

<https://doi.org/10.59298/NIJSES/2026/71.5660>

Cultural Beliefs and Misconceptions about Cancer in Eastern Nigeria: Exploring the Role of Tradition, Religion, and Community Narratives

Muhumuza Isaac

Department of Medicine and Surgery Kampala International University Uganda

Email: Isaac.muhumuza@studwc.kiu.ac.ug

ABSTRACT

Cancer remains a growing public health challenge in Eastern Nigeria, where cultural beliefs, religious interpretations, and community narratives significantly influence health-seeking behaviors and treatment outcomes. This review explores how traditional perceptions framing cancer as a spiritual curse, divine punishment, or moral consequence contribute to delayed diagnosis, reliance on alternative therapies, and non-adherence to biomedical treatment. Religious institutions and faith-based interventions, while providing psychosocial support, can inadvertently reinforce misconceptions and stigma when unaccompanied by accurate health education. Community narratives portraying cancer as incurable or socially ostracizing further exacerbate fear, isolation, and delayed care. The study emphasizes the importance of culturally sensitive strategies, including engagement of traditional and religious leaders, integration of healers into formal healthcare pathways, media advocacy, and patient support networks. Bridging biomedical knowledge with local cultural contexts is critical for reducing stigma, promoting early detection, improving treatment adherence, and enhancing overall cancer outcomes in the region.

Keywords: Cancer, Cultural Beliefs, Misconceptions, Eastern Nigeria, Traditional Healers, Religion,

INTRODUCTION

Cancer has emerged as one of the most pressing public health concerns globally, ranking among the leading causes of morbidity and mortality [1]. According to the World Health Organization (WHO) [2], cancer accounted for nearly 10 million deaths in 2020, representing approximately one in every six deaths worldwide. While historically considered a health challenge concentrated in high-income countries, the burden of cancer is shifting rapidly toward low- and middle-income countries (LMICs), including those in sub-Saharan Africa. This shift is largely attributed to ongoing epidemiological transitions characterized by urbanization, changing lifestyles, dietary modifications, tobacco and alcohol use, and increasing life expectancy [3].

In sub-Saharan Africa, the cancer burden is rising at an alarming rate. Projections indicate that by 2040, the region could experience a near doubling of cancer incidence if appropriate preventive and management interventions are not urgently scaled up [4]. However, unlike infectious diseases such as malaria, HIV/AIDS, and tuberculosis, which have long been at the center of global health interventions in Africa, cancer has often received less attention. The perception of cancer as a disease of affluence or as rare in African contexts has delayed investment in infrastructure for screening, early diagnosis, and treatment [5].

In Nigeria, the most populous country in Africa, the cancer situation reflects this continental trend. With an estimated 100,000 new cancer cases annually and thousands of related deaths, the disease poses a significant challenge to the healthcare system. Eastern Nigeria, a region rich in cultural diversity and traditional belief systems,

has witnessed a steady increase in cancer prevalence. Despite awareness campaigns and occasional media attention, misconceptions and cultural narratives about cancer remain widespread [6]. Cancer is frequently viewed through spiritual or mystical lenses, with many believing it to be a curse, punishment, or incurable affliction. These perceptions influence how individuals interpret symptoms, decide whether to seek medical attention, and follow prescribed treatment regimens [7].

Unlike communicable diseases that often present with sudden, acute symptoms, cancer usually manifests with gradual, sometimes ambiguous signs. In a sociocultural context where illnesses are frequently explained through spiritual or supernatural causes, symptoms of cancer may not immediately prompt biomedical explanations or health-seeking behaviors. Consequently, patients often present at advanced stages when treatment options are limited, costly, and less effective [8].

The cultural dimensions of cancer in Eastern Nigeria are therefore central to understanding how communities respond to the disease. Traditional healers, spiritual leaders, and family elders often play a pivotal role in health decision-making. Their influence can delay hospital visits, promote reliance on herbal remedies, or reinforce fatalistic attitudes toward cancer. Thus, understanding the intersection between cultural beliefs and biomedical realities is critical in addressing cancer outcomes in the region [9].

Despite the growing burden of cancer in Eastern Nigeria, there remains a significant gap between awareness and an accurate understanding of the disease. Numerous awareness campaigns by health agencies, non-governmental organizations, and media outlets have aimed to educate communities on cancer symptoms, risk factors, and the importance of early detection. However, cultural misconceptions remain deeply entrenched [10].

Cancer is often perceived as a mysterious disease with no cure, a spiritual attack from enemies, or divine punishment for sins. Such beliefs create fear, stigma, and hopelessness, discouraging individuals from seeking hospital care or disclosing their illness. Instead, many turn to alternative routes such as spiritual healing, traditional medicine, or self-medication. This results in late presentation at healthcare facilities, often when cancer has progressed beyond curative treatment [11].

Additionally, limited access to quality healthcare services compounds the problem. Screening centers, oncology facilities, and specialized personnel are scarce in Eastern Nigeria, particularly in rural communities. Even when available, the cost of diagnosis and treatment is often prohibitive for ordinary citizens [12]. These structural challenges, combined with cultural attitudes, exacerbate poor cancer outcomes. There is therefore a pressing need to investigate how cultural narratives and community perceptions shape cancer-related behaviors in Eastern Nigeria. Without addressing these socio-cultural barriers, biomedical interventions alone may not yield the desired improvements in early detection and treatment adherence [13]. This study aims to examine the cultural beliefs and narratives surrounding cancer in Eastern Nigeria and to understand how these perceptions influence health-seeking behaviors, including symptom recognition, care pathways, and adherence to treatment. Specifically, it seeks to explore the roles of traditional healers, spiritual leaders, and family networks in shaping cancer-related decision-making while identifying gaps in awareness campaigns to propose culturally appropriate interventions for improving cancer education and outcomes. The research is guided by questions that interrogate prevailing community beliefs about cancer, their impact on individuals' recognition of symptoms and willingness to seek biomedical care, and the influence of social and traditional networks on treatment decisions. Additionally, the study investigates how public health interventions can be designed to align with local cultural contexts while promoting early detection and consistent adherence to treatment protocols. The significance of this research is multifaceted: it provides critical insights into the socio-cultural factors affecting cancer outcomes, informs policymakers on integrating cultural considerations into prevention and control strategies, contributes to academic discourse on health and culture in Africa, and offers practical guidance for healthcare providers to improve patient communication and trust. Ultimately, the study benefits communities by reducing stigma, correcting misconceptions, fostering early detection, and enhancing overall quality of life for cancer-affected individuals.

Traditional Beliefs about Cancer

In Eastern Nigeria, traditional belief systems deeply influence perceptions of illness, including cancer, often framing it within spiritual, metaphysical, or moral contexts. Many communities interpret cancer not merely as a biomedical condition but as a consequence of supernatural forces or moral transgressions. For instance, tumor growths are sometimes believed to result from witchcraft or malevolent spiritual attacks, reflecting the idea that unseen forces can directly affect physical health [14]. Similarly, some cultural narratives link cancer to the violation of taboos, such as incest, adultery, or other behaviors deemed socially or morally unacceptable, suggesting that illness may serve as a form of punishment or divine retribution. These interpretations shape how individuals respond to symptoms, with many patients initially seeking help from traditional healers rather than biomedical facilities. Herbal remedies, ritualistic practices, and spiritual interventions are often preferred due to their accessibility, cultural familiarity, and alignment with local worldviews. While these practices reinforce community identity and offer psychosocial support, overreliance on traditional methods can delay timely diagnosis and treatment in formal healthcare settings. Consequently, patients frequently present with advanced-stage cancers, complicating prognosis

and limiting treatment options. Understanding these cultural beliefs is crucial for designing interventions that integrate biomedical care with culturally sensitive education and support [15].

Religious Views and Misconceptions

In Eastern Nigeria, religion is deeply interwoven with daily life and strongly shapes perceptions of health and illness. Christianity, alongside traditional indigenous spiritual practices, significantly influences how communities understand and respond to diseases, including cancer. A prevalent belief in some circles is that cancer represents divine punishment for moral failings, sins, or a lack of faith, which can instill fear and guilt in patients [16]. This perspective often encourages reliance on faith-based interventions, such as prayers, fasting, or visits to miracle centers and faith healing houses, sometimes at the expense of conventional medical treatments like chemotherapy, radiotherapy, or surgery. Consequently, patients may delay or completely forgo evidence-based care, potentially worsening their prognosis. Additionally, religious stigma can emerge, portraying cancer as a test of faith or a secret shame, which discourages individuals from disclosing their diagnosis even to close family members or seeking necessary support. Despite these challenges, faith communities can also play a crucial role in providing emotional comfort, social cohesion, and caregiving support when aligned with accurate health information. However, when misinformation is disseminated through religious platforms, it reinforces harmful stereotypes, perpetuates fear, and undermines public health efforts, highlighting the need for culturally sensitive education that bridges faith and medical understanding [17].

Community Narratives and Stigma

Community narratives surrounding cancer often portray the disease in overwhelmingly negative terms, frequently framing it as a “death sentence.” Such narratives are reinforced by longstanding misconceptions that distort public understanding of the illness. For instance, many believe that cancer is contagious, prompting social avoidance and ostracization of patients by family, friends, and community members [18]. Others assume that cancer is invariably incurable, which discourages families and patients from pursuing timely medical treatment or adhering to therapeutic regimens. Additionally, there is a perception in some communities that cancer primarily affects the wealthy or individuals living Westernized lifestyles, while genetic predispositions, environmental exposures, and lifestyle factors prevalent in the local context are often overlooked. These misconceptions collectively fuel stigma, creating a social environment in which patients may experience profound rejection, including challenges in securing marriage partners, losing employment opportunities, or facing broader discrimination within their communities. The resulting isolation and marginalization not only exacerbate the psychological distress associated with a cancer diagnosis but also deepen financial hardships, as patients may struggle to access supportive networks or sustain income-generating activities [19]. Addressing these harmful narratives is therefore critical to improving both the social and clinical outcomes for individuals living with cancer.

Implications for Cancer Care and Outcomes

In Eastern Nigeria, cultural misconceptions and beliefs surrounding cancer have profound implications for patient care and overall health outcomes. Many individuals perceive cancer as a spiritual curse, punishment, or a disease that is incurable by modern medicine, which often leads to significant delays in seeking medical attention. Patients frequently present at healthcare facilities only when the disease has reached an advanced stage, limiting the effectiveness of treatment and reducing survival rates. Moreover, adherence to prescribed treatments is frequently compromised as patients may simultaneously pursue traditional healing practices or rely on religious interventions, creating conflicts with biomedical protocols. The stigma associated with a cancer diagnosis further exacerbates the problem, as individuals may conceal their condition from family or community members to avoid social ostracism, thereby limiting access to emotional and psychosocial support that is critical for coping and recovery [20]. These cultural perceptions also undermine public health initiatives and policy implementation, as distrust in formal healthcare systems persists, reducing community engagement in cancer screening, early detection, and preventive programs. Collectively, these factors highlight the urgent need for culturally sensitive education and community-based interventions to address misconceptions, reduce stigma, and improve both treatment adherence and overall cancer outcomes in the region.

Addressing Cultural Beliefs and Misconceptions

Effectively addressing cultural beliefs and misconceptions about cancer requires strategies that are both culturally sensitive and community-centered. One approach involves community-based health education programs that actively engage traditional leaders, religious figures, and local influencers in awareness campaigns [21]. These respected individuals can play a pivotal role in dispelling myths and encouraging early healthcare-seeking behaviors. Another critical strategy is the integration of traditional healers into the formal health system. By providing herbalists and local healers with training to recognize early warning signs of cancer and refer patients promptly to hospitals, delays in diagnosis and treatment can be significantly reduced. Religious collaboration is also essential; partnering with churches and faith-based organizations can help promote acceptance of cancer screening and treatment while leveraging the trust these institutions hold in the community. Media advocacy further reinforces these efforts, particularly through culturally relevant platforms such as radio programs, dramatizations, and

storytelling, which are widely accessible and effective in Eastern Nigeria. Finally, establishing patient support networks, including cancer survivor groups, can challenge stigma, foster open dialogue, and provide peer encouragement. Together, these strategies create a holistic approach that respects cultural norms while promoting timely cancer awareness, prevention, and care [22].

CONCLUSION

Cultural beliefs, religious interpretations, and community narratives play a central role in shaping cancer perceptions and health-seeking behaviors in Eastern Nigeria. Traditional explanations framing cancer as a spiritual curse, divine punishment, or a consequence of moral transgressions often lead patients to seek alternative treatments from healers or faith-based practitioners, delaying timely biomedical intervention. Religious influences, while providing social and emotional support, can inadvertently reinforce misconceptions and stigma when unaccompanied by accurate health information. Community narratives portraying cancer as incurable or socially ostracizing further exacerbate fear, isolation, and non-adherence to treatment. Addressing these challenges requires culturally sensitive, community-focused strategies, including engagement of traditional and religious leaders, integration of healers into formal healthcare pathways, media advocacy, and establishment of survivor support networks. By bridging biomedical knowledge with local cultural contexts, such interventions can reduce stigma, promote early detection, improve treatment adherence, and ultimately enhance cancer outcomes, emphasizing that effective cancer control in Eastern Nigeria must intertwine medical care with socio-cultural understanding.

REFERENCES

1. Alum, E.U., Nwuruku, A.O, Edwin, N. Targeting Oxidative Stress in Cancer Management: The Role of Antioxidant Phytochemicals. *KIU J. Health Sci.*, 4(2): 1-10. <https://doi.org/10.59568/KJHS-2024-4-2-01>
2. Global cancer burden growing, amidst mounting need for services, <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services>
3. Kavira V, Archibong V, Ayuba J T, Ibe M U, Leevan T, Asiphos O, Joseph N (2023). Factors Associated with the Uptake OF Cervical Cancer Screening Among HIV-Positive Women Attending Immune Suppressed Syndrome Clinic at Mbarara Regional Referral Hospital. *Reserach square*, DOI: <https://doi.org/10.21203/rs.3.rs-3110544/v1>
4. Alum, E.U. AI-driven biomarker discovery: enhancing precision in cancer diagnosis and prognosis. *Discov Onc* 16, 313 (2025). <https://doi.org/10.1007/s12672-025-02064-7>
5. Lorenzoni, C., Oliveras, L., Vilajeliu, A., Carrilho, C., Ismail, M.R., Castillo, P., et al: Weak surveillance and policy attention to cancer in global health: the example of Mozambique. *BMJ Glob Health*. 3, e000654 (2018). <https://doi.org/10.1136/bmjgh-2017-000654>
6. Uti, D.E., Atangwho, I.J., Alum, E.U. et al. Antioxidants in cancer therapy mitigating lipid peroxidation without compromising treatment through nanotechnology. *Discover Nano* 20, 70 (2025). <https://doi.org/10.1186/s11671-025-04248-0>
7. McCutchan, G.M., Wood, F., Edwards, A., Richards, R., Brain, K.E.: Influences of cancer symptom knowledge, beliefs and barriers on cancer symptom presentation in relation to socioeconomic deprivation: a systematic review. *BMC Cancer*. 15, 1000 (2015). <https://doi.org/10.1186/s12885-015-1972-8>
8. Koo, M.M., Swann, R., McPhail, S., Abel, G.A., Elliss-Brookes, L., Rubin, G.P., Lyratzopoulos, G.: Presenting symptoms of cancer and stage at diagnosis: evidence from a cross-sectional, population-based study. *Lancet Oncol*. 21, 73–79 (2020). [https://doi.org/10.1016/S1470-2045\(19\)30595-9](https://doi.org/10.1016/S1470-2045(19)30595-9)
9. Edeh, O.F., Ainbeyoona, C. Alum, E.U., Uti, D.E., Ugwu, O.P C., Alum, B. N., Unveiling the microbial orchestra: exploring the role of microbiota in cancer development and treatment. *Discov Onc* 16, 646 (2025). <https://doi.org/10.1007/s12672-025-02352-2>
10. Fegade, B., Chaudhari, S.Y., Likhar, R.V. et al. Design, synthesis, molecular docking and molecular dynamics studies of some 3-methoxy flavone derivatives as an anti-breast cancer agent. *Discov Onc* 16, 773 (2025). <https://doi.org/10.1007/s12672-025-02491-6>.
11. Goldberg, J.I., Andersen, L.J., Bowden, J., Nelson, J.E.: Recognizing spiritual injury in cancer: A case study. *Palliat Support Care*. 20, 138–140 (2022). <https://doi.org/10.1017/S1478951521001206>
12. Magadani, R., Ndinteh, D.T., Roux, S., Nangah, L.P., Atangwho, I.J., Uti, D.E., et al. Cytotoxic Effects of *Lecaniodiscus Cupanioides* (Planch.) Extract and Triterpenoids-derived Gold Nanoparticles On MCF-7 Breast Cancer Cell Lines. *Anticancer Agents Med Chem*. 2025 Jan 27. doi: 10.2174/0118715206325529241004064307. Epub ahead of print. PMID: 39871566.
13. Afaya, A., Anaba, E.A., Bam, V., Afaya, R.A., Yahaya, A.-R., Seidu, A.-A., Ahinkorah, B.O.: Socio-cultural beliefs and perceptions influencing diagnosis and treatment of breast cancer among women in Ghana: a systematic review. *BMC Women's Health*. 24, 288 (2024). <https://doi.org/10.1186/s12905-024-03106-y>
14. Tufail, T., Uti, D.E., Aja, P.M., Offor, C.E., Ibiyam, U.A., Ukaidi, C.U.A. Utilizing Indigenous Flora in East Africa for Breast Cancer Treatment: An Overview. *Anticancer Agents Med Chem*. 2024 Sep 18. doi: 10.2174/0118715206338557240909081833.

15. Kivistik, S., Metsälä, E., Virtanen, H.: Perceptions, educational expectations and knowledge gaps of patients with non-metastatic breast cancer regarding radiotherapy: Integrative review.
16. Aja, P. M., Agu, P. C., Ezeh, E. M., Awoke, J. N., Ogwoni, H. A., Deusdedit, T., et al. Prospect into therapeutic potentials of Moringa oleifera phytochemicals against cancer upsurge: de novo synthesis of test compounds, molecular docking, and ADMET studies. *Bulletin of the National Research Centre*. 2021; **45**(1): 1-18. <https://doi.org/10.1186/s42269-021-00554-6>.
17. R, L.R., N, P.: COVID-19 Information Sources and Misinformation by Faith Community. PubMed.
18. Orji, O. U., Adepoju, A. O., Amusa, M. O. Edwin, N. Exploring natural plant products in breast cancer management: A comprehensive review and future prospects. *International Journal of Innovative and Applied Research*. 2023; 11(12):1-9. Article DOI:10.58538/IJIAR/2055. DOI URL: <http://dx.doi.org/10.58538/IJIAR/2055>
19. Brandt, L., Liu, S., Heim, C., Heinz, A.: The effects of social isolation stress and discrimination on mental health. *Transl Psychiatry*. 12, 398 (2022). <https://doi.org/10.1038/s41398-022-02178-4>
20. Ugwu, O. P. C., Alum, E. U., Obeagu, E. I. Cervical Cancer Prevention Paradox: Unveiling Screening Barriers and Solutions, *J, Cancer Research and Cellular Therapeutics*. 2024, 8(2):1-5. DOI:10.31579/2640-1053/182
21. Okaliwe G, Glory M, Ogunkola O. I, IduEjemot-Nwadiaro R (2021). Breast cancer knowledge and mammography uptake among women aged 40 years and above in Calabar Municipality, Nigeria. *Asian Journal of Medicine and Health*, 19, (8), 1-10. <https://doi.org/10.9734/ajmah/2021/v19i830351>.
22. Nduka, C.C., Nweke, C.A., Chidebe, R.C.W., Nwakasi, C.: Using cancer survivorship experiences to inform cancer advocacy in Nigeria. *Ecancermedicalscience*. 19, 1887 (2025). <https://doi.org/10.3332/ecancer.2025.1887>

CITE AS: Muhumuza Isaac. (2026). Cultural Beliefs and Misconceptions about Cancer in Eastern Nigeria: Exploring the Role of Tradition, Religion, and Community Narratives. NEWPORT INTERNATIONAL JOURNAL OF SCIENTIFIC AND EXPERIMENTAL SCIENCES, 7(1):56-60. <https://doi.org/10.59298/NJSES/2026/71.5660>