Lafia Journal of Scientific & Industrial Research (LJSIR), Vol. 3(2), 2025
p-ISSN: 3026 – 9288 e-ISSN: 3027 – 1800 pages: 48 – 52
https://lafiascijournals.org.ng/index.php/ljsir/index ⇒ Published by the Faculty of Science,
Federal University of Lafia, Nasarawa State, Nigeria

Impact of Cultural and Societal Factors on Stigma and Psychological Distress Experienced by Breast Cancer Patients in Abuja, Nigeria

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Abstract

This study was carried out to evaluate the impact of cultural and societal factors on stigma and psychological distress experienced by breast cancer patients in Abuja, Nigeria. Structured questionnaires were administered to collate data on the significance of stigma and psychological distress on breast cancer patients, as well as risk factors and their impacts on breast cancer patients in Abuja. The Distress Thermometer (DT) of the National Comprehensive Cancer Network (NCCN) was used to evaluate distress, while the hospital anxiety and depression scale (HADS), was employed to evaluate emotional distress. A total of 348 respondents, comprising patients diagnosed with breast cancer aged 18 years and above in 2024, were considered for the study in three oncological centres in Abuja, Nigeria. Results of the study revealed that all respondents had experienced different forms of stigmatization due to their cancer status and lived with the feeling of being judged due to cancer, a total of 65.8% experienced discrimination from family and friends, 36.8% from strangers, 24.4% were discriminated by colleagues while 8.6% experienced discrimination from health workers. 44.5% of the respondents frequently experienced negative attitudes from people, 26.4% always had some forms of negative attitudes while 7.8% rarely experienced negative attitudes. The study established the prevalence of cancer care challenges such as stigmatization, cultural misconceptions, inadequate social and psychological support and limited access to medical services in healthcare centers in Abuja, Nigeria. Addressing these barriers requires a multi-faceted approach including public health education, expanded mental health services and improved healthcare infrastructure.

Keywords: Breast cancer, cultural, psychological distress, stigma

Article History

Submitted
April 10, 2025

Revised
June 03, 2025

First Published Online
June 05, 2025

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doi.org/10.62050/ljsir2025.v3n2.567

Introduction

Breast cancer is a significant health issue globally, with Nigeria reporting it as the most prevalent cancer among women in the country [1]. The impact of breast cancer extends beyond the physical symptoms and treatment, as patients often experience stigma and psychological distress due to societal and cultural factors [2]. Understanding how these influences exacerbate the challenges faced by breast cancer patients is crucial for developing effective support systems and interventions to improve their well-being.

Despite the high prevalence of breast cancer in Nigeria, research on the psychosocial impact of the disease, particularly in low- and middle-income countries in Africa, remains limited. Cultural beliefs, gender norms, and societal attitudes can significantly shape the experiences of breast cancer patients, affecting their mental health and overall quality of life [3]. Therefore, it is essential to explore how these factors influence the stigma and psychological distress experienced by patients in Nigeria to develop tailored interventions that address their unique needs.

This study aims to fill this gap by investigating the impact of cultural and societal factors on breast cancer stigma and psychological distress among patients in Nigeria. Using a qualitative research design, the study will engage with breast cancer patients and healthcare providers through in-depth interviews and focus group discussions. Through thematic analysis, the research will examine how cultural beliefs about cancer, gender expectations, and societal attitudes towards the disease contribute to the stigma and psychological distress faced by patients in Nigeria.

Materials and Methods

Experimental design

The study employed the use of well-structured questionnaires with both open and closed-ended questions administered to breast cancer patients identified through the hospital records of breast cancer patients attending the three oncological centres (National Hospital Abuja, Federal Medical Centre Abuja and Gariki Hospital Abuja) in Abuja, Nigeria. The research design of the study was a descriptive, cross-sectional design and all eligible participants were patients diagnosed with breast cancer aged 18 years and above in 2024.

Ethical clearance/approval

Ethical clearance was obtained from the Federal Ministry of Health Research and Ethics Committee in Abuja (FHREC/2024/01/147/19-06-24). Informed consent was also obtained from all participants of the study.

Data collection

Based on the records of the cancer centres and responses obtained from the breast cancer patients through the questionnaire, data on the significance of the stigma and psychological distress on breast cancer patients, as well as risk factors and their impacts on breast cancer patients in Abuja were obtained. The Distress Thermometer (DT) of the National Comprehensive Cancer Network (NCCN) was used to evaluate distress. With this device, distress measurement ranges from no distress (0) to extreme distress (10), based on reports tendered by patients about themselves in the past week. A score of 4 and above on the DT device suggests moderate to severe distress [4].

The hospital anxiety and depression scale (HADS), a self-assessment device, was employed to evaluate emotional distress. Previous studies involving cancer patients have used this 14-scale device [5]. Two sub-scales each scoring a total of 21 (42, overall score) for anxiety and depression were included in measurements by the HADS tool. Moderate symptoms are indicated by a score of 8-10, while a score of 11 and above suggests severe symptoms on either sub-scales, with individual cut-off at ≥ 8. A cut-off score of ≥ 15 is suggestive of moderate to severe emotional distress when both sub-scales are combined. The HADS device aids preliminary identification of at-risk persons requiring further appraisal by healthcare personnel [4].

Data analysis

Results obtained were presented in tables, frequency count and percentages. One-way ANOVA and inferential statistics like Pearson's correlation and Chi-square tests were applied to evaluate statistical significance at 5% level of probability.

Results and Discussion

The results of the factors/challenges associated with breast cancer are presented in Table 1. All the respondents (100%) had experienced or still experiencing different forms of stigmatization due to their cancer status and lived with the feeling of being judged due to cancer, a total of 65.8% experienced discrimination from family and friends, 36.8% from strangers, 24.4% were discriminated by colleagues while 8.6% experienced discrimination from health workers. 44.5% of the respondents frequently experienced negative attitudes from people, 26.4% were always had some forms of negative attitudes while 7.8% rarely experienced negative attitudes. All (100%) of the respondents sought support from family, friends and other support groups, 78.1% had not been to or received any form of therapy, 24.4% had therapy after being diagnosed with cancer, 16.1% of the respondents had not been to any therapy session while 59.5% had never heard of therapy after being diagnosed of cancer. A total of 33.3% of the respondents had participated in 1 to 2 sorts of social activities, 16.9% participated in up to 3 social activities, 14.1% had not participated in any social activity at all (0), 13.5% had participated in up to 4 social activities, 11.8% participated in one (1) activity, 10.1% participated in several social activities while 1.1% participated in up to 5 social activities.

Table 1: Factors/challenges associated with breast cancer

Category	Frequency	%	χ^2	P value
STIGMA				
Experienced stigma due to breast cancer				
Yes	348	100	696.0	0.000***
No	0	0		
Felt judged due to breast cancer				
Yes	348	100	696.0	0.000***
No	0	0		
Who discriminated against you?				
Strangers	128	36.8	272.53	0.000***
Family & Friends	229	65.8		
Health workers	30	8.6		
Colleagues	85	24.4		
How often do you encounter negative attitude?				
Always	92	26.4	121.62	0.000***
Frequently	155	44.5		
Rarely	27	7.8		
COPING MECHANISM				
Sought support from family, friends, or support groups?				
Yes	348	100	696.0	0.000***
No	0	0		
Been to any form of therapy or counseling to address psychological distress?				
Yes	76	21.8	220.78	0.000***
No	272	78.1		
Have you been to any therapy session since after diagnosis?				
Yes	85	24.4	166.06	0.000***
No	56	16.1		
Never heard of it	207	59.5		
In the past week, how many numbers of times have you participated in social activities?				
0	49	14.1	160.13	0.000***
1	41	11.8		
2	116	33.3		
3	56	16.9		
4	47	13.5		
5	4	1.1		
Several	35	10.1		

The results of the different mechanisms/ strategies developed by breast cancer patients in order to cope with the emotional challenges associated with breast cancer are presented in Table 2. A total of 22.1% of the respondents resolve to praying and keeping themselves busy, 13.5% keeps to prayer, 12.4% resolved to self-motivation and prayer, 11.8% keeps to self-motivation and crying, 10.3% resolved to withdrawal from social activities, 7.8% resolved to going to Church, 6.6% used different forms of self -motivation, 5.7% keep busy, while 3.2, 2.9, 2.0, 1.4 and 0.3% resolved to putting their trust in God for healing, crying, talking about it by demystifying it, engaged in social and Church activities as well as music and prayer respectively.

Table 2: Strategies to cope with emotional challenges of breast cancer

Categories	Frequency	%	χ2	P-value
Prayer	47	13.5		
Keep busy	20	5.7		
Crying	10	2.9		
Withdraw from socials	36	10.3		
Self-motivation	23	6.6		
Self-motivation, crying	41	11.8		
Self-motivation, prayer	43	12.4	174.9	0.000***
Keep busy, prayer	77	22.1		
Prayer, music	1	0.3		
Socials, Church activities	5	1.4		
Church, going to Church	27	7.8		
I put my trust in God for healing	11	3.2		
Talk about it by demystifying it	7	2.0		

Table 3: Cultural and Societal Factors Militating Against Support or Treatment by Breast Cancer Patients

Cultural and Societal barriers that have made it difficult to seek support or treatment for breast cancer	Freq.	%	χ^2	p-value
Cancer is contagious	115	33.0		
Cancer is death	35	10.1		
Cancer is punishment	127	36.5	160.19	0.000***
Cancer results from unfaithfulness	40	11.5		
Sign of uncleanliness	31	8.9		

Results of cultural factors militating against support or treatment by breast Cancer Patients are presented in Table 3. Majority (36.5%) believed cancer is a punishment from God, 33.0% believed it is contagious, 11.5% believed in the myths that cancer results from unfaithfulness, 10.1% of the respondents believed in misconceptions that it is a death sentence while 8.9% of respondents accepted or accepts that cancer is as a result of or a sign of uncleanliness.

Tables 4a and 4b presents the results of the analysis of distress thermometer and hospital anxiety, and depression scale (HADs) respectively. The lowest distress level of the participants of this study using the Distress thermometer was 4 while the study recorded a distress level of 10 as the highest and an average of 8.04 as the distress level for the entire participants of patients with breast cancer in the study. A 46.6% (162-combination of participants in scale 9 and 10) of the breast cancer patients exhibited extreme levels of distress. The Hospital Anxiety and Depression scale recorded 50% (174) of abnormal cases with a coined score of 11 – 21, 39.7% (138) of borderline abnormal cases with a score range of 8 – 10 and a 10.3% (36) of normal cases with a combined score range of 0 – 7.

Table 4a: Distress level of breast cancer patients in the study

N= 348	Distress Thermometer (DT) Range 0-10												
	0	1	2	3	4	5	6	7	8	9	10	Total score	Average (Total/N)
No. of participants with the same level of distress	0	0	0	0	6	20	42	40	78	101	61	2799	8.04

0 = No distress; 4 = Moderate distress; 10 = Severe distress

Table 4b: Emotional stress scores using hospital anxiety and depression scale (HADS)

	Hospital Anxiety and Depression Scale (HADS) (N=348)		
	0-7 = Normal	8-10 = Borderline Abnormal	11-21 = Abnormal
No. of participants with the same level of HADS	36	138	174

Stigmatization was a universal challenge with all respondents reporting experiences of stigma in the study. This agrees with global literature that identifies stigma as a significant barrier to cancer care, particularly in low- and middle-income countries. For example, a study in India found similar experiences with patients of substance use disorder [6]. In this study, discrimination from family and friends (65.8%) was higher than that from strangers (36.8%), suggesting the need for targeted awareness campaigns within families and close social networks.

Psychological support was inadequate with 78.1% of respondents not receiving therapy and 59.5% unaware of therapy as an option. This finding is consistent with studies in sub-Saharan Africa that highlight the limited availability of mental health services for cancer patients. For example, research in Uganda noted that an appreciable population of cancer patients lacked access to mental health care [7], emphasizing the critical need for integrated psychosocial services in cancer care frameworks.

On strategies to cope with emotional challenges, the coping mechanisms employed by respondents primarily revolved around prayer and self-motivation. These findings are in tandem with studies in similar settings such as a study in Ethiopia where spiritual practices were reported as the primary coping strategy for cancer patients [8]. The reliance on prayer and spiritual support reflects cultural and religious influences but also highlights the lack of accessible formal psychological interventions. Interestingly, only 2.0% of respondents actively discussed their emotions, this is in

contrasts with findings from Western countries where open dialogue about mental health is more prevalent [9]. This discrepancy underscores the cultural barriers that hinder mental health discussions in Nigeria and similar contexts.

Cultural misconceptions were prominent with 36.5% believing cancer to be divine punishment and 33.0% viewing it as contagious. These beliefs are consistent with findings in other African countries such as Ghana where similar cultural myths have been documented [10]. Such misconceptions promote, perpetuate stigma and discourage health-seeking behaviors necessitating culturally sensitive education campaigns to address these barriers. Beliefs associating cancer with unfaithfulness (11.5%) or uncleanliness (8.9%) further highlight the deep-seated cultural myths that shape perceptions of the disease. Comparative studies in Asia and Latin America have reported similar misconceptions, this therefore emphasize the universal need for culturally contextualized interventions [11]. These findings give support to the Goffman's theory of internalized stigmatisation and Corrigan's theory of self-stigmatisation. This is exhibited in the breast cancer patients who accept the various misconceptions associated with their disease and resort to social withdrawal and not seeking medical intervention.

The Distress Thermometer (DT) was used to measure the level of distress in the breast cancer patients of the study. The distress levels ranged from 4 to 10, with an average distress level of 8.04 among the participants with a significant portion of the participants, 46.6% (162 patients), exhibiting extreme levels of distress (scores of 9 and 10). This indicated that nearly half of the breast cancer patients in the study were experiencing severe emotional distress. The result was not much different with the Hospital Anxiety and Depression Scale (HADs) which was used to assess anxiety and depression levels in the breast cancer patients. The HADs scores obtained by patients categorized them into 3 groups of Normal (0-7): 10.3% (36 patients), Borderline Abnormal (8-10); 39.7% (138 patients) and Abnormal (11-21): 50% (174 patients). These results show that half of the breast cancer patients had abnormal levels of anxiety and depression, while a significant portion had borderline abnormal levels. These results glaringly highlight the substantial emotional burden faced by breast cancer patients while underscoring the need for comprehensive psychological support and interventions.

Conclusion

The findings of this study underscore the persistent and multifaceted psychosocial challenges faced by breast cancer patients in Abuja. Stigmatization emerged as a universal experience among respondents, often originating from those closest to them, thereby amplifying emotional distress and social isolation. The study revealed critical gaps in psychological support, with the majority of patients lacking access to therapy or even awareness of its availability. Cultural and religious beliefs heavily influenced coping mechanisms, with a reliance on prayer and self-motivation in the absence of formal mental health services. Deep-seated cultural misconceptions about cancer further contributed to internalized stigma and reluctance to seek help. Quantitative assessments using the Distress Thermometer and Hospital Anxiety and Depression Scale confirmed high levels of psychological distress among patients, highlighting the urgent need for integrated mental health care in oncology services. Overall, these findings call for culturally sensitive, community-based interventions, increased mental health literacy, and the integration of psychosocial support into breast cancer care pathways to improve patient outcomes and quality of life.

Conflict of interest: There is no conflict of interest.

Acknowledgments: I wish to acknowledge the editorial assistance of Dr. Faith Chidinma Terna and Maichibi Mugla.

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Citing this Article

Chuku, A. (2025). Impact of cultural and societal factors on stigma and psychological distress experienced by breast cancer patients in Abuja, Nigeria. *Lafia Journal of Scientific and Industrial Research*, *3*(2), 48 – 52. https://doi.org/10.62050/ljsir2025.v3n2.567