ISSN (Print): 2788-8320 ISSN (Online): 2788-8339

JOURNAL OF SOCIAL RESEARCH DEVELOPMENT
www.jsrd.org.pk editor@jsd.org.pk

BEYOND TREATMENT: HEALTHCARE CHALLENGES AND COPING STRATEGIES AMONG CERVICAL CANCER PATIENTS IN PAKISTAN

Gulshan Ara[1], Kamran Ishfaq[2]

[1]PhD Scholar, Department of Sociology, Bahauddin Zakariya University Multan, Pakistan
Email: gulshanara43@gmail.com
[2]Professor & Chairman, Department of Sociology, Bahauddin Zakariya University Multan
Email: dr.kamran@bzu.edu.pk

KEYWORDS

Cervical Cancer, Health Care challenges,coping strategies,supportive care,Pakistan

ARTICLE HISTORY

Date of Submission: 23-05-2026
Date of Acceptance: 25-06-2026
Date of Publication: 27-06-2026

ABSTRACT

Women diagnosed with cervical cancer required support from healthcare professionals, family members, wider social and religious networks while navigating treatment and its emotional demands. Understanding the forms of support and coping strategies reported by patients could identify areas for patient-centred care.This study aimed to describe healthcare challenges patients faced during treatment process and coping strategies adopted by patients with cervical cancer in Punjab, Pakistan.A cross-sectional descriptive study was conducted among 352 women with cervical cancer at MINAR(Multan),INMOL(Lahore) and PINUM (Faisalabad) during (July-Sept,2025).The Data were collected using Semi-Structured Interview Schedule and frequencies and percentages were used to summaries responses. The findings of study indicate that Advice was the most frequently reported form of professional assistance (45.5%), followed by emotional help (31.0%).While, Emotional support (41.2%) and spending quality time (34.9%) were the most commonly reported forms of social-network support. Self-soothing (37.8%) and normalizing the situation (32.7%) were frequently reported emotional coping strategies. Family was the most commonly reported source of social coping (52.0%). Patients most frequently suggested greater awareness (29.8%) and HPV vaccination (28.7%).The findings highlights the importance of accessible information, consistent emotional support, family involvement, and culturally responsive supportive care for women with cervical cancer. Further analytical researches should examined how these experiences relate to treatment and psycho-social outcomes.

2026 Journal of Social Research Development

Correspondence: Gulshan Ara
Email: gulshanara43@gmail.com

DOI: https://doi.org/10.59075/jsrd.v7i4.678
Volume/Issue: **7(4), 2026, 329-337**

Introduction

Cervical Cancer patients faced systemic issues within healthcare systems during treatment process that prevent them from accessing the effective and affordable treatment services. These challenges mainly due to infrastructural deficiencies, availability of less advance medical technologies, shortage of healthcare professionals, sociocultural barriers and policy gaps in prevention of cancer. Cervical cancer patients face obstacles in early detection, prevention, diagnosis and treatment care that collectively cause mortality and morbidity. In South Asian countries, these problems are magnified by socioeconomic inequalities. Countries such as Pakistan, India, Sri Lanka and Bangladesh face shortages of diagnostic laboratories, oncology specialists and treatment centers (Sultana & Khatun, 2025). According to International Agency for Research Cancer report, due to shortage of radiotherapy facilities particularly in developing countries like Pakistan, patients experience prolonged waiting times for treatment and distant facilities that directly affect survival outcomes (WHO, 2025). Cervical cancer patients require adequate supportive care during treatment such as pain management, side effects of radiation, and moral support.

Coping involves continuous changing in behavioral and cognitive efforts to manage external or internal demands appraised as demanding and exceeding the resources of individual (Folkman, 1984). It is the process of attempting effort by a person to encounter internal and external loads. People utilize strategies by different activities such as self-control, social support, emotional coping, distance, problem solving, escape, avoidance, negative confrontation, positive reappraisal (Lazarus, 1993). Coping strategies refer to behaviors, specific efforts, and thoughts that are used to control external and internal demands of situations refer as stressful. Multiple coping strategies adopted by a person including denial, ignoring the problem, prayer, stoicism, withdrawal and lack of physical activity which cause strains in their life(Corbin & Strauss, 1988). However,information on coping strategies and prevention for a chronic disease like cervical cancer are limited globally(Binka et al.,2018). Cervical cancer is the fourth common cancer and women's face many challenges which included physical changes, mental distress, and social relationships. Women face issues like delayed diagnosis, financial problems, and emotional instability. Most people use five strategies to cope with cancer challenges. These strategies include professional help, acceptance, peer support, religious support, and substance use. The first important thing is to seek medical advice from a professional doctor and keep in touch with healthcare providers during whole treatment process. The second phase is to accept the situation and distract yourself; think positive to maintain mental equilibrium. Social support also helps people as a good coping source. Women spent quality time with their loved ones gives them emotional help and practically help them to get close to their God.Trust in God gives many people comfort, strength, and direction. Furthermore, people use substances that temporarily help patients to escape the situation.Among all strategies, the only gap is the lack of structured support systems like psycho-social, financial aid, organized groups.In Pakistan society, understanding the patients support and coping practices could help healthcare services to respond more effectively to their emotional and social needs. This study therefore describes healthcare challenges, emotional,and religious coping strategies that patients received from their social-network during treatment process.

Literature Review

Coping strategies adopted by the cervical cancer patients to deal with emotional motivations were the normalization of the disease, acceptance of the disease, positive reappraisal,avoidance self-distraction and self-soothing. Acceptance often realized by irreversible nature of the disorder and with similar diseases like malaria.However, positive reappraisal upheld the hopes of restoration and substantiated previous results that reduce psychological suffering among cancer patients(Manne et al., 2015). Adaptive approaches in promoting resilience could include acceptance and positive reappraisal and even threatening the ability to successfully cope with healthcare (Moore et al., 2011).An important coping resource was social support. The hope of recovery and treatment adherence came in the form of interactions with survived cervical cancer patients.Furthermore, Family members had important role by visiting the patients in hospital and provide alleviating support to patient. Good social network have been associated with mental health trajectories of cervical cancer patients and improved life quality(Li et al., 2024).Spiritual practices provided gives emotional support and reaffirmed purpose for a better quality of life in the cancer patients(Khalil et al., 2015).Religious and spiritual practices prominently affects coping strategies with cancer. Religious coping was important among women with cervical cancer in Tanzania study (Ambikile et al., 2025).Coping with cervical cancer is shaped by emotion regulation, social networks, faith, and the quality of healthcare . Previous researches comes from sub-Saharan Africa and East Asia, and the Pakistani psycho-social evidence identified breast cancer patients(Banning et al., 2009).However, Descriptive evidence from women receiving cervical cancer treatment in Pakistan is needed to explore which healthcare challenges patients faced during treatment process and where support is available to cope with serious illness.

Research Methodology

A cross-sectional quantitative study was conducted among women diagnosed with cervical cancer at MINAR(Multan) and INMOL(Lahore) and PINUM(Faisalabad) Hospitals working under Pakistan atomic energy commission. The study included 352 women with cervical cancer seeking treatment from target hospital by using purposive sampling technique . Eligibility criteria were cervical cancer patients seeking treatment from last one year and researcher excluded those patients who were unable to communicate due to critical condition after taking Brachythrapy. The respondent were approached after getting permission from hospital administration.The questionnaire covered perceived healthcare-professional support, types of professional and social assistance,emotional, social, and religious coping practices. A five-point likert scale were used for the healthcare challenges items: never, seldom, quite often, very often, and always.A Descriptive statistics were used to summarize categorical responses as frequencies and percentages.

Results of Study

Table 1: Demographic information of respondent

Variable	Category	n (%)	Variable	Category	n (%)
Age	20–30	5 (1.4)	Occupation	Housewife	278 (78.3)
	31–40	35 (9.9)		Farmer	34 (9.5)
	41–50	169 (48.0)		Government employed	22 (6.3)
	51–60	89 (25.3)		Daily laborer	18 (4.7)
	≥60	54 (15.3)	Family Type	Nuclear	76(21.5)
1st Pregnancy Age	<18	169 (48.0)		Joint	178(50.5)
	18-28	104(29.5)		Extended	98(27.8)
	>28	79(22.4)	Cervical Cancer Stage	Stage I	35(9.9)
Education	Illiterate	206 (58.5)		Stage II	33(9.4)
	Primary	84(23.9)		Stage III	152(44.1)
	Matriculation	31 (8.8)		Stage IV	129(36.6)
	Intermediate	22 (6.3)	Income	<18 K	77 (21.9)
	Master	9 (2.5)		18-40K	167 (47.4)
				41-60K	87 (24.0)
Residence	Rural	272 (77.7)		>60K	21 (6.1)
	Urban	80(22.7)			

The demographic characteristics of patients indicate that nearly half of the participants (48.0%) were aged 41–50 years. Only 1.4% of the participants were aged 20–30 years. Regarding reproductive history of patients half of the women (48.0%) reported their first pregnancy before the age of 18 years, while 29.5% experienced their first pregnancy between 18 and 28 years .While, majority of participants (58.1%) were illiterate and Only 2.7% completed their master's degree.Furthermore, mostly participants were housewives (78.3%) and 7.7% were government employees.The respondent belonged to rural area were 77.7% compared with 22.7% belong to urban areas.Cervical cancer was predominant among Stage III 44.1% and Stage IV (36.6%) patients.Only 8.9% patients were diagnosed at Stage I which indicate that most women presented advanced disease .The findings of study consistent with previous research in Pakistan indicating cervical cancer patients were between 40 and 59 years of age. Similarly, in a retrospective study conducted at Aga Khan University Hospital, Karachi, reported a mean age of 51.3 ± 11.3 years among women diagnosed with cervical cancer(Shamsi et al.,2025).

Table 2: Healthcare challenges of patients

Items	Never	Seldom	Quiet often	Very often	Always
	f(%)	f(%)	f(%)	f(%)	f(%)
Healthcare professionals were supportive and caring during treatment	51(14.5)	120(34.1)	89(25.3)	78(22.2)	14(4.0)
Healthcare professionals were explain all aspects of your illness	30(8.5)	105(29.8)	129(36.6)	72(20.5)	16(4.5)
They were attentive to your needs in hospital	55(15.6)	102(29.0)	103(29.3)	68(19.3)	24(6.8)
Receive adequate information to deal with Situations during treatment	29(8.2)	142(40.3)	101(28.7)	61(17.3)	19(5.4)
Receive emotional support from healthcare professionals during treatment	46(13.1)	111(31.5)	112(31.8)	65(18.5)	18(5.1)

The findings regarding healthcare challenges indicate that cervical cancer patients experienced mixed levels of support and communication from healthcare professionals during treatment. While some patients reported they were receiving support, information, and attentiveness quite often and very often. However, many patients experiencing these aspects seldom or never.These results highlights potential gaps in patient care approach especially in terms of clear communication about illness, consistent emotional support, and adequate information to manage illness situations during treatment process. By Strengthening healthcare system and supportive care practices could improve the overall challenges of cervical cancer patients during treatment.These findings suggest that emotional support was available to some extent for many patients. however, consistent emotional care from healthcare providers were limited.

Table 3: Coping Strategies adopted by Patients.

Variable	Category	f(%)
Professional assistance	Advice	160 (45.5)
	Emotional help	109 (31.0)
	Counselling	53 (15.1)
	Financial help	21 (6.0)
	No assistance	9 (2.6)
	Total	352 (100.0)
Support from social networks	Financial support	27 (7.7)
	Emotional support	145 (41.2)
	Spending quality time	123 (34.9)
	No support	57 (16.2)

Emotional coping strategies	Positive reappraisal	55 (15.6)
	Normalizing the situation	115 (32.7)
	Self-soothing	133 (37.8)
	Avoidance	49 (13.9)
Sources of social coping	Peers	42 (11.9)
	Family	183 (52.0)
	Hospital staff	86 (24.4)
	Neighbours	41 (11.6)
Religious coping practices	Prayer	47 (13.4)
	Believing God for healing	65 (18.5)
	Visiting religious leaders	104 (29.5)
	Visiting religious institutions	111 (31.5)
	Reading religious books	25 (7.1)

The most important professional assistance reported most advice(45.5%) followed by emotional help (31.0%) and only 2.6% patients reported no professional assistance during treatment .Majority patients received emotional support (41.2%) from their social networks and spending quality time together, 7.7% patients reported financial support and 16.2% were receiving no support during serious illness.Emotional coping strategies, self-soothing (37.8%) and normalizing the situation (32.7%) were the most frequent among patients followed by positive reappraisal (15.6%) and avoidance. Family support was common source of social coping (52.0%) followed by hospital staff (24.4%) and visiting religious institutions (31.5%) , religious leaders (29.5%) were common patients

Discussion

Women with cervical cancer experienced different healthcare challenges during treatment process.This study describe majority of patients were belong to rural areas, having low-income, illiterate, and four in five women (80.6%) were at stage III or IV. This is consistent with the pattern of late-stage presentation of disease in developing countries(Binka et al., 2018;Shamsi et al., 2025). The main finding on healthcare challenges is that support was inconsistent as 38.4% and 48.6% of women reported concerned about supportive and caring attitude, inadequate information, and less emotional support. Major finding relate with another previous research where women knew little about their disease before diagnosis and learned about treatment mainly through health personnel which led the authors to recommend counselling during treatment in Ghana(Binka et al., 2017). Patients received little Information about disease treatment process. In China, symptom management and personal control was the weakest domain of self-management among women with cervical cancer(Xiong et al., 2023). The present study explaining the illness and symptom management deserve attention, particularly because 58.5% of participants were illiterate and may not benefit from written materials. Time pressure and limited staffing, which have been described in radiotherapy services in low- and middle-income countries may contribute. Advice was the most common form (45.5%), while counselling (15.1%) and financial help (6.0%) were uncommon, and 2.6% of women received no professional assistance during treatment. Advice is essential for patients

but some patients receiving counselling suggests that psycho-social care is not yet a routine part of cervical cancer treatment in these hospitals.

Patient were receiving social coping (52.0%) and emotional support (41.2%) from their social network support. This agrees with evidence from Pakistani Muslim women with breast cancer, for whom family support was an essential coping resource among cancer patients (Banning et al., 2009).Another study also revealed family and friends provided practical, emotional, and financial help to patients(Agyeiwaa et al., 2024). Self-soothing (37.8%) and normalizing the situation (32.7%) were the most common emotional coping strategies.Self-soothing can reduce fear,keep daily life going and the expression of positive emotion have been linked to better quality of life among women with cervical cancer (Manne et al., 2015). Religious coping mainly expressed through community and institutional practices.However, only 31.5% of women reported visiting religious institutions and 29.5% visiting religious leaders as their main practice compared with 13.4% for prayer and 7.1% for reading religious books during treatment.

Limitations of Study

The cross-sectional descriptive design shows what women reported at one point in treatment but cannot establish whether support or coping affected treatment adherence, distress, or survival. Support and coping domains were recorded as a single main response, which does not capture women who used several strategies for treatment.

Conclusion

Cervical cancer patients in Punjab described uneven support from healthcare professionals,never receiving supportive, informative, or emotional care, counselling and financial help.Women relied mainly on family, religious institutions leaders, on self-soothing, normalizing the situation to cope, and little social network support were receiving. The women themselves called for greater awareness and HPV vaccination. Other researches should extend beyond medical treatment to include clear communication, routine psycho-social support, family, and faith-inclusive approaches adapted to women. Analytical, longitudinal and mixed-methods researches are needed to test how support and coping relate to treatment completion, symptoms, and well-being of patients.

Recommendation

This study recommend that train oncology staff counsel the patients, include assessment of coping into routine care,assign a trained psychologist and social worker in each hospital for patients.Government should ensure financial protection for cervical cancer treatment such as support with transport and accommodation.Awareness about national HPV vaccination programme and women with lived experience of cervical cancer as channels for community.

References

Agyeiwaa, J., Kusi-Amponsah Diji, A., Amoo, S. A., Asare, H., Yeboah, D., Antwi, G., Davies, A. E., Diji, F., & Ebu Enyan, N. I. (2024). Experiences of women living with cervical cancer in Ghana: Challenges and coping strategies. BMC Women's Health, 24(1), 1–11. https://doi.org/10.1186/s12905-024-03472-7

Ambikile, J. S., Msengi, E. A., Chona, E. Z., & Gosse, R. A. (2025). Coping strategies utilized by patients with cervical cancer: An explorative qualitative study at the Ocean Road Cancer Institute in Dar es Salaam, Tanzania. BMC Women's Health, 25, Article 59. https://doi.org/10.1186/s12905-024-03536-8

Banning, M., Hafeez, H., Faisal, S., Hassan, M., & Zafar, A. (2009). The impact of culture and sociological and psychological issues on Muslim patients with breast cancer in Pakistan. Cancer Nursing, 32(4), 317–324. https://doi.org/10.1097/NCC.0b013e31819b240f

Binka, C., Doku, D. T., & Awusabo-Asare, K. (2017). Experiences of cervical cancer patients in rural Ghana: An exploratory study. PLOS ONE, 12(10), Article e0185829. https://doi.org/10.1371/journal.pone.0185829

Binka, C., Nyarko, S. H., Awusabo-Asare, K., & Doku, D. T. (2018). "I always tried to forget about the condition and pretend I was healed": Coping with cervical cancer in rural Ghana. BMC Palliative Care, 17, Article 24. https://doi.org/10.1186/s12904-018-0277-5

Bray, F., Laversanne, M., Sung, H., Ferlay, J., Siegel, R. L., Soerjomataram, I., & Jemal, A. (2024). Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians, 74(3), 229–263.

Corbin, J., & Strauss, A. (1988). Unending work and care: Managing chronic illness at home. Jossey-Bass.

Folkman, S. (1984). Personal control and stress and coping processes: A theoretical analysis. Journal of Personality and Social Psychology, 46(4), 839–852. https://doi.org/10.1037/0022-3514.46.4.839

Gross, J. J.(2002). Emotion regulation:Affective, cognitive, and social consequences. Psychophysiology,39(3),281-291.https://doi.org/10.1017/S0048577201393198

Khalil, J., Bellefqih, S., Sahli, N., et al. (2015). Impact of cervical cancer on quality of life: Beyond the short term (Results from a single institution). Gynecologic Oncology Research and Practice, 2, Article 7. https://doi.org/10.1186/s40661-015-0011-4

Lazarus, R. S. (1993). Coping theory and research: Past, present, and future. Psychosomatic Medicine, 55(3), 234–247. https://doi.org/10.1097/00006842-199305000-00002

Li, H., Lyu, M., Wang, A., Yin, Y., Zhang, J., & Li, P. (2024). Social support and life satisfaction in women with cervical cancer: A serial multiple mediation model. Cancer Nursing, 47(1), 64–71. h

Moore, A. M., Gamblin, T. C., Geller, D. A., Youssef, M. N., Hoffman, K. E., Gemmell, L., Likumahuwa, S. M., Bovbjerg, D. H., Marsland, A., & Steel, J. L. (2011). A prospective study of posttraumatic growth as assessed by self-report and family caregiver in the context of advanced cancer. Psycho-Oncology, 20(5), 479–487. https://doi.org/10.1002/pon.1746

Manne, S. L., Myers-Virtue, S., Kashy, D., Ozga, M., Kissane, D., Heckman, C., Rubin, S., & Rosenblum, N. (2015). Resilience, positive coping, and quality of life among women newly diagnosed with gynecological cancers. Cancer Nursing, 38(5), 375–382. https://doi.org/10.1097/NCC.0000000000000215

Mayadev, J., Li, C.-S., Lim, J., Valicenti, R., & Alvarez, E. A. (2017). Alcohol abuse decreases pelvic control and survival in cervical cancer. American Journal of Clinical Oncology, 40(5), 451–457.

Shamsi, U., Saleem, S., Usman, N., Azam, I., & Aziz, A. (2025). Late-stage diagnosis and its impact on survival in Pakistani women with cervical cancer: Findings from an institutional cancer registry. Pakistan Journal of Medical Sciences, 41(10), 2709–2714. https://doi.org/10.12669/pjms.41.10.12176

Sultana, S., & Khatun, S. (2025). Cervical cancer in Asian countries: Epidemiology, risk factors and challenges. International Journal of Reproduction, Contraception, Obstetrics and Gynecology, 14(6), 2035–2043. https://doi.org/10.18203/2320-1770.ijrcog20251429

World Health Organization. (2025). Country brief: Pakistan—Cervical cancer elimination initiative. International Agency for Research on Cancer.

Xiong, C., Jiang, C., Zhang, H., Chen, J., Zhao, M., Xiong, C., Luo, X., Zhang, Y., Li, M., Guo, Z., & Yan, J. (2023). Self-management and illness perception among cervical cancer patients: A cross-sectional study. International Journal of Nursing Practice, 29(3), Article e13134. https://doi.org/10.1111/ijn.13134