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Page | 63

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The Role of Religious Beliefs in Cancer Treatment Decisions Among Patients in Eastern Nigeria

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ABSTRACT

Religious beliefs play a profound role in shaping health behaviors and medical decision-making among patients in many African societies. In Eastern Nigeria, where Christianity and traditional spirituality coexist, religion often influences how individuals perceive illness, seek care, and adhere to medical treatment. This review examines the intersection between religion and cancer treatment decisions among patients in Eastern Nigeria. It explores how religious interpretations of cancer as a spiritual affliction, divine punishment, or test of faith influence treatment-seeking behaviors, adherence to biomedical interventions, and reliance on faith-based healing. The paper also highlights the implications of these beliefs on early diagnosis, treatment outcomes, and patient-provider communication. Understanding these dynamics is vital for developing culturally sensitive health education, fostering collaboration between religious leaders and medical practitioners, and improving cancer care outcomes in the region.

Keywords: Religious beliefs, Cancer treatment, Faith healing, Health behavior, Eastern Nigeria, Medical decision-making, Cultural perceptions.

INTRODUCTION

Cancer is a major and growing public health concern worldwide, with a particularly severe impact in low- and middle-income countries such as Nigeria. [1] According to global statistics, cancer is one of the leading causes of morbidity and mortality, with projections indicating a continuous rise in incidence rates over the coming decades. In Nigeria, epidemiological data reveal that late-stage diagnosis, limited access to healthcare services, and inadequate awareness contribute significantly to poor survival outcomes [2]. Eastern Nigeria, a region characterized by a rich cultural and religious diversity, faces unique challenges in cancer control due to the interplay between sociocultural beliefs and healthcare practices [3].

Religion is a central pillar in the social and cultural fabric of Eastern Nigeria, where Christianity, Islam, and indigenous spiritual practices coexist and often shape personal and communal worldviews. Religious beliefs provide a framework through which individuals understand life events, including illness, suffering, and recovery [4]. In the context of cancer, these beliefs profoundly influence how patients perceive the disease, its causes, and appropriate methods of treatment. For example, some individuals may interpret cancer as a spiritual affliction, divine punishment, or a test of faith, prompting them to seek healing through prayer, faith-based interventions, or traditional medicine, rather than immediately consulting biomedical practitioners [5]. The intersection of religion and health behavior is further complicated by societal expectations and community influences. Religious leaders often hold significant authority in guiding decisions about illness management, and patients may prioritize spiritual guidance over medical advice. Consequently, understanding the role of religious beliefs in shaping treatment-seeking behavior is essential for addressing delays in diagnosis, improving adherence to treatment, and promoting effective patient-provider communication in Eastern Nigeria [6].

Despite advances in medical oncology, cancer survival rates in Nigeria remain suboptimal, largely due to late presentation, limited healthcare infrastructure, and sociocultural barriers. In Eastern Nigeria, religious beliefs are a

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particularly influential factor that can both positively and negatively affect cancer treatment decisions. While faith may provide psychological support and coping mechanisms for patients, it can also lead to delays in seeking biomedical care, non-compliance with prescribed treatment, or a preference for alternative therapies such as faith healing or traditional remedies [7].

The problem is compounded by the lack of systematic understanding of how specific religious interpretations of cancer impact health behavior. Studies have shown that patients who perceive cancer as a spiritual affliction may delay hospital visits or refuse chemotherapy, surgery, or radiotherapy, which can significantly worsen prognosis [8]. Moreover, healthcare providers often lack the cultural competence or structured strategies to navigate patients' religious concerns, leading to strained patient-provider relationships and suboptimal treatment outcomes. The gap in knowledge regarding the influence of religious beliefs on cancer treatment decisions underscores the need for research that integrates medical, psychological, and cultural perspectives [9].

The study seeks to investigate the complex interplay between religious beliefs and cancer treatment decisions among patients in Eastern Nigeria. Specifically, it aims to understand how religious interpretations of cancer, such as viewing it as a spiritual affliction, divine punishment, or a test of faith, shape patients' initial reactions to a diagnosis and influence their subsequent care-seeking behavior. Furthermore, the review examines the impact of these beliefs on adherence to biomedical treatment protocols, including chemotherapy, radiotherapy, and surgery, while also evaluating the preference for faith-based or traditional healing practices over hospital-based interventions. A critical aspect of the study is understanding how religious perspectives affect patient-provider communication, decision-making, and the negotiation of treatment plans in clinical settings. By identifying strategies for integrating culturally sensitive health education and fostering collaboration between religious leaders and healthcare practitioners, the study addresses both practical and policy-relevant concerns. The significance of this research lies in its potential to improve patient outcomes, enhance communication, guide culturally tailored educational interventions, inform policy development, and engage influential community stakeholders. Ultimately, this review highlights that cancer care in Eastern Nigeria is not merely a biomedical issue but a sociocultural phenomenon, and understanding the role of religion is vital for designing effective, contextually appropriate interventions that bridge spirituality and medical practice.

Religious Context in Eastern Nigeria

Eastern Nigeria presents a rich and complex religious landscape that profoundly shapes perceptions of health, illness, and medical care. The region is predominantly Christian, encompassing substantial Catholic, Anglican, Pentecostal, and Evangelical communities [10]. These Christian denominations often provide not only spiritual guidance but also social support and access to faith-based health interventions. Despite the strong presence of Christianity, traditional religious beliefs remain deeply rooted in the cultural fabric of the area and frequently coexist with Christian practices. Many communities hold a spiritual worldview in which health and illness are closely linked to divine will, ancestral influence, or supernatural forces [11]. Diseases, including cancer, are sometimes perceived not merely as biological phenomena but as consequences of moral failings, divine punishment, witchcraft, or ancestral displeasure. This duality between modern biomedical understanding and traditional spiritual interpretations can influence health-seeking behaviors, including delays in diagnosis, preference for faith-based or herbal remedies, and selective adherence to conventional treatments. Understanding the interplay between Christianity and indigenous spiritual practices is therefore crucial for effective health education, culturally sensitive care, and the development of interventions that resonate with local beliefs while promoting evidence-based cancer prevention and management strategies in Eastern Nigeria [12].

Perceptions of Cancer through Religious Lenses

In Eastern Nigeria, perceptions of cancer are often deeply intertwined with religious and spiritual beliefs, shaping how patients understand, cope with, and respond to the disease. Many view cancer not solely as a medical condition but as a manifestation of a spiritual reality, interpreting its onset as a divine punishment or a test of faith designed to challenge endurance and devotion [13]. This perspective can imbue patients with a sense of purpose or resilience, framing their suffering within a larger, meaningful context. Concurrently, some individuals attribute cancer to malevolent forces such as witchcraft, curses, or spiritual attacks, reinforcing the perception that supernatural intervention, rather than biomedical treatment alone, is required for healing. As a result, faith-based practices including prayer, fasting, anointing, and seeking guidance from religious leaders are commonly pursued as complementary or primary approaches to treatment [14]. Additionally, fatalistic attitudes, rooted in the belief that life and death are predetermined by God, may lead some patients to resign themselves to their condition, potentially reducing engagement with conventional medical care. While these spiritual frameworks can provide emotional support and hope, they may also contribute to delays in diagnosis, reduced adherence to treatment, and reliance on non-medical interventions, highlighting the need for culturally sensitive healthcare strategies that integrate both spiritual and medical perspectives [15].

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Religious Influences on Treatment-Seeking Behavior

Religious beliefs and spiritual practices significantly shape treatment-seeking behavior in many communities, particularly in contexts where faith and traditional values are deeply ingrained. Individuals often turn first to religious leaders, prophets, or traditional healers for guidance and healing before considering formal medical care. Prayer camps, deliverance sessions, and faith-based healing centers serve as common alternatives or complements to hospital-based interventions [16]. In some cases, patients combine biomedical treatments, such as chemotherapy or radiotherapy, with prayer or spiritual rituals, reflecting a syncretic approach to healing. However, for others, strong convictions in divine intervention may lead to the complete abandonment of medical treatment, under the belief that spiritual intercession alone can cure illness. Research indicates that such faith-driven practices can have significant clinical consequences. Patients who strongly adhere to spiritual healing are often more likely to delay initial diagnosis, interrupt ongoing treatment, or switch to alternative therapies when conventional medical outcomes do not align with their expectations [17]. This intersection of religion and healthcare highlights the need for culturally sensitive interventions that respect spiritual beliefs while promoting timely and effective medical care, ensuring that patients receive the full benefits of both medical and psychosocial support systems.

Role of Religious Leaders in Shaping Health Decisions

Religious leaders play a pivotal role in influencing health-related decisions within communities in Eastern Nigeria, where faith often intersects with daily life and social norms. These leaders are regarded as moral and spiritual authorities, and their guidance can significantly shape whether individuals seek hospital-based or alternative forms of care [18]. In many communities, some churches actively encourage medical treatment, presenting it as complementary to spiritual practices. These leaders often emphasize that seeking care from doctors is not a lack of faith but rather a way through which divine healing can manifest. Conversely, certain Pentecostal and indigenous denominations may discourage or even stigmatize hospital visits, portraying reliance on medical intervention as a sign of weak faith or spiritual deficiency. This duality creates complex dynamics in health-seeking behavior, particularly for chronic and life-threatening conditions such as cancer. Consequently, engaging religious leaders in public health initiatives becomes essential. By sensitizing them about disease prevention, early detection, and treatment benefits, health programs can leverage their influence to reduce misconceptions, increase acceptance of medical care, and foster community support for patients [19]. Ultimately, understanding and collaborating with religious leadership can bridge the gap between spiritual beliefs and evidence-based healthcare, enhancing the effectiveness of cancer awareness and treatment campaigns.

Impact on Treatment Adherence and Outcomes

Religious beliefs play a significant role in shaping how patients approach medical treatment, influencing both their adherence to prescribed regimens and their overall health outcomes. For some individuals, strong faith in spiritual healing, prayer, or anointing may lead them to delay or skip crucial medical interventions, such as chemotherapy sessions, radiotherapy, or prescribed medications [20]. In certain cases, patients may reduce dosages on their own or discontinue treatment entirely once they perceive themselves to be spiritually “healed.” Such decisions can have serious consequences, including poor treatment responses, accelerated disease progression, and preventable morbidity or mortality. On the other hand, many patients find ways to harmonize their faith with medical care, drawing on religious practices for emotional support while following medical advice. This integrative approach has been associated with enhanced psychological resilience, reduced anxiety and stress, and improved coping with the challenges of long-term illness. By fostering hope and a sense of purpose, faith can positively influence patients’ engagement with treatment and adherence to care plans. Therefore, understanding the complex interplay between spirituality and medical adherence is critical for healthcare providers, who can offer culturally sensitive counseling and support that respects religious beliefs while promoting optimal health outcomes [21].

Integrating Religion into Cancer Care

In Eastern Nigeria, there is a growing recognition among healthcare practitioners that effective cancer care extends beyond clinical treatment to include attention to patients’ spiritual and religious needs. Many patients derive comfort, hope, and resilience from their faith, making spiritual support an essential component of holistic healthcare [22]. Integrating services such as hospital-based chaplaincy, faith-informed counseling, and structured spiritual care programs can help bridge cultural and psychological gaps, fostering stronger patient-provider trust and improving adherence to treatment regimens. Training healthcare workers in cultural competence and religious sensitivity is critical, as it enables them to address misconceptions, dispel myths, and communicate effectively while respecting diverse belief systems. Moreover, partnerships between hospitals and local religious organizations can play a pivotal role in community engagement, promoting cancer awareness, preventive education, and early screening programs in a culturally relevant manner. By embedding spirituality into cancer care, the healthcare system can better support patients’ emotional well-being, enhance coping strategies during treatment, and strengthen the overall effectiveness of interventions. Such integrative approaches acknowledge that faith and

medicine are not mutually exclusive but can work synergistically to improve outcomes for cancer patients in culturally diverse settings [23].

Challenges and Ethical Considerations

Balancing respect for religious freedom with the imperative to provide evidence-based medical care presents significant ethical challenges for healthcare professionals. Patients' faith and spiritual beliefs often play a central role in their decisions regarding treatment, and ignoring or dismissing these beliefs can lead to mistrust, non-compliance, or disengagement from care. Health professionals are therefore tasked with navigating sensitive conversations about faith in a manner that is both respectful and informative, ensuring that patients feel heard while also understanding the medical consequences of their choices [24]. Complicating this balance is the prevalence of misinformation propagated by some faith healers, which can discourage patients from seeking timely, appropriate interventions and potentially undermine public health initiatives. Moreover, ethical dilemmas arise when religious beliefs result in medical neglect, particularly in cases involving children, vulnerable populations, or terminally ill patients where delaying or refusing treatment can cause significant harm. Professionals must weigh the principles of patient autonomy and cultural sensitivity against the moral and legal obligations to prevent avoidable suffering or death. Addressing these challenges requires careful communication, interdisciplinary collaboration, and sometimes, engagement with ethical committees to ensure that patient care aligns with both ethical standards and respect for personal beliefs [25].

Policy and Public Health Implications

Improving cancer outcomes in Eastern Nigeria requires public health strategies that are not only medically sound but also culturally and spiritually informed. Given the central role of religion and spirituality in the lives of many communities in the region, engaging religious organizations in health promotion campaigns can significantly enhance awareness and acceptance of cancer prevention and treatment measures. Developing culturally and spiritually sensitive cancer education materials ensures that messaging resonates with local beliefs, values, and practices, thereby increasing community receptivity and participation. Encouraging interfaith dialogue on health, science, and spirituality can create a platform for shared understanding, reduce misconceptions, and foster collective action toward cancer prevention [26]. Moreover, integrating religious and traditional leaders into cancer prevention and early detection programs leverages their influence to promote health-seeking behaviors, early screening, and timely treatment. Faith-health partnerships can also provide critical psychosocial support, addressing emotional and spiritual needs alongside medical care. By aligning public health initiatives with community structures and spiritual frameworks, policymakers can create sustainable, community-centered approaches that not only improve awareness and uptake of cancer services but also reduce stigma, enhance patient support systems, and ultimately improve cancer outcomes across Eastern Nigeria.

CONCLUSION

Religious beliefs exert a profound influence on cancer treatment decisions among patients in Eastern Nigeria, shaping perceptions of illness, care-seeking behaviors, and adherence to biomedical interventions. While faith can provide psychological comfort, hope, and resilience, it may also contribute to delays in diagnosis, selective treatment adherence, or preference for faith-based and traditional healing methods. Religious leaders, as trusted community authorities, play a pivotal role in guiding health decisions, highlighting the importance of engaging them in cancer awareness, education, and prevention initiatives. Integrating culturally and spiritually sensitive approaches into healthcare, including faith-informed counseling, interfaith collaboration, and community engagement, can bridge gaps between spiritual beliefs and medical care. Policymakers and healthcare providers must adopt strategies that respect patients' religious frameworks while promoting timely, evidence-based treatment. By harmonizing faith and medicine, cancer care in Eastern Nigeria can become more accessible, culturally responsive, and effective, ultimately improving patient outcomes and fostering community-wide support for cancer control efforts.

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