

The Silent Struggle: Emotional Impact of Breast Cancer on South Asian Women – A Comprehensive Review

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ABSTRACT

This research paper aims to investigate the emotional impact of breast cancer on South Asian women. The findings are based on a comprehensive analysis of over 20 research papers and data sets from SEER, CDC U.S. Cancer Statistics, and GLOBOCAN. The paper sheds light on emotional factors such as anxiety, depression, guilt, and social isolation, which are aggravated by cultural stigmas, gender roles, and disparities in healthcare options for South Asian women both in their native communities and diaspora communities. The emotional burden of breast cancer is unique for these women due to other deeply rooted socio-economic factors and limited access to mental health services, which this study delves into. The need for culturally sensitive healthcare support systems focused on the needs of South Asian women is highlighted in this study.

Introduction

Breast cancer is a significant public health concern worldwide which is affecting millions of women each year, with about 2 million new cases being diagnosed each year (GLOBOCAN, 2022). The emotional and psychological effects of this illness are often neglected despite improvements in early detection and treatment—particularly for women from minority ethnic backgrounds. Breast cancer is becoming a larger health issue in South Asia, which includes the countries – India, Pakistan, Iran, Bangladesh, Sri Lanka, Afghanistan, Nepal, Maldives, and Bhutan (in the order of Breast cancer incidence rate). Some findings highlight that there are more cases of the disease being identified at advanced stages (Global Cancer Observatory, 2022).

Research Problem

Despite the rising frequency of breast cancer in South Asia and diaspora communities, there's a notable gap in research and exploration on this topic, specifically on its emotional and psychological effects on them. The majority of the studies and available literature concentrate on physical health and treatment, leaving the emotional aspects underexplored. Also, numerous studies classify South Asian women majorly as “Asian,” overlooking the specific cultural and family aspects unique to this particular group.

There is an evident lack of study and observational data for South Asian patients’ cohorts. This lack of focus on the emotional impact of breast cancer on South Asian women highlights a critical gap in both research studies and healthcare practices.

Research Objective

The aim of this research is to review the emotional and psychological impact of breast cancer on South Asian women, both in their home countries and diaspora communities. By examining cultural, familial, and healthcare factors, this study seeks to fill the research gap and emphasize the unique emotional challenges these women face, including mental health, depression, anxiety, isolation, and guilt.

Background of the Study

Breast Cancer in South Asian Women

Breast cancer is one of the most common cancers globally, and its prevalence among South Asian women is rising rapidly. According to GLOBOCAN (2022), South Asia accounts for a significant share of global breast cancer cases, as evident in the figures 1, 2 & 3 below. Unfortunately, South Asian women tend to be diagnosed at more advanced stages due to a combination of socio-cultural, educational, and healthcare-related factors (Karbani et al., 2011).

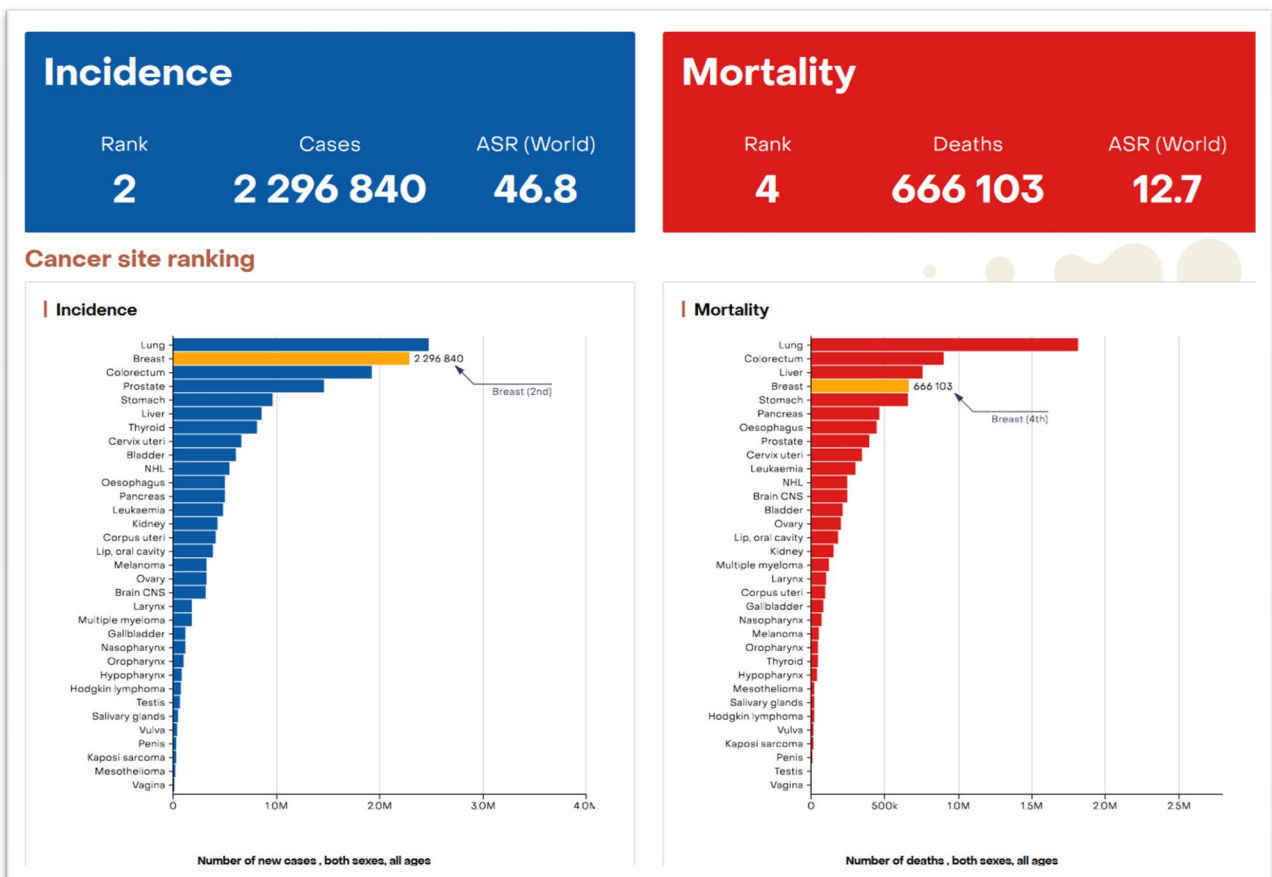


Figure 1. Breast Cancer Incidence & Mortality Rate (2022). Source: <https://gco.iarc.who.int/media/globocan/fact-sheets/cancers/20-breast-fact-sheet.pdf>

Because of social, familial, and cultural constraints, South Asian women are most affected by the emotional and psychological difficulties that accompany breast cancer, which outweigh the physical toll on their health. Women still put household responsibilities ahead of their health because of cultural stigma and institutionalized gender bias. These elements play a part in the distinct emotional pain that South Asian women experience in both their home countries and diaspora communities.

Figure 2 below shows the breast cancer Incidence & Mortality rates across the globe and a further drill down to South Asia and across the countries within South Asia (Figure 3).

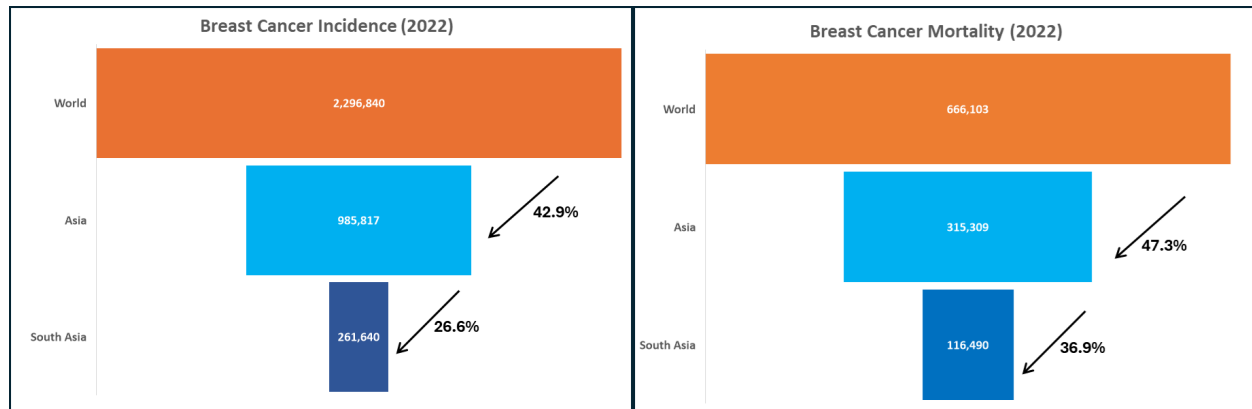


Figure 2. Breast Cancer Incidence & Mortality Rate Drill Down to South Asia (2022)

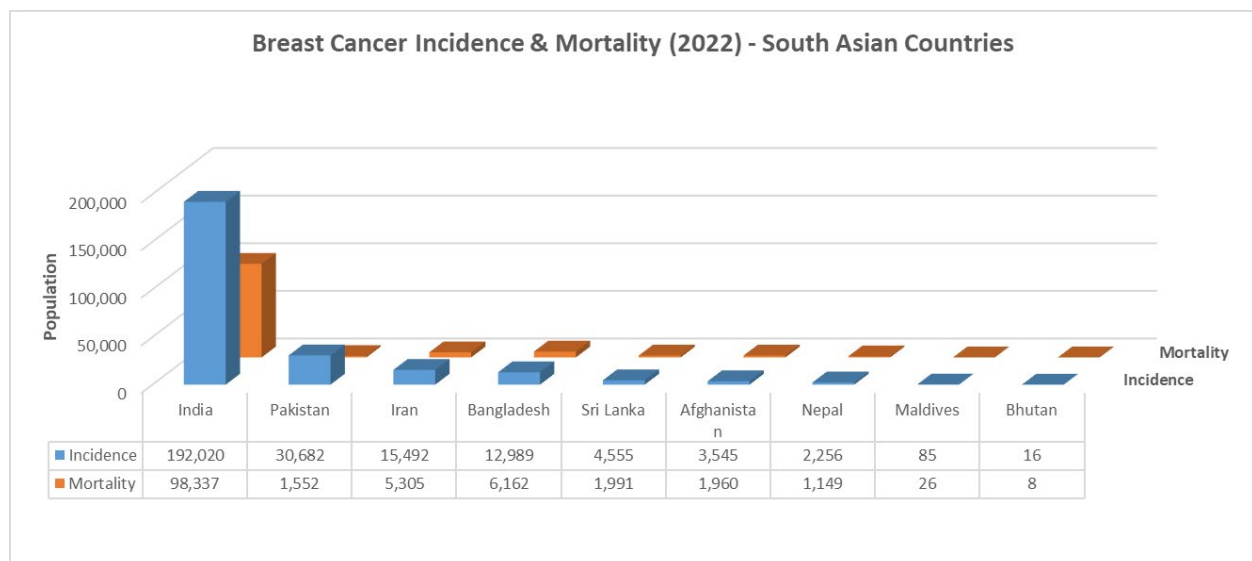


Figure 3. Breast Cancer Incidence & Mortality Rate Drill Down to South Asian Countries (2022)

In many South Asian communities, breast cancer is perceived as a “curse” or “karmic justice” (divine retribution), leading women to avoid discussing their health openly (Nyblade et al., 2017). The limited healthcare infrastructure, particularly in rural areas, contributes to delayed diagnosis of breast cancer. Even in diaspora communities, there are cultural barriers, resulting in South Asian women being diagnosed later than their non-Hispanic white counterparts (Karbani et al., 2011). According to a recent study by Stanford Medicine, South Asian women often experience

social stigma and discrimination after a breast cancer diagnosis and may be reluctant to seek early treatment due to fear of social ostracism. (Stanford Medicine, 2023)

Emotional Impact of Breast Cancer

The emotional toll of breast cancer on South Asian women is intense, often leading to depression, anxiety, somatoform disorders, and social isolation (Chadda & Sood, 2010). Many South Asian women feel the need to hide their struggles. Cultural stigmas around illness and mental health further intensify this emotional distress, as many women feel compelled to hide their struggles (Patel-Kerai et al., 2015). South Asian women often prioritize family responsibilities over self-care, contributing to feelings of guilt and helplessness (Rahman et al., 2015).

In many conservative households, discussions about cancer are taboo, which isolates women emotionally and can lead to further depression (Naseem, 2018). Even in diaspora communities that have better access to healthcare, the psychological needs of many South Asian women experience are unmet due to the lack of cultural competence of healthcare providers to understand their needs (Patel-Kerai et al., 2015).

Cultural and Familial Context

Cultural and familial expectations heavily influence the emotional experiences of South Asian women with breast cancer. Many women are expected to continue caregiving roles despite their illness, leading to significant emotional strain. Family dynamics further add emotional stress and impact the well-being of women as they feel their illness burdens their families, adding to their emotional distress. Research indicates that in some cases, women may even delay treatment to avoid disrupting their family responsibilities (Sarang et al., 2023).

Scope, Relevance of the Study & Limitations

Scope

This study focuses on the emotional toll of breast cancer on South Asian women, examining how socio-cultural, familial, and healthcare factors shape their psychological experiences. By analyzing different data sources, the paper offers insights into the unique emotional challenges faced by South Asian women in both native and diaspora communities.

The study attempts to cover three dimensions:

- Emotional responses (depression, anxiety, guilt, isolation),
- Cultural and familial influences, and
- Relevant healthcare access challenges

Using secondary data analysis, the research uncovers common emotional patterns among South Asian women while highlighting differences between those in South Asia and those navigating Western healthcare systems. The goal is to offer practical insights for healthcare providers and policymakers to create culturally informed care strategies.

Relevance of the Study

As breast cancer rates rise in South Asia, mental health services remain underdeveloped, leaving women emotionally vulnerable. Even in diaspora communities where there are better healthcare options, cultural and language barriers hinder access to mental health services. Culturally sensitive interventions, such as family-centered care and mental health counseling, are essential to providing holistic treatment for South Asian women with breast cancer.

Underrepresented Population

South Asian women, especially in rural and low-income areas, are vastly underrepresented in global cancer research. Existing studies have largely focused on Western populations, neglecting the specific socio-cultural challenges faced by South Asian women. This study aims to highlight the unique emotional needs of this population, which have often been overlooked in public health policies.

Cultural Context and Psychosocial Health

For South Asian women, breast cancer is deeply intertwined with cultural beliefs, family roles, and societal expectations. Many turn to family or religious practices for support, even though these may not address their psychological needs. By focusing on this population, the study bridges a critical gap and highlights the need for culturally tailored mental health interventions.

Alignment with Global Health Priorities

Global health organizations, such as the WHO, increasingly recognize the importance of mental health in cancer care. This study attempts to align with these priorities by encouraging a holistic approach to cancer care that includes emotional and psychological support.

Limitations

Reliance on Secondary Data and lack of Primary data

The study is based on previously published research and published data, which may contain biases like sample size limitations or limitations on the type of data. Without first-hand data collection (e.g., interviews or surveys), the study may miss some important experiences.

Geographical and Cultural Generalization

South Asia's culture is truly diverse, and that limits the ability to generalize findings across the region. Also, diaspora communities may face different experiences based on their access to Western healthcare.

Data Gaps in Specific Regions

Some South Asian countries like Nepal and Afghanistan are underrepresented, which could limit the ability to generalize the findings across all South Asian populations.

Behavioral/Psychological Data Gaps

There is a lack of observational data on the behavioral, emotional & psychological impact on South Asian women.

Research Methodology

This research utilizes a secondary data analysis approach to investigate the emotional impact of breast cancer on South Asian women. The research methodology is based on analyzing data drawn from peer-reviewed studies, government databases, and international cancer reports. Given the complexity of the emotional and cultural aspects surrounding breast cancer, using secondary data helped derive insightful findings by examining patterns, trends, and emotional responses across multiple studies and datasets.

Data Sources

The data for this study came from the following publicly accessible sources:

SEER Program (Surveillance, Epidemiology, and End Results)

The SEER database (<https://seer.cancer.gov/>), managed by the National Cancer Institute (NCI), provides extensive information on cancer incidence, prevalence, and survival rates. Although South Asian women are grouped within the broader “Asian/Pacific Islander” category, the SEER data still allows for comparative analysis between South Asian women and other racial groups.

U.S. Cancer Statistics (CDC)

Data from the U.S. Centers for Disease Control and Prevention’s Cancer Statistics Visualizations Tool (<https://gis.cdc.gov/Cancer/USCS/DataViz.html>) was analyzed to identify trends in breast cancer incidence and mortality across different ethnic groups, including Hispanic, non-Hispanic white, and Asian women.

Global Cancer Observatory (GLOBOCAN)

GLOBOCAN, managed by the International Agency for Research on Cancer (IARC)(<https://gco.iarc.fr>), offers global statistics on cancer incidence and mortality. This database was essential for examining breast cancer trends in South Asia, where comprehensive national cancer registries may not exist. Data from all South Asian countries was extracted to assess the overall burden of breast cancer.

Peer-Reviewed Journals

More than 20 peer-reviewed studies, as mentioned in the references in this paper, were selected from journals like Psycho-Oncology, Asian Pacific Journal of Cancer Prevention, Supportive Care in Cancer, and Journal of Psychosocial Oncology. Only studies focused on the emotional and psychological effects of breast cancer in South Asian women or the larger Asian population were considered for the study. Articles published within the last two decades were prioritized to reflect current healthcare trends.

Inclusion and Exclusion Criteria

To ensure the study’s relevance and quality, the following criteria were applied:

Inclusion Criteria (In-Scope)

Focus on Emotional Impact: Only studies that examined the emotional and psychological aspects of breast cancer in South Asian women were included.

Geographical Focus: The research considered studies from South Asian countries (India, Pakistan, Bangladesh, Sri Lanka, and Nepal), as well as diaspora communities in the U.K., U.S., and Canada.

Exclusion Criteria (Out of Scope)

Lack of Emotional Focus: Studies focused solely on the medical or biological aspects of breast cancer, without addressing emotional or psychosocial components, were excluded.

Non-South Asian Populations: Studies that concentrated on other Asian populations, such as Chinese or Japanese women, were excluded, as their socio-cultural contexts differ significantly from those of South Asians.

Limited Sample Sizes: Studies with fewer than 30 participants were excluded to avoid bias and ensure the reliability of conclusions.

Data Collection and Analysis

Data collection involved extracting qualitative and quantitative information from the selected studies and datasets. The focus was on identifying recurring themes, patterns, and trends related to the emotional impact of breast cancer on South Asian women, including:

Qualitative Data

Emotional themes—such as depression, anxiety, isolation, and the influence of family and cultural norms—were extracted from interviews, focus groups, and case studies in peer-reviewed articles. This qualitative data provided an in-depth look at how cultural beliefs, family expectations, and healthcare barriers contributed to emotional distress among South Asian women.

Quantitative Data

Quantitative data from sources like SEER and GLOBOCAN were analyzed to derive statistics on breast cancer incidence, survival rates, and levels of emotional distress among South Asian women.

The qualitative and quantitative findings were analyzed to develop a comprehensive understanding of the emotional toll breast cancer takes on South Asian women. This approach helped create a conceptual framework that illustrates how social, emotional, and cultural factors intersect to shape the psychological experiences of South Asian women with breast cancer.

Analysis

The findings from this review of existing research and datasets emphasize the significant emotional and psychological challenges faced by South Asian women diagnosed with breast cancer. These difficulties arise from a complex interaction of cultural, familial, and healthcare-related factors, which make the experiences of South Asian women different from those of women from other ethnic backgrounds. Both qualitative and quantitative data reveal common issues, such as social isolation, stigma, depression, anxiety, and guilt—all of which are deeply influenced by cultural norms and the traditional roles that women are expected to fulfill within South Asian families.

Qualitative Analysis

The qualitative findings provide in-depth insights into the emotional experiences of South Asian women with breast cancer. Through interviews, case studies, and focus groups from various peer-reviewed research articles, the emotional impact of breast cancer is shown to be shaped by a combination of cultural, familial, and societal expectations, which distinguish the experiences of South Asian women from other ethnic groups.

Conceptual Model and Analysis

The overall findings can be summarized in a conceptual diagram, as shown below in Figure 4.

The diagram illustrates how cultural beliefs, limited healthcare access, and mental health challenges interrelate and lead to compounded emotional and psychological distress for South Asian women, creating a barrier to accessing healthcare.

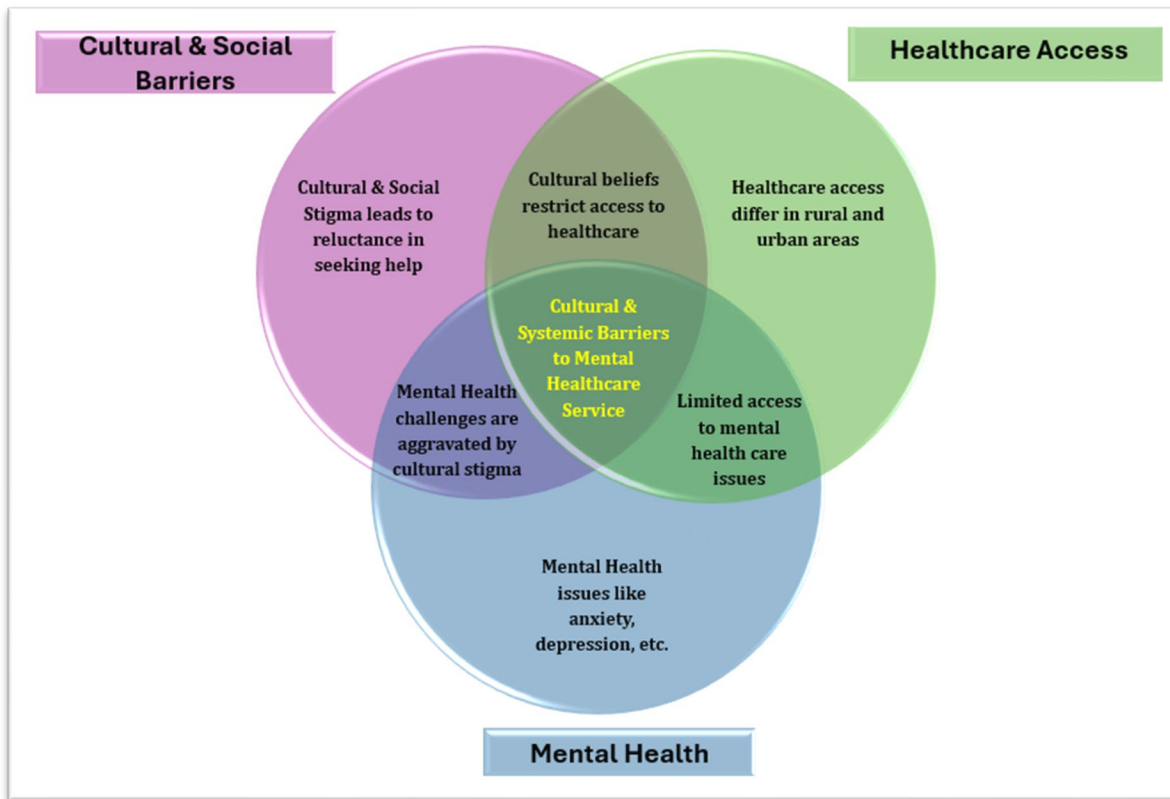


Figure 4. Conceptual Model – Intersection of Cultural & Social Barriers, Healthcare Access and Mental Health.

The cultural stigma associated with breast cancer plays a significant role in the emotional isolation that South Asian women experience. This isolation not only impacts their mental well-being but also hinders their willingness to explore healthcare options, including seeking medical treatment or psychological support. Healthcare providers need to be mindful of these cultural barriers and focus on creating supportive environments where women feel safe discussing their illnesses without fear of being judged.

These cultural and social barriers lead to emotional distress when intersecting with family expectations, as shown in Figure 5 below.

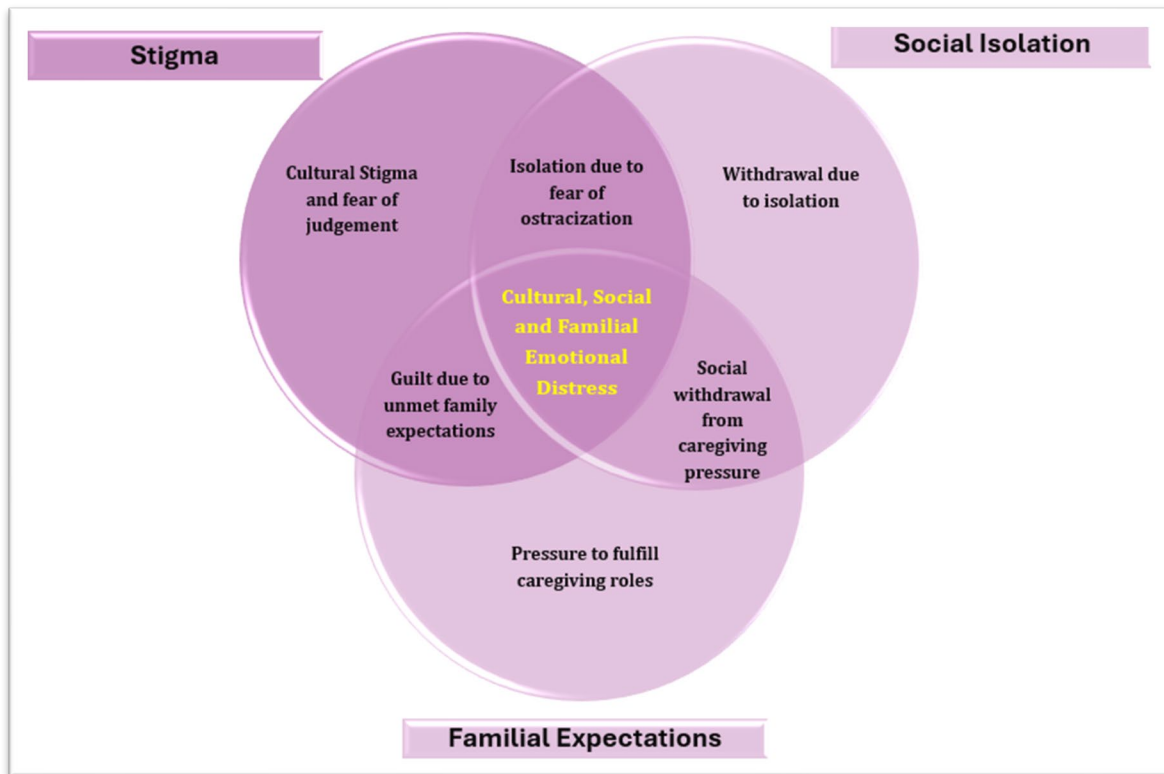


Figure 5. Conceptual Model – Intersection of Cultural Stigma, Social Isolation, and Familial Expectations.

The diagram highlights the distinct and overlapping emotional burdens, such as cultural stigma, withdrawal, and guilt, as well as how these factors compound to create significant emotional distress for South Asian women.

A qualitative study by Saeed et al. (2021) conducted in Pakistan revealed that many women felt their diagnosis was met with suspicion by their communities' family members condemning taking treatment from male doctors, leading to social exclusion or isolation. This isolation, coupled with the lack of emotional support from family, further deepened feelings of loneliness and depression. Even in more progressive, urban areas, the stigma surrounding breast cancer remains strong. In diaspora communities like the U.K. and U.S., Patel-Kerai et al. (2015) found that South Asian women were hesitant to seek emotional support, driven by fears of social judgment within their communities.

The role of family is central to the lives of South Asian women, and this becomes even more pronounced when they face illness. Many South Asian women feel a strong obligation to continue fulfilling their traditional roles as caregivers, even while undergoing cancer treatment. This creates a heavy emotional burden as they struggle to balance their own health needs with family responsibilities.

Even in diaspora communities, where women may have access to more advanced healthcare, the cultural expectation to prioritize family over self-care remains deeply ingrained. Jayarajah et al. (2021) found that South Asian women in the U.K. and Canada often expressed feelings of guilt and failure because they couldn't maintain their caregiving roles while undergoing treatment. This guilt frequently stopped them from seeking additional help or taking the time they needed to focus on their recovery.

High levels of depression and anxiety are commonly reported among South Asian women diagnosed with breast cancer. These emotional reactions are often tied to fears about cancer recurrence, worries about body image after treatment (such as mastectomy), and anxiety about an uncertain future. For many women, the diagnosis triggers existential crises, leading them to question why they were afflicted with the disease and struggle to come to terms with

it. In South Asian cultures, where women are often expected to take on the role of primary caregivers, the emotional weight is even greater, as many fear they won't be able to fulfill their family responsibilities.

These Mental Health factors shown in Diagram 1 can be analyzed. Figure 6 below shows the interactions of mental health factors like Anxiety and Depression along with distress caused due to lack of family support.

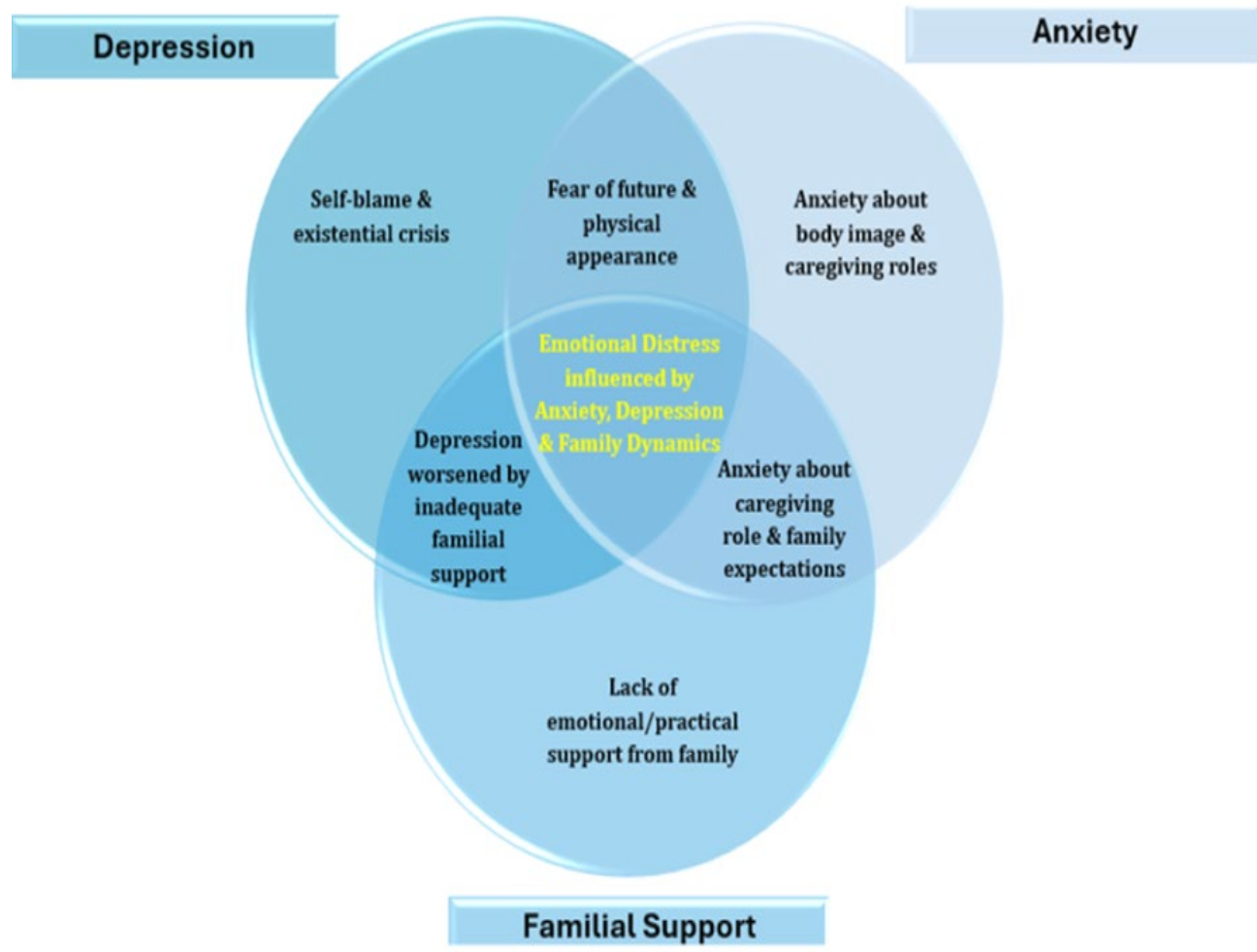


Figure 6. Conceptual Model – Intersection of Emotional factors like Anxiety and Depression with Family support.

Depression and anxiety among South Asian women with breast cancer aren't just the result of the disease itself—they're deeply influenced by cultural beliefs and family roles. Many women end up internalizing their emotional distress because cultural expectations dictate that they must stay strong for their families. This often results in untreated psychological conditions, as seeking mental health support is commonly viewed as a sign of weakness. To effectively address these challenges, healthcare interventions need to take these cultural factors into account by integrating mental health services into cancer care in a way that aligns with the cultural context of South Asian women.

Family dynamics in South Asian cultures play a complex, dual role in the emotional experiences of women with breast cancer. On one hand, family can be a crucial source of emotional and practical support throughout cancer treatment. Many women rely on their extended families to help with household tasks and childcare during their illness. However, these same family dynamics can also contribute to emotional stress. The cultural and familial expectations that offer support can simultaneously create additional pressure. Husain and Yasmeen (2013) found that some Indian

women felt burdened by the expectation to maintain an appearance of strength for their families, even when they were struggling emotionally.

In diaspora settings, family support is often a mixed experience. While some women receive strong emotional backing from their families, others face emotional distancing, particularly when cultural stigma around cancer prevents family members from openly discussing the illness. Patel-Kerai et al. (2015) reported that some South Asian women in the U.K. felt that their families downplayed their emotional needs, focusing solely on the physical aspects of their treatment instead.

Rahman et al.(2015) and Alam et al. (2021) found that rural Bangladeshi women often associated their breast cancer diagnosis with deep feelings of guilt and shame, frequently blaming themselves for their illness. This self-blame was rooted in cultural beliefs that see illness as a form of divine punishment for moral failings. Meanwhile, in more urban settings, South Asian women in India and the U.K. reported high levels of anxiety, particularly about their ability to continue caring for their families during treatment—an added layer of emotional distress.

Quantitative Analysis

The quantitative data analysis based on the data derived from large-scale datasets like SEER, CDC U.S. Cancer Statistics, and various peer-reviewed studies shows findings that are in line with the findings for the qualitative studies. These findings are accompanied by charts to visually represent the data, enabling a clearer comparative analysis across different ethnic groups.

Emotional & Psychological Concerns and Coping Mechanism - Asian Women with Breast Cancer

As seen in the data analysis done by Sarang et al. in 2023, where they deeply analyzed 163 research studies, emotional and psychological concerns, and distress were addressed by 80% of the studies, thus indicating it to be a major issue. Though these studies were done for Asia as a whole, similar issues were found to be significant in South Asian women based on the qualitative data findings in the section above. Table 1 below summarizes the findings from the study. (Sarang et al., 2023).

Table 1. Depression & Anxiety Rates across Ethnic Groups

Category	Percentage of Studies Addressed	Key Findings
Emotional and Psychological Concerns	80% (131/163)	- 30–39% of women affected by anxiety and depression. - 71% of studies noted helplessness. - 44.2% focused on emotional distress within 1 year.
Physical Symptoms	33.7% (55/163)	- Common symptoms: pain, nausea, vomiting, lymphedema. - 5.4% reported long-term physical symptoms.
Body Image Concerns	46% (75/163)	- 20% of studies reported the impact of cancer on body image. - Particularly significant for younger women and mastectomy cases.
Sexual and Fertility Concerns	22.1% (36/163)	- Up to 40% experienced sexual dysfunction. - Younger women expressed more concern about fertility.
Social and Financial Concerns	35.6% (58/163)	- 67% reported social stigma. - 30% discussed financial concerns related to treatment costs and job loss.

Coping Mechanisms	58.8% (96/163)	<ul style="list-style-type: none"> - 62.5% employed emotion-focused coping (e.g., social support, faith). - 37.5% used problem-focused coping. - 95% highlighted social support as critical for emotional resilience.
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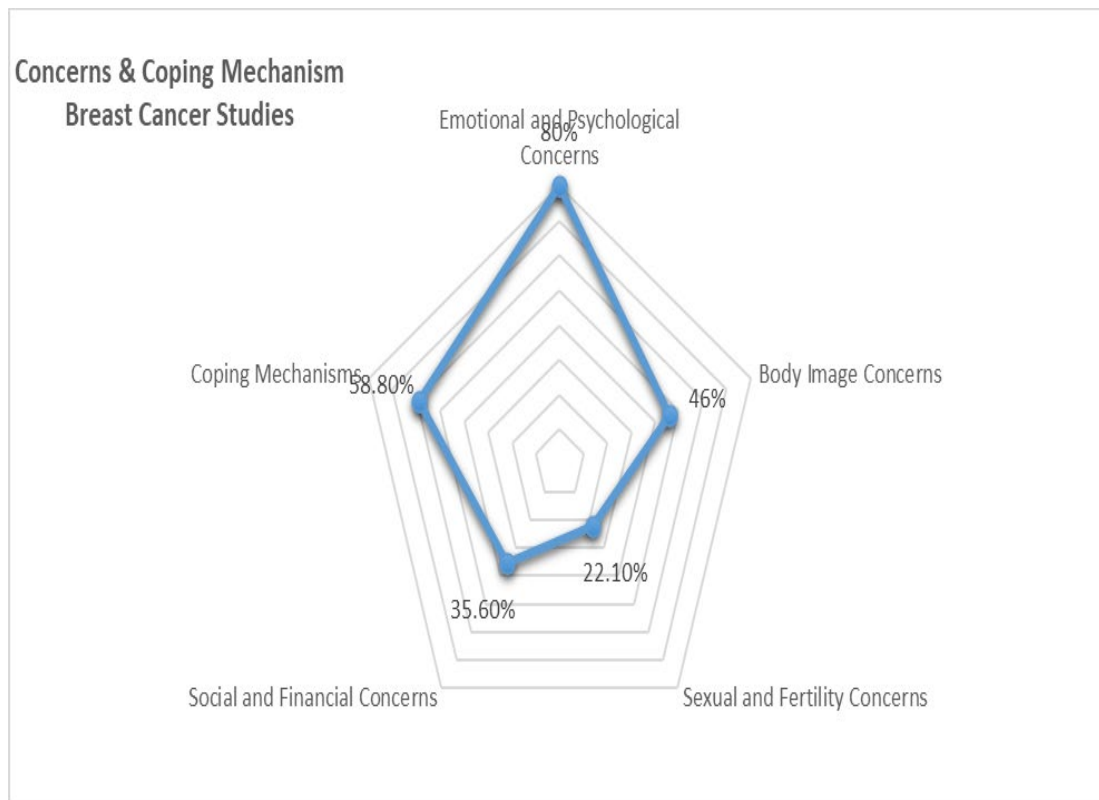


Figure 7. Concerns & Coping Mechanism – Breast Cancer Studies (2023)

The findings from their study reaffirmed the importance of cultural and familial aspects in dealing with breast cancer, as shown in Figure 7 above. Also, the importance of coping mechanisms where 62.5% of studies focused on emotional coping, which included social family support and the importance of faith. Reliance on large, closely-knit families and relatives was found to be a major source of social support, and women found strength in this network.

Psychological Concerns Across Different Ethnic Groups

Patel-Kerai et al. conducted a study across different ethnic groups using different sample sizes. The table below shows the dataset used in their study across different ethnic groups (Patel et al., 2016).

Table 2. Psychological Concerns across different Ethnic groups

Variables	White Women (n = 80)	South Asian Women (n = 53)	Black Women (n = 40)
Anxiety	29 women (36%)	30 women (57%)	15 women (37.5%)
Depression	18 women (22%)	25 women (47%)	16 women (40%)
Body Image Concerns	20 women (25%)	35 women (66%)	20 women (50%)
Quality of Life (Low)	12 women (15%)	25 women (47%)	18 women (45%)

Support from Religion	19 women (24%)	25 women (48%)	11 women (28%)
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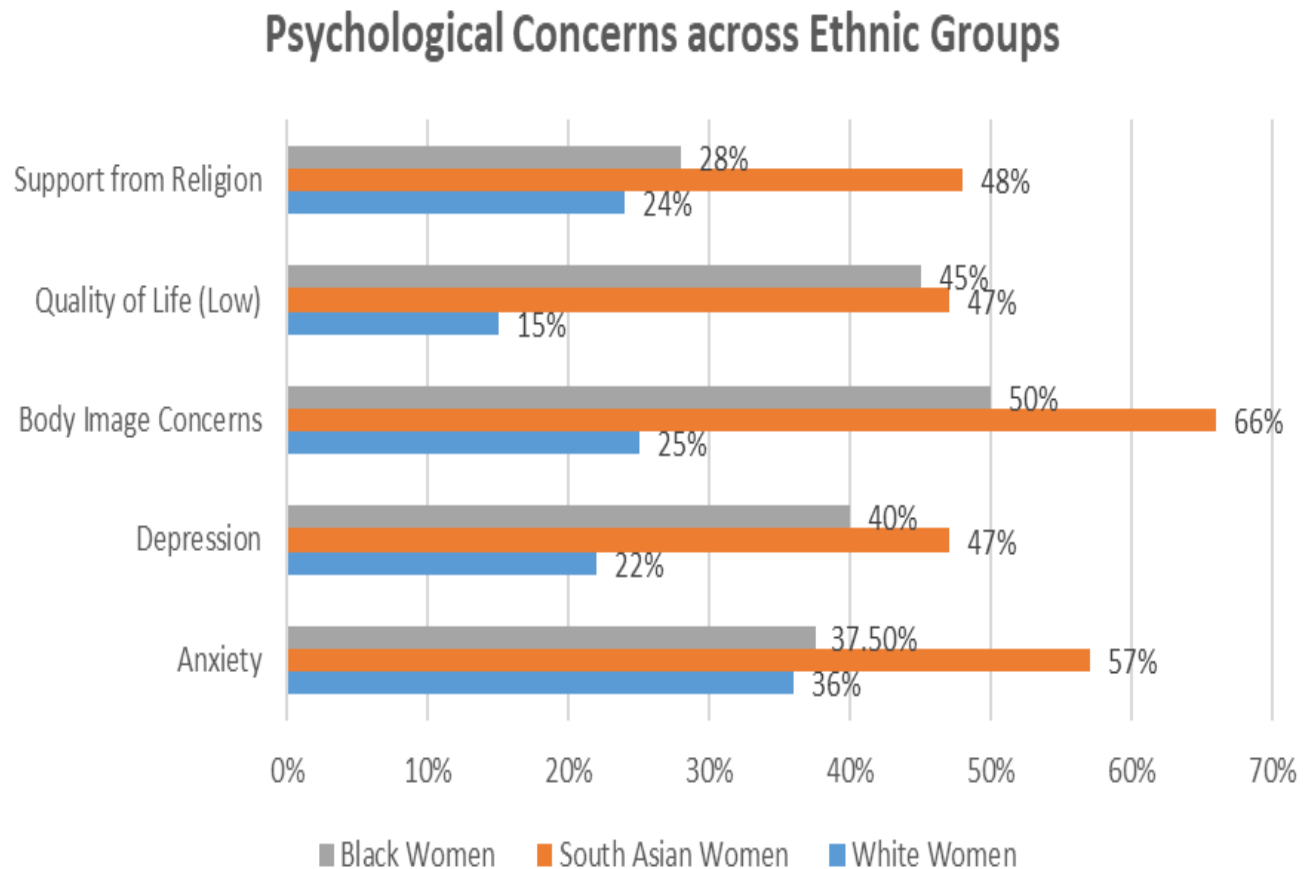


Figure 8. Psychological Concerns across different Ethnic groups

As shown in the Figure 8 above, there are findings which are aligned with the qualitative analysis.

- **Support from Religion:** South Asian women were less likely to rely on work or community-based support systems and more likely to lean on religious support. This suggests the need for culturally sensitive approaches to community and workplace interventions.
- **Quality of life (Low):** South Asian women reported significantly lower quality of life than White women. This highlights the potential disparity in how breast cancer impacts different ethnic groups, with South Asian women reporting more challenges related to emotional and social well-being.
- **Body Image Concerns:** South Asian and Black women had significantly higher body image concerns compared to White women, which could be due to cultural perceptions and the impact of mastectomy or chemotherapy.

Relation Between Body Image Concerns and Quality of Life Across Different Ethnic Groups

One interesting inference that can be drawn from the study conducted by Patel et al. (Patel et al., 2021) is how the intensity of body image concerns impacts the quality of life across different ethnic groups. Figure 9 below shows the heat map comparing the intensity of body image concerns and quality of life across ethnicities. The color gradients visually represent how these two dimensions vary among White, South Asian, and Black women, with darker colors indicating more extreme values (higher quality of life and lower body image concerns)

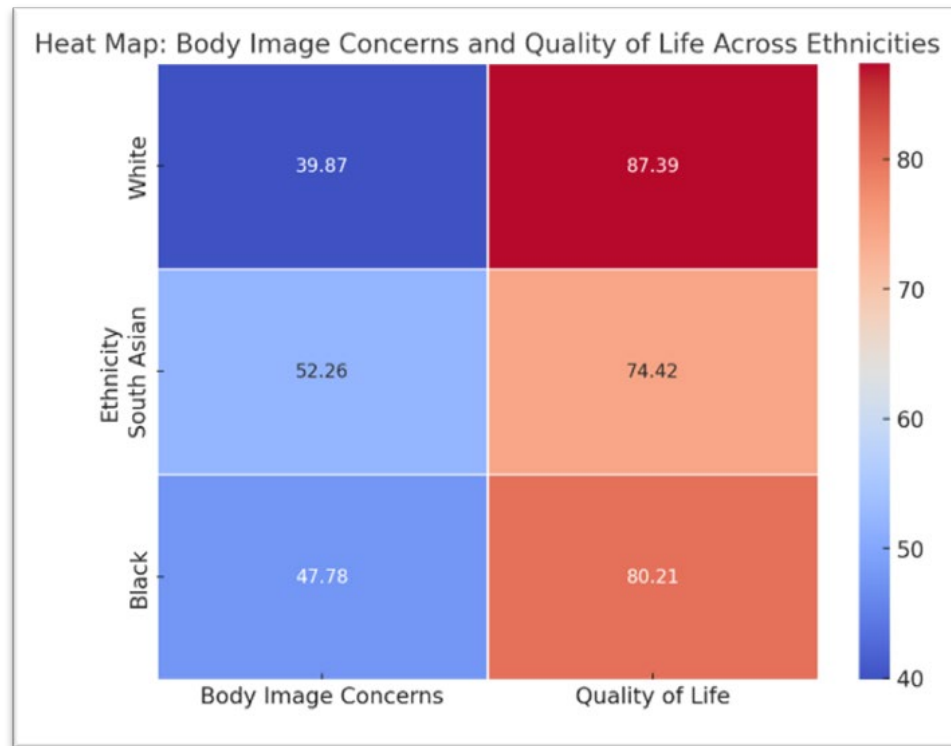


Figure 9. Heat Map - Body Image Concerns & Quality of Life

The body image concern is highest in South Asian women in comparison to White and Black women. This leads to a lower quality of life compared to both Black and White women.

Collective Interpretation of Qualitative & Quantitative Analysis

The findings from both qualitative and quantitative data reveal several key factors that shape the emotional experiences of South Asian women with breast cancer. These factors—cultural stigma, family dynamics, and healthcare barriers—create a unique emotional landscape that distinguishes South Asian women from other ethnic groups. Below is a summary of the key analytical insights derived from the research:

The Intersection of Culture and Emotional Distress

One of the most significant takeaways from the research is the strong connection between cultural beliefs and emotional distress. Cultural stigmas surrounding illness, especially breast cancer, often lead to social isolation, guilt, and self-blame among South Asian women. In many South Asian communities, cancer is perceived as a personal or familial failure, which discourages open discussions about the illness and limits access to psychological support. This cultural barrier intensifies emotional distress, leading many women to experience depression and anxiety in isolation. These feelings are particularly common in rural areas, where traditional beliefs about illness are more deeply rooted.

In diaspora communities, while women may have access to more advanced healthcare, cultural differences and language barriers remain a significant block. For instance, many South Asian women in Western countries find themselves caught between their cultural expectations and healthcare models that prioritize individual self-care. This

cultural tension often leaves their emotional needs unmet, contributing to the elevated levels of emotional distress observed in South Asian women.

Familial Roles and Emotional Burden

The expectation for South Asian women to prioritize their family over self-care is a major factor in their emotional experience. The dual role of family as both a source of support and stress is evident. On one hand, family support can offer emotional strength, particularly in cultures where family is central. On the other hand, the pressure to maintain caregiving responsibilities, even during illness, can lead to overwhelming emotional strain. Many women feel guilt and shame for not being able to fulfill their traditional roles, which deepens feelings of failure and depression.

In diaspora settings, this burden is compounded by the challenge of balancing traditional and modern expectations. Women often feel torn between being both a caregiver and a patient, leading to emotional exhaustion as they struggle to meet familial duties while caring for their own health.

Barriers to Mental Health Services

This highlights the need for culturally tailored mental health interventions. Healthcare systems must bridge the gap between medical treatment and emotional well-being by integrating culturally sensitive mental health services into cancer care. These services should be provided in ways that respect cultural norms, involve family members where necessary, and address the specific emotional challenges faced by South Asian women.

A recurring theme in the findings is the limited access to culturally competent mental health services for South Asian women. Despite high levels of emotional distress, the use of professional mental health support remains low due to cultural and linguistic barriers, particularly in diaspora communities. Many South Asian women feel that Western healthcare providers lack an understanding of their cultural context, which leads to feelings of alienation and dissatisfaction with their care. Studies also highlight the reluctance of women to seek help from male doctors, which becomes a hindrance.

Emotional Resilience and Coping Mechanisms

Despite the high levels of emotional distress, some South Asian women display remarkable emotional resilience, often drawing on religious beliefs, spiritual practices, and family support to cope with their illness. For many, especially in rural areas with limited medical resources, religion and spirituality provide comfort. However, reliance on these coping mechanisms varies based on socioeconomic status, location, and family dynamics.

The emotional impact of breast cancer on South Asian women is shaped by a complex interplay of cultural, familial, and healthcare-related factors. Cultural stigmas, familial expectations, and barriers to mental health services contribute to high levels of emotional distress. Meanwhile, emotional resilience and coping mechanisms vary depending on socioeconomic status and the availability of support systems. The findings emphasize the need for culturally competent healthcare interventions to address the unique emotional challenges faced by this demographic. By integrating mental health services tailored to cultural needs into cancer care, healthcare providers can improve both the emotional and physical outcomes for South Asian women with breast cancer. Technology can play a role by coming up with awareness-related software which is language agnostic.

Conclusion

This review highlights the unique emotional and psychological challenges faced by South Asian women diagnosed with breast cancer. Analyzing over 20 peer-reviewed studies, datasets, and interviews reveals key findings about the emotional burden these women face, shaped by cultural norms, family expectations, and healthcare disparities.

South Asian women often experience high levels of depression, anxiety, social isolation, and guilt, amplified by cultural stigmas surrounding illness and mental health. Cultural beliefs, such as viewing cancer as a curse, combined with the expectation that women prioritize family over their own well-being, contribute to emotional isolation. Many women avoid seeking psychological support due to fear of social judgment.

In diaspora communities, despite better healthcare access, South Asian women still face emotional barriers due to a lack of culturally competent care. Many Western healthcare providers are not equipped to address the specific cultural and familial dynamics influencing their emotional well-being, leading to unmet psychological needs.

Quantitative data shows that emotional well-being directly impacts survival outcomes. Women with lower emotional distress tend to have better survival rates, underscoring the need to integrate mental health support into cancer care. However, access to culturally tailored mental health services remains limited.

This review also identifies gaps in research and healthcare practices. There is an urgent need for culturally competent mental health interventions. There is a need to explore community-based programs, peer support groups, and even technology-driven solutions to offer ways to reduce emotional distress and improve access to care for South Asian women.

The emotional impact of breast cancer on South Asian women requires a culturally sensitive approach. Healthcare systems must prioritize both the physical and emotional well-being of patients by developing culturally and linguistically competent services, involving families in care, and encouraging open discussions about cancer and mental health. Addressing these emotional needs is crucial not only for mental health but also for overall recovery and long-term survival.

Future Directions

While this review offers a comprehensive analysis of the emotional impact of breast cancer on South Asian women, several gaps in the literature highlight the need for further investigation. Addressing these gaps can improve the emotional well-being of South Asian women facing breast cancer and help healthcare systems provide more culturally sensitive care. Key areas for future research include:

Culturally Sensitive Mental Health Interventions

There is a lack of culturally tailored mental health services for South Asian women. Future research should focus on developing interventions that consider familial, religious, and cultural contexts, including family-based and community-based mental health programs. It's also essential to explore how these services can be made accessible, especially in rural areas.

Impact of Socio-economic and Geographic Factors

More detailed research is needed to understand how socio-economic and geographic factors affect emotional outcomes. Future studies should focus on how rural versus urban settings and different income levels influence coping mechanisms and access to mental health services, allowing for more targeted interventions.

The Role of Religion and Spirituality

Religious and spiritual beliefs significantly shape emotional experiences, yet they are underexplored in current literature. Future research should investigate both the positive and negative roles of religion in coping and how religious institutions and faith-based counseling can support emotional well-being.

Comparative Studies Across Diaspora Communities

The emotional experiences of South Asian women in diaspora communities are shaped by both cultural expectations and Western healthcare systems. Comparative studies can explore how acculturation, bilingual services, and generational differences affect emotional resilience and healthcare-seeking behavior, helping tailor interventions for different diaspora settings.

To summarize, future research must address these gaps to improve the emotional support available to South Asian women with breast cancer. By focusing on longitudinal studies, culturally competent care, and the use of technology, researchers can help develop more inclusive and effective healthcare solutions that resonate with the cultural values and experiences of this population.

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