

Coping Up Mechanism of Women Cancer Patients in Sri Lanka

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Abstract

Sri Lanka is an island located in South Asia which is experiencing mounting burden of Non-Communicable Diseases (NCDs) and cancer is one of the most common diseases among women leading to higher morbidity and mortality in the country. Emphasizing their psychological, social, and financial tactics, this study investigates the coping processes used by Sri Lankan women diagnosed with cancer. This study explores the coping up mechanism adapted by thirty women cancer patients from various socio demographic backgrounds in Sri Lanka, focusing on their social, psychological and financial strategies. A structured questionnaire as well as in-depth interviews were conducted among thirty sample respondents to understand their experiences with their consent. The results illustrate that women are receiving emotional resilience by employing various coping up strategies, depending on financial independence and adaptations to manage treatment expenses, family and social support, doctor patient relationships, setting new life goals, and spiritual practices. However, challenges such as economic hardships, depression, stigma and uncertainty about life are significant barriers affected their well-being. The current study highlights the need for improved mental Health Assistance Programs (HAP), Social Integration Strategies (SIS) and better family support are essential to enhance quality of life of women who are in battle with cancer in Sri Lanka.

Keywords: Coping Mechanism, Breast Cancer, Cervical Cancer, Health Assistance Program, Social Integration Strategies

1. INTRODUCTION

Non-Communicable Diseases (NCDs) account for 90 per cent of all death in Sri Lanka (Daily Mirror, 2024). Cancer is one of the Non-Communicable Diseases (NCDs) emerged as a significant health emergency, with approximately 104 new cases diagnosed daily, amounting to 37,753 new cancer patients each year (News First, 2025). The mounting rate of cancer incidence among women has placed a significant financial, social and economic burden in Sri Lanka. The European Journal of Cancer in 2024 stated that many women experience high level of anxiety and depression and nearly 45.3 per cent breast cancer patients were reporting symptoms of depression. In addition to mental depression, increasing cost for treatment leads to financial hardship for women from low-income families. Sri Lankan women adopt various coping mechanism including psychological resilience, support from society, financial adjustment and following religious practices which play an eminent role in enhancing their quality of life. There seemed to be very few numbers of studies in line with coping up mechanism employed by women cancer patients in Sri Lanka. Therefore, it is important to study the challenges faced by sample women cancer

patients and their coping up mechanism followed to ensure their wellbeing. Although women with cancer gets recovered by following treatment, they must live the rest of their life with many side effects of social, psychological and physical as well. Therefore, understanding these coping strategies is vital for making policies and support systems that enhance the well-being of women cancer patients in Sri Lanka.

2 Review of Literature

Non-Communicable Diseases (NCDs) are a major threat to global health, accounting for about 41 million deaths annually (WHO, 2022). According to Andradige and Liyanage (2024), Non-Communicable Diseases (NCDs) are responsible for over 80 per cent of premature deaths in Sri Lanka, with diabetes, cancer, and cardiovascular illnesses making up the majority of these instances. One of the main reasons for the increase in Non-Communicable Diseases (NCDs) is the speedy changes in lifestyle and socioeconomic development (Ediriweera et al., 2018). Furthermore, 85 per cent of premature deaths and 77 per cent of all NCD-related deaths occur in low- and middle-income countries (WHO, 2022). Diabetes, cancer, and ischemic heart disease are among the most concerning conditions, based on the spatial distribution of NCDs in Sri Lanka (Andradige and Liyanage., 2024). The increasing death rates from these diseases demonstrate the urgent need for effective public health interventions (Ediriweera et al., 2018).

Breast cancer is the most common cancer among women in Sri Lanka, and its incidence and fatality rates are rising significantly (Vithana et al., 2018).

Insufficient screening programs results in late-stage diagnoses, despite the fact that survival rates are equivalent to those in Western countries at every stage in Sri Lanka (Vithana et al., 2018). Cervical cancer remains the second most frequent cancer among Sri Lankan women, with substantial mortality rates, due to late-stage diagnosis and inadequate access to treatment (Mannapperuma, Salibi and Tzenios, 2024). Coping mechanisms are behavioral and cognitive strategies humans employ to manage the stress (Maryam, 2017). Different types of coping approaches are used to reduce psychological suffering in the context of Non-Communicable Diseases (NCDs). Women with breast cancer often employ emotional support and acceptance as coping mechanisms, which enhances the psychological health (Commerford et al., 1994; Islam et al., 2023). The increasing prevalence of NCDs in Sri Lanka emphasizes the need for targeted health interventions. Addressing issues with late-stage cancer diagnosis and ensuring access to screening and treatment can increase survival rates. Furthermore, promoting constructive coping mechanisms can enhance patients' mental well-being. Future research should focus on the implementation of policies that integrate medical care and psychological assistance in order to improve the quality of life for individuals affected by NCDs.

3 Methodology

This study follows a qualitative research approach to find the coping mechanism of women cancer patients in Sri Lanka. A phenomenological research design is used to gain in depth understanding of women cancer patients' psychological, economic and social challenges. A purposive sampling method is used to select 30 respondents from different region of Sri Lanka, ensuring diversity in socioeconomic status and different cultural backgrounds. The inclusion criteria were women diagnosed with breast and cervical cancer between 18 to 65 years and patients who are taking treatment and willing to participate in the interview. Structured questionnaire and in-depth interviews were conducted with each participant to capture their experience.

4 Ethical Consideration

Ethical approval was obtained from ERCSSH of University of Colombo and informed consent was obtained from all participants ensuring confidentiality and anonymity. Participants had the right to withdraw from the study at any time without consequences. The authors declare no conflict of interest.

5 Findings

Table 1

Variable		Number	Per centage
Gender	Female	30	100.0
	Total	30	100.0
Type of Cancer	Breast Cancer	20	66.7
	Cervical Cancer	10	33.3
	Total	30	100.0
Marital Status	Married	14	46.7
	Unmarried	7	23.3
	Widow Separated	9	30.0
	Total	30	100.0
Religion	Buddhist	16	53.3
	Hindu	6	20.0
	Islam	4	13.3
	Christianity	4	13.3
	Total	30	100.0
Level Of Education	Illiterate	6	20.0
	Primary	4	13.3
	Advanced Level	9	30.0
	Diploma or Degree	5	16.7
	Post Graduate	4	13.3
	Professional	2	6.7
	Total	30	100.0
Type of Occupation	Jobs in Organized Sector	6	20.0
	Job in Unorganized Sector	8	26.7
	Trade or Business	9	30.0
	Unemployed or Domestic Worker	6	20.0
	Student	1	3.3
	Total	30	100.0
Age	18 - 25	3	10.0
	26 - 35	10	33.3
	36 - 45	6	20.0
	46 - 55	6	20.0
	56 - 65	5	16.7
	Total	30	100.0

Source: Primary Data

Table 1 represents the social and demographic profile of sample women patients seeking treatment for cancer in government and private hospitals in Sri Lanka. The sample consists of 30 women, 66.7 per cent diagnosed with breast cancer and 33.3 per cent were diagnosed with cervical cancer. In terms of marital status, 46.7 per cent of women were married, while 23.3 per cent of respondents were unmarried and 30 per cent of respondents were divorced or separated from their life partner. Regarding the religious affiliation, 53.3 per cent of the patients identified as Buddhist, while 20 per cent were Hindu and the remaining belonged to Islam and Christianity. The educational background of the patients is varying significantly. The sample respondent consists of 6.7 per cent of professionals, while 20 per cent of women were illiterate. The largest segment of the sample respondents, 30 per cent, had completed advanced-level education, and 13.3 per cent of sample respondents had obtained primary education. Additionally, 16.7 per cent of the sample respondents held a diploma or degree.

Occupational status indicated that 20 per cent were engaged in organized sector jobs, indicating that a proportion of the women seeking treatment had stable employment with formal jobs and benefits. However, slide a higher proportion 30 per cent was engaged in trade or business activities, highlighting the economic independence of some respondents. Further, 26.7 per cent of sample respondents were in jobs in the unorganized sector. Reflecting the vulnerability of women engaged in informal employment with limited job security. 20 per cent comprised unemployed and domestic workers or homemakers, demonstrating that a significant number of women cancer patients may not have direct financial independence and could be dependent on family support for their health cost or treatment cost. Additionally, one patient (3.3 per cent) was a student. The findings show that the highest proportion of patients fall within the 25 to 36 age group, accounting for 33.3 per cent of the sample respondents. This suggests that cancer is more commonly diagnosed among young and middle-aged women. Following this 20 per cent of the women patients belongs to the 36 to 45 category and again, 20 per cent of the women belong to the 46 to 55 middle-aged category. Notably, only 10 per cent of the sample respondents were between 18 and 25 years old. However, 16.7 per cent fall within the 56 to 65 age group, accounting for 16.7 of the sample size. The sociodemographic features of women patients play an important role in shaping their coping mechanisms. Younger patients may rely more on family social network, while all the women might turn more on religious faith, professional resilience, or community support education. Level of education also influences coping strategies. Highly educated women may actively seek medical knowledge and alternative therapies, while those with low education levels might depend more on familial or spiritual guidance. Similarly, occupational status affects financial stability and access to health care, with women in organized sector jobs potentially having better treatments and resources compared to those in organized work or unemployed groups. Marital status also shapes coping strategies, as married women may benefit from spousal support, whereas unmarried women might rely on extended family or social networks. Additionally, religious beliefs can serve as a strong emotional anchor, with many women turning to faith as a means of psychological adoption.

Table 2

Types of Mechanism	Frequency	Frequency	Per centage
Relying on God	Yes	30	100.0
	Total	30	100.0
Family and Social Support	Yes	13	43.3
	No	17	56.7

	Total	30	100.0
Positive Reaffirmation and Setting Life Goals	Yes	20	66.7
	No	10	33.3
	Total	30	100.0
Increasing Awareness	Yes	15	50.0
	No	15	50.0
	Total	30	100.0
Following Other Alternative Treatments	Yes	18	60.0
	No	12	40.0
	Total	30	100.0
Better Doctor Patients Relationship	Yes	26	86.7
	No	4	13.3
	Total	30	100.0
Learning New Skills	Yes	6	20.0
	No	24	80.0
	Total	30	100.0

Source: Primary Data

Table 2 presents the findings of this study. It highlights the coping mechanisms adopted by women cancer patients in Sri Lanka. Notably all respondents rely on faith in God as a primary source of emotional support and accepting karma provides a clear understanding to reduce psychological distress. This finding suggests that keeping faith on God plays an important role in their emotional well-being, offering confidence and prevalence in the face of illness. Further, family and social support also emerge as significant coping up mechanism, and only 43.3 per cent of respondents receiving such support. The finding indicates that while some women benefit from emotional support from their families and social network, others were facing loneliness or inadequate support. 66.7 per cent, of the women practice positive affirmations and set new life goals. Specially students set goal to become a graduate and started focusing on semester examinations. Additionally, 50 per cent of respondents have actively engaged in increasing awareness about symptoms of cancer and treatments available domestically and internationally along with conventional treatments such as ayurveda and homeopathy are followed by patients in addition to allopathy treatment. Increasingly, 60 per cent of the participants follow alternative treatments such as Ayurveda and other traditional alternative treatments. The doctor-patient relationship is another critical factor in Sri Lanka, notably 86.7 per cent of respondents were stating that a supportive and understanding health care providers make them feel better and improved. This finding highlights the importance of positive communication between health care providers and patients and further, it shows that both private and government hospitals in Sri Lanka are providing better health care. Furthermore, many women started learning new skills such as cooking, gardening, painting, writing stories, and sharing content on social media. These activities not only provide a sense of purpose but also contribute to mental well-being by fostering creativity and self-expression. By posting content on social media, they feel they are giving awareness to other young women. Overall, the study highlights the complicated nature of coping strategies among women cancer patients in Sri Lanka, while faith, social support, and medical relationships play key roles, personal growth through education, awareness, and creative life activities also begins as a significant part of resilience.

Strengthening support networks and promoting holistic well-being strategies can further enhance coping mechanisms for women facing cancer in the study area.

6 Discussion

Cancer patients often face a wide range of emotional, physical and financial problems which can vary depending on the stage of illness, type of disease and individual's coping up mechanism. These issues may be psychological or physical. Pain, bleeding, insomnia, bodily discomfort, and limits in day-to-day tasks are examples of physical difficulties. Negative emotions including shock, grief, fear, rage, despair, and even suicidal thoughts can be a part of psychological problems. Changes in finances and employment are also frequent. According to earlier studies, individuals experience difficulties with everyday living, money, and work after receiving a diagnosis (Pascoe et al., 2004).

Additionally, cancer patients experience anxiety, uncertainty about the future, anger, difficulty in adjusting, family communication problems, changes in body image, depression, decision-making difficulties, and balancing illness demands (The Royal Marsden Hospital, 2014). To address these problems, patients need various types of support. This study identified several patient needs related to problem-solving efforts, including family support, social environment support, health professional support, emotional regulation, instrumental needs, spiritual needs, and role responsibilities.

Patients' coping mechanisms vary depending on the issues or cancer conditions they face. Coping strategies differ based on the patient's complaints or physical discomfort. Problem-focused coping is adaptive for physical discomfort, while emotion-focused coping is adaptive for future uncertainties (Schetter, Feinstein, and Taylor, 1997). Coping selection is influenced by the cancer situation and the patient's perception of stress factors. Socioeconomic level, gender, age, and religious beliefs also determine coping methods (Billing and Moos, 1984). Participants in this study live in family communities, fulfilling roles as wives and mothers. Spousal and child support significantly impact cancer patients' lives.

Participants feel hopeful after hearing experiences of other cancer patients who have survived and lived well. Support groups of patients with similar experiences provide encouragement and optimism for treatment. Informal and formal social support groups positively influence patient adaptation to cancer (Hagedorn et al., 2008). Informal support from fellow patients, family members, and healthcare teams enhances adaptation, mobility after mastectomy, health perceptions, and body image, reducing negative feelings. Women who participate in formal group therapy sessions with other cancer patients tend to survive longer (Van den Borne, Pruyn, 1986).

Summery

Addressing the emotional and wellbeing of sample cancer patients is just as important as treating the physical condition of the disease. Mental health supports such as counselling support groups or therapy can play a crucial role in helping patients to navigate these emotional problems. The most common coping mechanisms include (a) relying on God, (b) family and social support (c) positive suggestions, attitudes, or reaffirmations, (d) learning new things (e) better doctor and patient relationships (f) having faith in modern and conventional healing treatment (g) receiving awareness on cancer and treatment availability. The method used affects how well the patient adjusts to the diagnosis.

It is strongly advised that a study be conducted in Sri Lanka to examine the coping mechanisms employed by family caregivers and women's cancer patients. It is also advised to research the relationship between

adaptability and coping mechanisms. This will raise understanding about how to deal with women's cancer and, as a result, stimulate the adoption of culturally appropriate coping mechanisms that will support adaptive coping.

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