregivers of children with cancer: A cross-sectional study*. *ecancermedicalscience*, 19, 1872. <https://doi.org/10.3332/ecancer.2025.1872>