

# Gender Dynamics in Cancer Treatment Choices: How Cultural Roles Impact Healthcare Decisions in Eastern Nigeria

Nakaziya Obutuza G.

Faculty of Medicine Kampala International University Uganda

## ABSTRACT

This review explores the influence of gender dynamics on cancer treatment decisions in Eastern Nigeria, with a particular focus on how cultural roles and societal expectations shape healthcare-seeking behavior. Drawing on a multidisciplinary framework, the study investigates how gendered norms affect the timeliness of cancer diagnosis, preferences between traditional and biomedical treatment, access to care, and the responsiveness of the healthcare system. In Eastern Nigeria, where patriarchal structures are deeply embedded in both rural and urban contexts, women often face delayed diagnosis and restricted autonomy due to economic dependency and cultural norms, while men may avoid seeking care due to perceptions of weakness. These gendered behaviors are further compounded by limited health infrastructure, economic barriers, and pervasive reliance on traditional medicine. The review highlights the critical need for gender-sensitive interventions, including community education, economic empowerment programs, culturally informed health services, and inclusive policy reforms. By addressing the socio-cultural underpinnings of healthcare decisions, this review aims to inform the development of equitable cancer care strategies in Nigeria and similar sub-Saharan African contexts.

**Keywords:** Gender dynamics, Cultural roles, Healthcare access, Traditional medicine, Eastern Nigeria

## INTRODUCTION

Cancer has increasingly emerged as a major public health concern in Nigeria, mirroring global trends that point to a growing burden of non-communicable diseases (NCDs) in low- and middle-income countries [1]. Once considered a disease more prevalent in industrialized nations, cancer now contributes significantly to morbidity and mortality rates in sub-Saharan Africa, including Nigeria. The World Health Organization (WHO) has reported that cancer-related deaths in Africa are expected to double by 2040 if proactive measures are not implemented [2]. In Nigeria, where healthcare infrastructure remains underdeveloped in many areas, the rising incidence of cancer poses serious challenges to public health, particularly with regard to early diagnosis, treatment access, and survivorship care [3]. Eastern Nigeria, comprising predominantly Igbo-speaking states, presents a unique case for examining cancer care dynamics due to its blend of urbanization, persistent traditional practices, and entrenched socio-cultural norms [4]. While urban centers like Enugu and Onitsha boast tertiary healthcare facilities capable of diagnosing and treating various cancers, large swathes of rural communities still rely heavily on traditional medicine, community healers, and religious intervention for their health needs. This duality complicates the healthcare-seeking behavior of individuals diagnosed with cancer and often leads to delays in accessing biomedical treatment.

Among the many factors influencing healthcare-seeking behavior in Nigeria, gender plays a particularly pivotal role. In Eastern Nigeria, gendered expectations and roles are deeply rooted in cultural, religious, and societal norms [5]. Men are often seen as the primary decision-makers and breadwinners, while women may be expected to prioritize family responsibilities over personal health. These gendered norms can manifest in several ways, such as delayed presentation of symptoms, reduced autonomy in making healthcare decisions, and reliance on male family members for financial and logistical support. For instance, women may delay seeking treatment for breast or cervical cancer due to stigma, fear of rejection, or limited access to financial resources, while men may perceive prostate cancer as a threat to their masculinity and may avoid open discussions about their symptoms [6].

This review seeks to explore how gender influences decisions related to cancer care in Eastern Nigeria. It specifically investigates how traditional gender roles and societal expectations affect the timeliness of diagnosis, the choice between traditional and biomedical treatment modalities, and overall access to care. Understanding these dynamics is crucial for developing targeted interventions that can address gender-based disparities in cancer treatment outcomes [7]. Over the past two decades, there has been increasing attention on the rising incidence of cancer in sub-Saharan Africa, including Nigeria. According to the Global Cancer Observatory (GLOBOCAN), Nigeria recorded over 124,000 new cancer cases in 2020, with a high proportion resulting in death due to late-stage diagnosis and limited access to treatment. Cancers such as breast, cervical, and prostate cancer account for a significant portion of the national cancer burden [8]. However, while epidemiological data highlight the scope of the problem, less attention has been paid to the socio-cultural and behavioral factors that influence cancer outcomes. In Eastern Nigeria, healthcare delivery operates within a complex landscape that combines formal health services with indigenous systems of care. Additionally, gender norms dictate not only who gets care but also when and how they access it [9].

The intersection of gender and health is particularly salient in cancer care, given the gender-specific nature of some cancers (e.g., breast and cervical cancer in women, prostate cancer in men) and the socio-cultural connotations attached to these conditions. Cancer in women is often linked to reproductive failure, stigma, and social isolation, while in men, it is sometimes associated with weakness or loss of virility [10]. These perceptions influence how men and women respond to a cancer diagnosis and their subsequent choices regarding treatment.

Despite efforts to improve cancer detection and treatment in Nigeria, significant gaps persist in patient outcomes due to behavioral and socio-cultural barriers. One of the most under-researched but critical aspects of this problem is the role of gender in influencing healthcare-seeking behavior among cancer patients in Eastern Nigeria. Existing studies have highlighted issues such as poor health literacy, inadequate healthcare infrastructure, and economic challenges as barriers to cancer care [11]. However, few have focused specifically on how gender norms and expectations affect the timing of diagnosis, the choice of treatment, and adherence to medical recommendations. This gap in knowledge poses a serious obstacle to the development of effective cancer control strategies that are culturally sensitive and inclusive. Without a nuanced understanding of gender dynamics, public health interventions risk being ineffective or even counterproductive. There is, therefore, a pressing need to investigate how gender influences cancer care decisions to identify points of intervention that can reduce disparities and improve outcomes for both men and women [12]. This study aims to critically explore how gendered cultural norms and roles influence healthcare-seeking behavior for cancer treatment in Eastern Nigeria. It focuses on four key objectives: examining the impact of gender on the timeliness of cancer diagnosis, investigating gender-based preferences for traditional versus biomedical treatment methods, assessing how societal expectations mediate access to cancer care services, and identifying barriers and facilitators to equitable treatment from a gender perspective. These objectives are further guided by research questions that delve into how gender norms shape diagnosis timing, treatment choices, accessibility of healthcare, and the socio-economic factors behind disparities in cancer care. The significance of this study lies in its attempt to fill a gap in existing literature by highlighting the intersection between gender and healthcare in the context of cancer, a topic often overlooked in clinical and epidemiological studies in Nigeria. By focusing on socio-cultural dynamics, the study provides insight into how deeply entrenched gender roles can delay treatment, influence preference for traditional healing over medical intervention, and hinder access to appropriate care. Moreover, the findings offer practical recommendations for developing gender-sensitive health policies, culturally relevant education programs, and inclusive financing mechanisms to improve cancer outcomes. This research aligns with national and international efforts to promote health equity and achieve the Sustainable Development Goals, particularly those related to good health and gender equality. Importantly, while the study focuses on Eastern Nigeria, its implications extend to similar socio-cultural contexts across sub-Saharan Africa, making it a valuable resource for policymakers, healthcare providers, and gender advocates. Ultimately, this research contributes to a deeper understanding of the complex factors influencing cancer care and supports the creation of more inclusive, responsive, and equitable health systems.

### **Cultural Context and Gender Roles in Eastern Nigeria**

In Eastern Nigeria, where the Igbo ethnic group predominates, societal structures are deeply rooted in patriarchal traditions that influence daily life and health-seeking behaviors. Gender roles are rigidly defined: men are viewed as the heads of households, primary decision-makers, and economic providers, while women are often relegated to supportive and nurturing roles within the family [13]. This cultural framework significantly impacts the way health conditions, such as cancer, are recognized and addressed. Women may face barriers to accessing healthcare services due to the need for approval from husbands or other male family members, which can lead to delayed diagnosis and treatment. In contrast, men, due to societal expectations of stoicism and strength, may choose to ignore symptoms or postpone medical consultations, further exacerbating health risks. These gendered perceptions not only perpetuate unequal access to care but also reinforce stigma and misinformation surrounding serious illnesses.

Understanding these cultural and gender dynamics is crucial for designing effective, inclusive, and culturally sensitive health interventions in the region.

### **Gender-Specific Perceptions of Cancer in Nigerian Communities**

In many Nigerian communities, cancer is heavily stigmatized and often linked to fatalism, resulting in different gender-specific perceptions and behaviors. For women, particularly those diagnosed with breast or cervical cancer, societal fears of social rejection, disfigurement, and the potential loss of marital status often deter timely medical intervention [14]. These women may fear being marginalized or stigmatized due to their condition, leading to delays in seeking necessary treatment. On the other hand, men tend to associate illness with weakness, and this gendered perception often makes them reluctant to discuss symptoms or seek care, particularly in the early stages of the disease. This delay in seeking help can exacerbate the progression of the illness. The situation is further complicated by a lack of cancer literacy, misinformation, and the perpetuation of harmful gendered beliefs, which reinforce these gendered behaviors. These perceptions not only hinder early detection and treatment but also exacerbate the overall impact of cancer on both women and men in Nigerian communities.

### **Economic Dependency and Healthcare Access**

In Eastern Nigeria, economic inequality significantly hinders access to healthcare, particularly cancer screening and treatment, with women bearing the brunt of this disparity. Many women are economically dependent on their male partners or extended families, limiting their autonomy and ability to seek timely medical interventions [15]. This dependency becomes especially problematic in the face of high treatment costs, limited health insurance coverage, and the need for out-of-pocket payments, which are often unaffordable. Additionally, transportation barriers and long travel distances to healthcare facilities further discourage women from seeking biomedical cancer care. Cultural norms and gender roles often reinforce this economic imbalance, reducing women's decision-making power concerning their health. Although men generally enjoy greater financial autonomy, they may deprioritize their own health needs in favor of meeting family responsibilities, thus delaying diagnosis and treatment. Ultimately, economic constraints and gender dynamics intersect to create significant obstacles to effective cancer care, highlighting the urgent need for gender-sensitive policies and equitable healthcare financing models in the region.

### **Influence of Family and Community in Treatment Decisions**

In many communities, particularly those with strong patriarchal and traditional structures, family and community dynamics play a pivotal role in shaping health-related decisions, especially in the context of cancer treatment. Women often face additional layers of dependency, where their autonomy to seek medical care is contingent upon the approval of their husbands, in-laws, or other influential family members [16]. This dynamic can lead to significant delays in diagnosis and treatment initiation. Furthermore, cultural beliefs that associate cancer with spiritual punishment, curses, or moral transgressions often divert patients toward traditional healers or faith-based interventions, rather than encouraging timely access to formal healthcare systems. These community-held perceptions, while deeply rooted and sometimes well-intentioned, may hinder early intervention and worsen health outcomes. Social support networks, although essential for emotional and logistical backing, may inadvertently perpetuate misconceptions and discourage evidence-based medical decisions. The influence of these familial and communal structures underscores the need for culturally sensitive health education and community engagement strategies to ensure that treatment decisions are informed, timely, and rooted in medically sound practices.

### **Use of Traditional and Complementary Medicine**

In Eastern Nigeria, the reliance on traditional and complementary medicine is deeply rooted in cultural heritage and shaped by prevailing gender norms. For many women, traditional healers offer an accessible and affordable alternative to conventional healthcare, especially in rural areas where medical facilities may be scarce or costly [17]. Moreover, the fear of invasive procedures such as mastectomy, which carries not only physical consequences but also profound social and emotional implications, often leads women to seek less intrusive remedies from herbalists or spiritual healers. On the other hand, men may prefer herbal treatments to avoid hospital visits, which could be perceived as a sign of weakness or vulnerability, thus threatening their social standing. These culturally coherent choices, while meaningful within their social contexts, can inadvertently lead to the postponement of timely biomedical care. Consequently, diseases that require early detection and medical intervention may progress unchecked, worsening health outcomes and contributing to higher morbidity and mortality rates in the region. Addressing this issue requires culturally sensitive healthcare strategies.

### **Healthcare System Responsiveness to Gender Dynamics**

Nigeria's healthcare system continues to struggle with adequately responding to the distinct needs of different genders, often lacking policies and services that are sensitive to gender dynamics. Health education initiatives rarely consider or address the specific cultural and social barriers that women and men may face differently, particularly in conservative or rural communities where gender roles are rigidly defined. In many healthcare settings, especially oncology wards, healthcare workers may inadvertently or overtly display gender bias, leading to unequal treatment outcomes [18]. For instance, female patients may be excluded from fully participating in decisions about their treatment due to poor communication or inadequate consent procedures, which fail to acknowledge their autonomy.

Furthermore, the absence of psychosocial support systems within hospitals and clinics further compounds this issue, leaving many patients—especially women—without culturally informed guidance to help them make appropriate healthcare decisions. To improve health outcomes, there is an urgent need for gender-responsive training, inclusive policies, and comprehensive support services that consider the socio-cultural context of each patient.

### Policy Implications and Recommendations

To enhance cancer outcomes in Eastern Nigeria, it is essential to embed gender considerations into all aspects of public health planning and implementation. One of the key strategies involves community-based education programs that aim to dismantle harmful gender stereotypes while promoting the importance of early cancer detection for both men and women. Additionally, empowering women economically through microfinance opportunities and subsidized healthcare services can increase their autonomy and access to timely care. Healthcare providers should also receive training in culturally competent, gender-sensitive communication to better address the unique needs of diverse patient populations [19]. Recognizing the significant role of traditional medicine in many communities, partnerships with traditional healers can help foster trust, enhance cancer awareness, and facilitate referrals to biomedical health services. Finally, strong policy frameworks that prioritize gender equity in healthcare delivery and provide adequate funding for cancer screening, treatment, and support services at both the state and federal levels are crucial. These multidimensional strategies can collectively reduce disparities and improve cancer care outcomes across the region.

### CONCLUSION

Understanding the interplay between gender dynamics and cancer treatment choices in Eastern Nigeria reveals critical gaps in healthcare access and decision-making processes. Deeply rooted cultural norms, economic dependencies, and patriarchal family structures significantly shape how men and women perceive and respond to a cancer diagnosis. Women often face delays due to limited autonomy, stigma, and financial constraints, while men may avoid seeking care due to cultural expectations of strength and fear of vulnerability. These gendered patterns contribute to late diagnoses, poor adherence to biomedical treatment, and higher mortality rates. Additionally, the widespread use of traditional medicine reflects both accessibility challenges and the enduring influence of socio-cultural beliefs. Addressing these disparities requires a multifaceted approach, including gender-sensitive health education, improved financial access to care, community engagement, and responsive healthcare policies. Tailored interventions that acknowledge and actively dismantle harmful gender norms can improve early detection, treatment adherence, and overall outcomes. A gender-informed healthcare framework is essential for achieving equitable cancer care in Eastern Nigeria and similar contexts across sub-Saharan Africa.

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