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Prevalence of Social Stigma and Level of Self Esteem among Cancer Patients

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ABSTRACT

Cancer, beyond its medical implications, carries profound psychosocial consequences, with social stigma and lowered self-esteem being particularly significant due to their influence on treatment adherence, coping ability, and overall quality of life. Stigma often stems from misconceptions, cultural beliefs, and discriminatory attitudes, leading to social isolation, altered relationships, and emotional distress. These experiences can erode self-esteem, an essential psychological resource for maintaining resilience and hope throughout treatment and survivorship. This descriptive cross-sectional study, conducted among 60 cancer patients receiving treatment or follow-up at the various oncology centres, Chennai, aimed to assess the prevalence of stigma, evaluate self-esteem levels, and explore their relationship. Data were collected using a socio-demographic questionnaire, the Social Stigma Scale for Cancer Patients (adapted from Cho et al.), and the Rosenberg Self-Esteem Scale, and analysed with SPSS software using Chi-square tests. Results indicated that 48% of participants reported high stigma scores (>6), while 52% experienced lower stigma; 72% had high self-esteem scores (>5) and 28% showed low self-esteem. A statistically significant inverse relationship between stigma and self-esteem ($p = 0.001$) was found, with higher stigma correlating with reduced self-esteem. Age ($p = 0.016$) and type of cancer ($p = 0.030$) were significantly associated with stigma, though no demographic variables were linked to self-esteem. Younger patients and those with certain cancer types were more likely to face higher stigma. These findings highlight the critical need for targeted interventions — including stigma-reduction campaigns, community engagement, and psychosocial support — to enhance self-esteem, improve emotional well-being, and promote holistic, patient-centred cancer care.

Keywords: Cancer, Social Stigma, Self-Esteem, Psychosocial Impact, discrimination.

INTRODUCTION

Cancer is a complex disease characterized by the uncontrolled growth and division of abnormal cells that can invade surrounding tissues and spread to other parts of the body. At its core, cancer develops through genetic mutations that disrupt normal cellular regulation, affecting two critical gene types: oncogenes (which promote cell growth when mutated) and tumor suppressor genes (which normally prevent uncontrolled division). These mutations can be inherited or acquired through environmental exposures, lifestyle factors, infections, hormonal influences, and aging processes.

Cancer encompasses diverse types based on tissue origin, including carcinomas (epithelial cells), sarcomas (connective tissue), leukemias (blood cells), lymphomas (lymphatic system), and melanomas (skin cells). Treatment approaches vary by cancer type and stage, encompassing surgery, radiation therapy, chemotherapy, immunotherapy, targeted therapy, and stem cell transplants. Early detection through screening programs significantly improves outcomes and survival rates.

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Social Health And Cancer: Beyond Medical Treatment

While cancer is fundamentally a biological disease, its impact extends far beyond physical symptoms and medical interventions. Social health—defined as an individual's ability to form satisfying interpersonal relationships, adapt to social situations, and function effectively within their community—becomes critically important in the cancer experience. The diagnosis and treatment of cancer profoundly affect patients' social functioning, relationships, and overall quality of life, making social health considerations essential components of comprehensive cancer care.

The Social Dimensions of Cancer

Cancer affects not only the individual patient but also their entire social network, including family members, friends, colleagues, and community connections. The disease can disrupt established social roles, alter relationship dynamics, and create new dependencies that challenge traditional support systems. Patients may experience changes in their ability to work, participate in social activities, maintain friendships, and fulfil family responsibilities, leading to significant social readjustment and potential isolation.

The visibility of cancer symptoms and treatment side effects such as hair loss, surgical scars, weight changes, and fatigue can further complicate social interactions. These physical manifestations often serve as constant reminders of illness, affecting how patients perceive themselves and how others interact with them. The unpredictability of symptoms and treatment schedules can make it difficult to maintain consistent social engagement, potentially leading to withdrawal from previously meaningful activities and relationships.

Stigma Among Cancer Patients

The stigma surrounding cancer is a complex issue deeply entrenched in societal beliefs, misconceptions, and fears. It manifests through negative attitudes, discriminatory behaviors, and social exclusion directed towards individuals diagnosed with cancer, as well as their families and caregivers. This stigma can have profound social, psychological, and economic consequences that significantly impact the quality of life and overall well-being of those affected.

The impacts of cancer stigma are far-reaching. Socially, individuals may experience withdrawal from social activities, strained relationships, and a sense of alienation from their communities. Psychologically, stigma can contribute to increased levels of anxiety, depression, and decreased self-esteem among cancer patients. Economically, stigma may hinder employment opportunities due to discrimination or bias against individuals with a cancer history.

Causes of Cancer Stigma

Cancer stigma arises from a combination of misconceptions, fear, and societal attitudes. One of the most common myths is the belief that cancer is contagious, leading people to avoid physical or social contact with patients. Additionally, fatalistic views that associate cancer with certain death often result in fear and discrimination. Some individuals also face blame and shame, particularly when their cancer is linked to lifestyle factors such as smoking or alcohol use. Genetic forms of cancer can create guilt within families, as hereditary risk may be misunderstood or stigmatized.

Visible physical changes caused by treatments—such as hair loss, scars, or weight changes—can further intensify stigma. These side effects often attract unwanted attention or pity, reminding patients of their illness and making them self-conscious in social situations. Such misconceptions and prejudices contribute to the emotional and social challenges faced by cancer patients, influencing their recovery and overall well-being.

Impacts Of Cancer Stigma

The stigma surrounding cancer has wide-ranging psychological, social, and practical effects. Many patients experience isolation and loneliness as they withdraw from social activities to avoid judgment or

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embarrassment. The emotional distress caused by stigma can also lead to anxiety, depression, and reduced self-esteem. Fear of being discriminated against or misunderstood often discourages individuals from seeking timely diagnosis and treatment, which is crucial for better health outcomes.

Stigma also affects interpersonal relationships and family dynamics. Family members may experience guilt, blame, or helplessness, which can strain emotional connections. In the workplace, cancer patients may face discrimination or bias that limits job opportunities and financial stability. These challenges highlight how stigma extends beyond the individual, impacting social functioning and economic security.

Addressing Cancer Stigma

Overcoming cancer stigma requires collective efforts through education, support, and policy change. Public education campaigns play a vital role in dispelling myths about cancer and reducing fear. Encouraging patients and survivors to share their stories fosters empathy and understanding within communities. Support groups offer safe spaces for patients to express their emotions, exchange experiences, and regain confidence.

Providing psychosocial and counseling services can help patients manage the emotional impact of stigma. Peer support networks also reduce feelings of isolation and help individuals feel understood. On a larger scale, implementing anti-discrimination policies in workplaces and healthcare systems ensures equal treatment and protection for cancer patients. Healthcare providers should be trained to address psychosocial aspects of cancer care and integrate holistic approaches that support both mental and physical health.

Self-Esteem

Self-esteem refers to an individual's overall sense of personal worth and confidence in their abilities. It shapes how people view themselves and influences emotional responses such as pride, shame, or self-doubt. High self-esteem contributes to resilience and motivation, while low self-esteem often leads to feelings of inadequacy and withdrawal. For cancer patients, maintaining self-esteem is especially challenging due to the physical and emotional toll of the disease and its treatments.

Self-Esteem Among Cancer Patients

Cancer and its treatments profoundly affect self-esteem by altering body image, emotional stability, and social identity. Physical changes such as hair loss, scars, weight fluctuations, and fatigue can lead to discomfort and dissatisfaction with one's appearance. The loss of independence or the inability to fulfil personal and professional roles may further lower confidence and self-worth. Emotional challenges like anxiety, fear of recurrence, and depression also contribute to decreased self-esteem.

Social isolation and strained relationships are additional factors. Patients may withdraw from others or feel like a burden on family and friends, intensifying their emotional distress. Stigma and societal attitudes can reinforce these feelings, making it difficult for patients to maintain a positive self-image. Employment issues and financial strain can also reduce a sense of purpose and self-value, further affecting psychological health.

Strategies To Improve Self-Esteem In Cancer Patients

Improving self-esteem among cancer patients requires emotional, social, and physical support. Psychological interventions such as counselling and cognitive-behavioural therapy (CBT) help patient's process negative thoughts and rebuild confidence. Support groups provide understanding and encouragement, while strong family involvement fosters love, communication, and reassurance.

Physical rehabilitation and exercise programs can strengthen the body, improve mood, and enhance body image. Occupational therapy helps patients regain independence and confidence in daily activities. Educational sessions about the disease and its treatment empower patients with knowledge, reducing fear and uncertainty. Workshops on stress management, relaxation, and coping skills also enhance self-efficacy.

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Programs that address body image concerns—such as providing wigs, prosthetics, or makeup tips—can help patients feel more comfortable with their appearance. Body image therapy offers deeper emotional support for those struggling with visible changes. By combining emotional care, social inclusion, and physical rehabilitation, cancer patients can rebuild self-esteem and improve their overall quality of life.

METHODOLOGY

This studywas conducted to assess the extent of stigma experienced and the level of self-esteem among patients undergoing or having completed treatment at various oncology centre in Chennai.

The study aimed to explore the socio-demographic profile of cancer patients, assess the prevalence and extent of social stigma, evaluate their levels of self-esteem, and examine the relationship between stigma and self-esteem. The research adopted a descriptive cross-sectional design. The study population included cancer patients currently under treatment as well as those who had completed treatment and were in follow-up care. Patients who were under palliative care or had incomplete medical records were excluded from the study.

A convenient sampling technique was employed to ensure diverse representation, and the final sample consisted of 60 respondents. Data were collected through both observation and interview methods using a structured questionnaire as the research instrument. The questionnaire included a demographic profile; the Social Stigma Scale for Cancer Patients adapted from Cho et al; and the Rosenberg Self-Esteem Scale (RSES), which assessed overall self-esteem .

The collected data were systematically coded, tabulated, and analyzed using Microsoft Excel and SPSS software to draw interpretations and examine the relationship between social stigma and self-esteem among cancer patients.

The study was guided by the hypothesis that social stigma has a significant impact on an individual's self-esteem. The alternative hypothesis (H1) proposed that there is a significant relationship between social stigma and self-esteem among cancer patients.

RESULTS

Demographic Variables

DEMOGRAPHIC VARIABLE	CATEGORY	FREQUENCY (PERCENTAGE)
Age	Below 18	1 (2%)
	18–20	6 (10%)
	21–30	16 (27%)
	31–40	13 (22%)
	40–60	16 (27%)
	Above 60	8 (13%)
Gender	Female	33 (55%)
	Male	27 (45%)
Marital Status	Married	38 (63%)
	Unmarried	20 (33%)

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	Widow/Divorced	2 (3%)
Occupation	Organised Sector	23 (38%)
	Unemployed	22 (37%)
	Unorganised Sector	15 (25%)
Income Per Month	₹10,000–20,000	10 (17%)
	₹30,000–40,000	18 (30%)
	Above ₹40,000	12 (20%)
	Not Applicable	20 (33%)
Place of Living	Rural	14 (23%)
	Semi-Urban	9 (15%)
	Urban	37 (62%)
Family History of Cancer	No	24 (40%)
	Yes	36 (60%)
Type of Cancer	Breast Cancer	14 (23%)
	Colorectal Cancer	3 (5%)
	Leukaemia	4 (7%)
	Lung Cancer	8 (13%)
	Oral Cancer	9 (15%)
	Prostate Cancer	6 (10%)
	Sarcoma	5 (8%)
	Skin Cancer	5 (8%)
	Uterus Cancer	6 (10%)
Stage of Cancer	Stage 1	19 (32%)
	Stage 2	29 (48%)
	Stage 3	9 (15%)
	Stage 4	3 (5%)
Current Treatment	Cancer Survivor	8 (13%)
	Chemotherapy	36 (60%)

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	Immunotherapy	2 (3%)
	Radiotherapy	8 (13%)
	Surgery	6 (10%)

The demographic analysis indicates that most participants were between 21–30 years (27%) and 40–60 years (27%), with a slight predominance of females (55%) compared to males (45%). The majority of respondents were married (63%), and occupationally, 38% worked in the organised sector while 37% were unemployed. A substantial number (33%) reported no income, indicating financial dependency. Most participants resided in urban areas (62%), followed by rural (23%) and semi-urban (15%) regions. Notably, 60% had a family history of cancer, suggesting possible genetic or environmental influences. Breast cancer (23%) was the most common type, and most cases were detected in Stage 2 (48%). The majority were undergoing chemotherapy (60%), with others in different treatment phases or survivors.

Cancer Stigma

VARIABLES	STRONGLY DISAGREE N [%]	DISAGREE N [%]	AGREE N [%]	STRONGLY AGREE N [%]	TOTAL N (%)
Cancer is impossible to treat regardless of highly developed medical science	13 (22%)	6 (10%)	25 (42%)	16 (26%)	60 (100%)
Would not be socially active once diagnosed with cancer	11 (18%)	14 (23%)	26 (43%)	9 (15%)	60 (100%)
Job performance at workplace may decrease even after successful treatment	8 (13%)	12 (20%)	35 (58%)	5 (8%)	60 (100%)
It is very difficult to be healthy again once a person is diagnosed with cancer	9 (15%)	19 (32%)	26 (43%)	6 (10%)	60 (100%)
Cancer patients are easily recognised by their look	8 (13%)	24 (40%)	26 (43%)	2 (3%)	60 (100%)
Cancer patients would have a difficult time having sexual intimacy	10 (17%)	13 (22%)	31 (52%)	6 (10%)	60 (100%)
Cancer patients deserve to be protected in society	3 (5%)	6 (10%)	28 (47%)	23 (38%)	60 (100%)
Cancer patients would not be able to make contributions to society	15 (25%)	26 (43%)	15 (25%)	4 (7%)	60 (100%)
Some friends avoid them because of cancer	17 (28%)	21 (35%)	22 (37%)	0 (0%)	60 (100%)
Some neighbours tend to avoid interacting with them because of cancer	14 (23%)	16 (27%)	27 (45%)	3 (5%)	60 (100%)
Problems with their family/married life because of cancer	13 (22%)	15 (25%)	30 (50%)	2 (3%)	60 (100%)

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Employer/co-workers have discriminated against the respondent	15 (25%)	16 (27%)	26 (43%)	3 (5%)	60 (100%)

The findings reveal a complex mix of stigma, empathy, and misconceptions toward cancer patients. A considerable proportion of respondents expressed pessimism about recovery, with 68% believing cancer is impossible to treat despite medical advancements, and 53% feeling it is very difficult to regain full health. More than half (58%) anticipated social withdrawal after diagnosis, and 66% felt job performance would decline even after successful treatment, reflecting concerns about long-term capability. While sexual intimacy was perceived as challenging by 62% of respondents, nearly 85% agreed that cancer patients deserve societal protection, showing strong compassion. However, stigma persists—46% believed cancer patients are easily recognized by appearance, 50% felt neighbours might avoid them, and 48% reported perceived workplace discrimination. Encouragingly, 68% rejected the idea that cancer patients cannot contribute to society, and 63% felt friends would not avoid them. Overall, the data suggest that while empathy and supportive attitudes exist, misconceptions and social stigma remain significant barriers affecting the self-esteem, social engagement, and quality of life of cancer patients

Self Esteem

VARIABLES	STRONGLY DISAGREE N [%]	DISAGREE N [%]	AGREE N [%]	STRONGLY AGREE N [%]	TOTAL N (%)
On the whole, I am satisfied with myself	5 (8%)	11 (18%)	34 (57%)	10 (17%)	60 (100%)
I feel that I have a number of good qualities	1 (2%)	9 (15%)	35 (58%)	15 (25%)	60 (100%)
I am able to do things as well as most people	1 (2%)	13 (22%)	33 (55%)	13 (22%)	60 (100%)
I feel that I am a person of worth, on an equal plane with others	0 (0%)	12 (20%)	34 (57%)	14 (23%)	60 (100%)
I take a positive attitude toward myself	2 (3%)	8 (13%)	33 (55%)	17 (28%)	60 (100%)
At times I think I am no good at all(reverse)	14 (23%)	26 (43%)	18 (30%)	2 (3%)	60 (100%)
I do not have much to be proud of(reverse)	11 (18%)	24 (40%)	20 (33%)	5 (8%)	60 (100%)
I certainly feel useless at times(reverse)	11 (18%)	25 (42%)	21 (35%)	3 (5%)	60 (100%)
I wish I could have more respect for myself(reverse)	8 (13%)	18 (30%)	28 (47%)	6 (10%)	60 (100%)
All in all, I am inclined to feel I am a failure(reverse)	15 (25%)	34 (57%)	11 (18%)	0 (0%)	60 (100%)

The results indicate generally positive self-esteem among respondents, with the majority expressing satisfaction with themselves and their abilities. Most participants agreed or strongly agreed with positive

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statements such as being satisfied with themselves (74%), having good qualities (83%), performing as well as most people (77%), feeling equal in worth to others (80%), and maintaining a positive self-attitude (83%). Responses to reverse-scored items further support this trend—large proportions disagreed with negative self-assessments, such as feeling no good (66% disagreed), having little to be proud of (58% disagreed), feeling useless (60% disagreed), lacking self-respect (43% disagreed, though 57% expressed some agreement), and feeling like a failure (82% disagreed). However, the notable agreement with certain reverse statements, such as wishing for more self-respect (57%) and sometimes feeling useless (40%), suggests that while overall self-esteem is high, some individuals still experience moments of self-doubt or perceived inadequacy. This pattern reflects a generally healthy self-view with occasional fluctuations, possibly influenced by personal challenges or societal pressures

Satistical Result Of Social Stigma For Cancer Patients

S.NO	INTERPRETATION	SCORING	FREQUENCY	PERCENTAGE
1	Higher stigma	Higher than 6	29	48
2	Lower stigma	Lower than 6	31	52
Total			60	100

The distribution of stigma levels among 60 participants. Among them, 29 individuals (48%) scored higher than 6, indicating they experience higher levels of stigma. In contrast, 31 individuals (52%) scored lower than 6, reflecting lower stigma levels. This slight majority suggests that most participants experience relatively lower levels of stigma. The analysis highlights a near-even split in stigma perception, with a marginally greater number of individuals feeling less stigmatized. These findings underscore the nuanced nature of stigma experiences among the sample population

Satistical Results Ofthe Rosenberg Self-Esteem Scale (Rses)

S.NO	INTERPRETATION	SCORIING	FREQUENCY	PERCENTAGE
1	Higher self esteem	Higher than 5	43	72
2	Lower self esteem	Lower than 5	17	28
Total			60	100

The data represents the self-esteem levels of 60 participants. A significant majority, 43 individuals (72%), scored higher than 5 on the self-esteem scale, indicating they have higher self-esteem. Conversely, 17 participants (28%) scored lower than 5, reflecting lower self-esteem. This distribution demonstrates that a predominant portion of the sample exhibits higher self-esteem, suggesting that most participants have a positive self-perception. The results highlight a strong trend of high self-esteem among the participants, indicating that they generally feel confident and view themselves favourably.

Chi Square For STIGMA With SELF ESTEEM

STIGMA	SELFESTEEM			p value
		HIGHER	LOWER	
	HIGHER	17(58.6)	12(41.4)	0.001*
	LOWER	26(83.9)	5(16.1)	

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*** Statistical significance**

- The Chi-square test results for the relationship between stigma categories (STICAT) and self-esteem categories (SELESTCAT) are as follows:
- The p-value for the Chi-square test is 0.001, which is statistically significant (typically, a p-value below 0.05 indicates statistical significance). This means that there is a significant association between stigma levels and self-esteem levels.
- The analysis indicates a strong association between stigma and self-esteem levels among the participants.
- Specifically, individuals with higher stigma (STICAT) are more likely to have lower self-esteem (41.4%) compared to those with lower stigma (16.1%). Conversely, individuals with lower stigma are more likely to have higher self-esteem (83.9%) compared to those with higher stigma (58.6%).
- The statistically significant p-value of 0.001 confirms that this observed association is not due to chance, highlighting the impact that stigma levels can have on an individual's self-esteem. This relationship suggests that interventions aimed at reducing stigma could potentially improve self-esteem among the respondents.
- Since the calculated value (0.001) is lesser than significant value (0.05), the alternative hypothesis (H_1) is accepted.

Results Of Stigma With Statistical Significant Demographic Variables Age Vs. Stigma

S.NO	AGE	STIGMA		P VALUE
		HIGHER LEVEL	LOWER LEVEL	
1	Below 18	0(0)	1(100)	**0.016***
2	18-20	5(83.3)	1(16.7)	
3	21-30	11(68.8)	5(31.3)	
4	31-40	2(15.4)	11(84.6)	
5	40-60	8(50)	8(50)	
6	Above 60	3(37.5)	5(62.5)	
*** Statistical significance**				

There is a statistically significant association between age and stigma (STIGMA) ($p = 0.016$).

The data highlights a significant relationship between age and stigma levels among respondents affected by cancer. Younger age groups, specifically those below 18 and between 18-20 years old, tend to report higher levels of stigma compared to their older counterparts aged 31-40, 40-60, and above 60. This suggests that younger individuals perceive and experience stigma differently, possibly due to societal attitudes, developmental stages, or coping mechanisms that vary with age.

Type Of Cancer Vs. Stigma

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S.NO	TYPE OF CANCER THEY HAVE BEEN DIAGNOSED WITH	STIGMA		P VALUE
		HIGHER LEVEL	LOWER LEVEL	
1	breast cancer	5(35.7)	9(64.3)	**0.030***
2	colorectal cancer	2(66.7)	1(33.3)	
3	Leukaemia	2(50)	2(50)	
4	lung cancer	1(12.5)	7(87.5)	
5	oral cancer	6(66.7)	3(33.3)	
6	prostate cancer	3(50)	3(50)	
7	Sarcoma	5(100)	0(0)	
8	skin cancer	1(20)	4(80)	
9	uterus cancer	4(66.7)	2(33.3)	
*** Statistical significance**				

There is a statistical significant association between the type of cancer and stigma category ($p = 0.030$). The statistical significance ($p = 0.030$) between the type of cancer and stigma category reveals varying levels of perceived stigma among different cancer diagnoses. Specifically, cancers like breast cancer and oral cancer are associated with higher levels of stigma compared to colorectal cancer and sarcoma. This indicates that societal perceptions, visibility of symptoms, and cultural factors may influence the degree of stigma individuals experience based on their specific cancer diagnosis.

DISCUSSION

The present study investigated the prevalence of social stigma and self-esteem among cancer patients and examined the relationship between these variables. The results indicate a highly significant inverse correlation: higher perceived stigma is associated with lower self-esteem. These findings corroborate prior research highlighting the detrimental psychological effects of cancer-related stigma.

Cho et al. (2012) reported that cultural context shapes stigma expression, leading to shame, social isolation, and perceived loss of social status. Similarly, Moore et al. (2020) observed that elevated stigma correlates with lower self-esteem, fear of social judgment, and increased anxiety and depression. Else-Quest et al. (2009) identified low self-esteem as a vulnerability factor for poorer mental health outcomes. Furthermore, Brown Johnson et al. (2018) demonstrated that self-esteem mediates the relationship between stigma and quality of life, enabling patients to cope more effectively with stigma-related stressors. Systematic reviews, such as that by Sharpe et al. (2014), emphasize that interventions targeting stigma reduction and self-esteem enhancement are essential for psychological resilience and improved well-being.

Collectively, these findings underscore the need for comprehensive psychosocial care that integrates stigma-reduction strategies and self-esteem support. By fostering supportive environments and implementing culturally sensitive interventions, healthcare providers can mitigate the negative impact of stigma on mental health, promoting higher quality of life among cancer patients.

CONCLUSION

This study highlights the complex interplay between social stigma and self-esteem in cancer patients, demonstrating the profound influence of societal perceptions on psychological well-being. The diverse

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sample—including a range of ages, genders, and residential backgrounds—provides a comprehensive understanding of these dynamics.

Analysis using the Social Stigma Scale indicated that nearly half of participants experienced moderate to high stigma, manifesting as doubts about treatment efficacy, anticipated social withdrawal, and concerns regarding professional and personal relationships. These findings underscore the persistent psychological burden posed by societal misconceptions.

The Rosenberg Self-Esteem Scale revealed predominantly positive self-perception; however, statistical analysis confirmed that higher stigma levels are significantly associated with lower self-esteem. This correlation highlights the adverse effect of stigma on personal identity, confidence, and emotional health. Chi-square analysis further validated this significant relationship.

These results emphasize the importance of targeted interventions, including educational programs, advocacy initiatives, and supportive healthcare practices, to reduce stigma and enhance self-esteem. Creating empathetic and informed environments allows cancer patients to maintain resilience and psychological well-being, while many patients demonstrate resilience and high self-esteem, stigma remains a critical barrier affecting emotional health and recovery. Addressing stigma through public awareness, policy initiatives, and community engagement is essential for promoting inclusivity and improving the overall quality of life of individuals living with cancer.

Suggestions

- Implement targeted education campaigns to raise awareness and dispel misconceptions about cancer, aiming to reduce stigma and promote empathy and understanding.
- Establish support groups and counselling services to provide emotional and psychological support to cancer patients, addressing their concerns and enhancing coping mechanisms.
- Foster collaboration between healthcare professionals, policymakers, and community organizations to develop comprehensive strategies to support cancer patients, addressing their psychosocial needs alongside medical treatment.
- Encourage research initiatives to further explore the factors influencing self-esteem among cancer patients, enabling the development of tailored interventions to enhance their well-being.
- Future research should focus on developing and evaluating comprehensive intervention programs that target both cancer patients and the broader community.
- This includes investigating the effectiveness of various educational tools, such as digital media, community workshops, and school-based programs, in reducing stigma and increasing cancer awareness.
- Additionally, research should explore the impact of psychological support services, including counselling and support groups, on the mental health and quality of life of both patients and caregivers.
- Longitudinal studies are needed to assess the long-term benefits of these interventions and to identify the most effective strategies for different populations.
- Collaborating with healthcare providers, policymakers, and community leaders will be crucial in implementing and scaling successful interventions.

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