

“Let him die. He caused it”: A qualitative study on cancer stigma in sub-Saharan Africa

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BACKGROUND

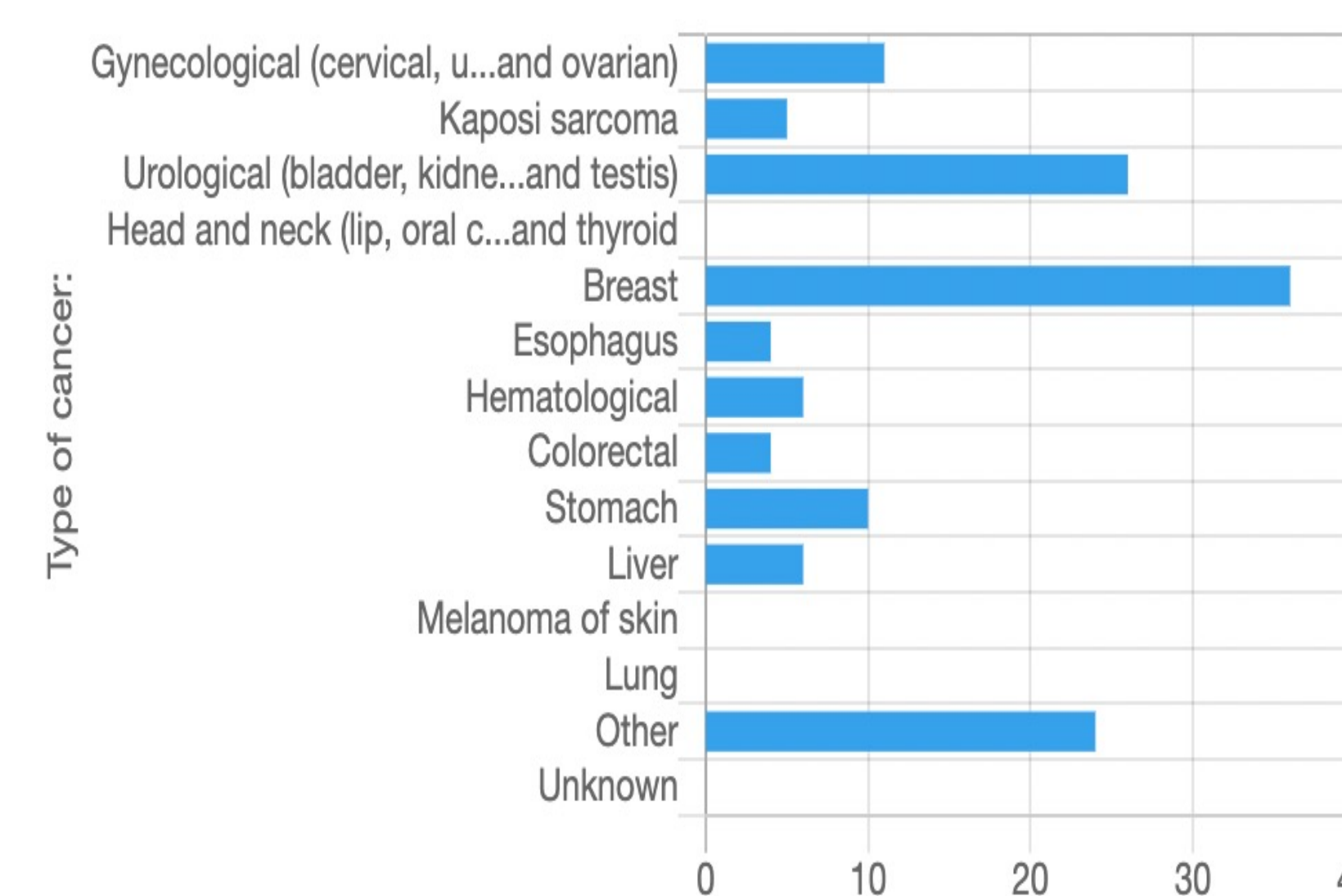
Cancer stigma presents a critical barrier to care seeking, contributing to delayed presentation and poor cancer outcomes. The burden of cancer in Tanzania is on the rise, with cancer being the third-leading cause of death in the country. Despite rising incidence and poor outcomes of cancer, cancer-related stigma interventions have received low prioritization.

RESEARCH OBJECTIVES

- Improve our understanding of the burden of cancer-related stigma in Tanzania and other low-income countries.
- The findings will provide a foundation for interventions that will be developed to counter cancer-related stigma.



Study setting: Kilimanjaro Christian Medical Centre (KCMC), Moshi, Tanzania



Types and distribution of cancers among participants

METHODOLOGY

Three open-ended qualitative questions were posed to 150 adults newly diagnosed with cancer. Demographic data were also collected. Questions explored included:

- (1) common attitudes toward people with cancer,
- (2) the perceived impact of cancer-related stigma,
- (3) ideas for reducing stigma experienced by people with cancer.

Data are being analyzed using a team-based, applied thematic approach and NVivo 12 software.

NEXT STEPS



Communicate study findings to the Moshi community and cancer healthcare personnel



A stigma-reduction education intervention: Two modules; one for healthcare professionals and another for community members



Policy implications: Policy packet for relevant stakeholders and policy makers with focus on access to treatment and care.

PRELIMINARY FINDINGS

- Perceptions of financial stress, misconceptions about cancer such as the belief that it is contagious, and fear of death were common attitudes driving cancer stigma.
- Some also reported increased care and social support from family members after a cancer diagnosis.
- Experiences of stigma contributed to feelings of shame, fear of burdening the family, reduced resources to access treatment, and disengagement from care.
- Common substitutes to medical therapies included religious interventions and traditional medicine.
- Participants felt they would benefit from improved financial support and professional counseling, as well as education for families and communities to reduce stigmatizing attitudes and enhance social support.

“Not telling people your problems is good. Just tell God. People will stigmatize you if they know.”

ID71

“Cancer is Satan’s disease. You may have been bewitched.”

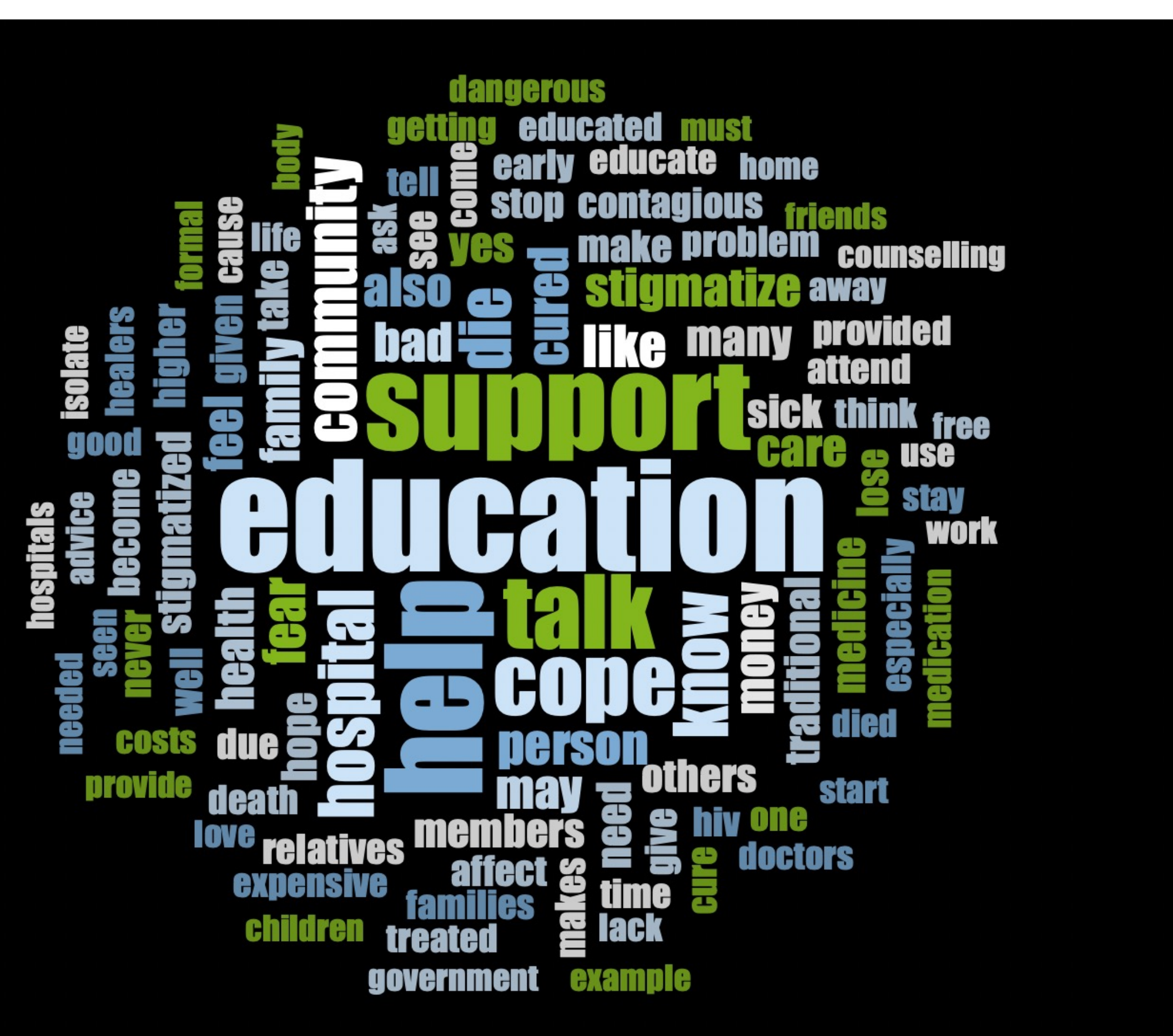
ID75

“People say a cancer patient is a cursed person”

ID92

“Treatment costs are very high which makes people taking care of patients run away or avoid them.”

ID78



Most common words mentioned by the participants

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