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

JUDITH MWOBBOBIA: MSGH CANDIDATE

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.

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.

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.

ACKNOWLEDGEMENT: I thank my advisor and mentor Dr. Brandon Knettel for all his guidance. I also thank Dr. Nosayaba Osazuwa-Peters and the Tanzanian team at KCMC for their support through the study. This study was conducted with pilot funding from the Duke Global Health Institute.