

Perceived Effects of Treatment Among Persons with Gynecological Cancers Attending Teaching Hospitals in Ekiti State

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Abstract:

Gynecological cancers pose significant health and socio-economic challenges for affected individuals. This study explores the perceived effects of treatment among persons with gynecological cancers attending Teaching Hospitals in Ekiti State, Nigeria. The study employed a qualitative research design, utilising a phenomenological approach to capture participants' lived experiences. A total of 20 individuals diagnosed with gynecological cancers were purposively selected and interviewed using a structured interview guide. Data were transcribed, translated, and analysed thematically using NVivo 12 software. Findings revealed three major themes: bodily changes and altered body image, the burden of chemotherapy, and financial/economic hardship. Participants expressed concerns over physical transformations, including open wounds, disfigurement, and distressing bodily changes, which impacted their psychological well-being and self-image. The burden of chemotherapy emerged as a significant challenge, with adverse effects such as nausea, vomiting, weakness, and diarrhoea leading to non-adherence. Additionally, financial constraints posed a major barrier, with participants experiencing severe economic strain due to the high cost of cancer treatment, often resulting in asset liquidation and dependence on family support. The study concludes that treatment for gynecological cancers extends beyond medical intervention, significantly affecting patients' physical, emotional, and financial well-being. It recommends the implementation of financial support schemes, improved access to affordable cancer treatment, psychological counselling services, and

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increased awareness campaigns to support affected individuals.

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Introduction

Around 601,000 women globally acquired a significant gynaecological cancer, resulting in 260,000 fatalities. Breast cancer is the most prevalent malignancy among women of all ethnicities in the United States. In 2013, around 232,340 new cases of invasive breast cancer were anticipated to be detected in women (Williams & Jeanetta, 2015). In 2012, around 266,000 fatalities from cervical cancer occurred globally, representing 7.5% of all cancer-related deaths among females. Approximately 87% of cervical cancer fatalities transpire in underdeveloped countries. In 2018, the American Cancer Society estimated around 13,240 new instances of invasive cervical cancer in the United States, with around 4,170 women projected to succumb to the disease (Mattson, et al., 2020).

Gynaecological malignancies are the most prevalent in poor nations, accounting for 89% of global estimates. Every year, cervical cancer results in 273,000 fatalities globally, with 83% of these deaths occurring in underdeveloped nations. The case fatality rates of cervical cancer in these nations are significantly elevated, with mortality reaching up to 60%. Various locations globally indicate that developing nations face significant challenges with elevated rates of incidence and death from gynaecological cancer. The largest prevalence rates are observed in Sub-Saharan Africa, Latin America and the Caribbean, South Central Asia, and Southeast Asia. Approximately one in four malignancies in women in developing nations (excluding non-melanoma skin cancer) is a gynaecological malignancy. The burden of gynaecological cancer in developing nations is significant, principally attributed to the elevated incidence and death rates of cervical cancer. Cervical cancer constitutes more than 60% of the gynaecological cancer burden in poor nations, despite being avoidable with existing technology (Iyoke & Ugwu, 2013). Cervical cancer ranks as the second most prevalent malignancy among women in low- and middle-income nations. Approximately 100,000 women receive a cervical cancer diagnosis each year in Sub-Saharan Africa. In the absence of therapy, 62 percent of these women are anticipated to succumb to the condition. In 2018, there were around 570,000 new instances of cervical cancer and 311,000 fatalities attributed to it globally. Cervical cancer is a condition driven by social, economic, and political disparities. Low-income nations endure the greatest burden, accounting for almost 80% of all cervical cancer cases and 90% of fatalities. Ninety percent of women who succumb to cervical cancer reside in low- and middle-income nations (Sekse et al., 2019).

In 2018, over 311,000 women succumbed to cervical cancer, with 85% of these fatalities occurring in low- and middle-income nations, where vaccine, screening, and treatment initiatives are constrained. Approximately 70% of women diagnosed with cervical cancer require radiation for successful treatment. Gynaecological cancers represent the highest incidence of new cancer cases in Nigeria, with 26,310 and 14,943 cases, respectively. A survey from Nigeria indicated that the incidence of cervical cancer is 25 per 100,000 annually, resulting in an estimated disease burden of around 8,000 cases per year among 32 million women. This aligns with a recent hospital-based research in Lagos, Nigeria, indicating that cancer was the predominant cause of death among gynaecological inpatients, with cervical cancer accounting for approximately 44% of total gynaecological mortality (Iyoke & Ugwu, 2013).

According to the National Cancer Incidence data derived from Population-based Registries (2013), gynaecological cancers represent the highest incidence of new cases in Ekiti State, with



breast cancer comprising eight hundred seventy-one (871) cases and cervical cancer approximately two hundred ninety (290) cases per 100,000. Additionally, at the Federal Teaching Hospital in Ido-Ekiti, gynaecological cancers account for approximately sixty-six point nine percent (66.9%) of the total cancer cases reported annually.

The cancer disease process, its therapy, and the associated side effects cause significant anguish in individuals with gynaecological cancer and their family carers across physical, psychological, social, and spiritual dimensions. The diagnosis and treatment of gynaecological cancers result in numerous adverse effects across various domains, including physical, psychological, and social distress. These effects encompass fatigue, irritability, memory impairment, diminished energy levels, persistent pain, and a reduced quality of life due to symptom distress experienced by cancer survivors, which significantly impacts their overall lived experience (Sharma et al., 2021). According to Guenther, et al., (2015), several women characterised their experiences as a phenomena of disorganised activities. The distinctiveness of such sensations lay in the utter tiredness that remained unrelieved by repose. sYears following gynaecological cancer, women encounter significant alterations and issues related to their physical, mental, and psychological well-being (Sekse, et al., 2018).

The care of gynaecologic tumours presents a therapeutic challenge, as these malignancies are frequently identified at advanced stages, and numerous patients experience recurrence despite adequate treatment. A significant number of women with early-stage illness achieve remission by a combination of surgery, radiation treatment, and chemotherapy. Nonetheless, particularly in ovarian cancer, tumours are frequently identified at advanced stages, and numerous patients experience recurrence despite adequate treatment. The management of gynaecologic tumours is a therapeutic challenge, and there exists an unmet clinical demand for novel treatments (Bourla & Zamarian, 2016). Gynaecologic malignancies are managed by several treatment modalities. The prognosis is contingent upon the kind of cancer and its extent of metastasis. Therapeutic modalities including surgical intervention, chemotherapy, and radiotherapy. Women diagnosed with gynaecologic cancer frequently undergo many treatment modalities (Binka et al., 2017).

The repercussions of radiation therapy sometimes manifest as painful symptoms, and infertility associated with cancer treatment constitutes a significant care requirement for individuals with gynaecological malignancies. Ovarian cancer is classified as a low-prevalence and high-consequence illness. It possesses the most worst prognosis among all gynaecologic cancers. Post-treatment, women diagnosed with ovarian cancer have continuous monitoring due to a significant risk of recurrence. The long-term consequences of vulvar surgery frequently include dyspareunia, tiredness, discomfort, and sexual dysfunction. Collectively, although each gynaecologic cancer diagnosis has distinct disease trajectories, the therapies may induce adverse effects including cardiovascular illness, tiredness, infertility, discomfort, sexual dysfunction, urinary difficulties, and early menopause in younger women. Women diagnosed with gynaecologic cancer encounter not only physical manifestations of the disease and its treatment but also a range of psychological and social repercussions (Mattsson, t al. 2020).

A combination of several treatment modalities exacerbates bad symptoms and reinforces detrimental psychological effects, since substantial data indicates that cancer therapy is linked to severe repercussions across all facets of a patient's life. Individuals with gynaecological malignancies may experience sexual dysfunctions due to treatment protocols, which can



adversely affect their personal relationships and sense of sexual identity. The most often stated issues encompass diminished desire in sexual activity and a negative alteration in the perception of body image and self-identity as sexual beings (Iżycki, Woźniak & Iżycka, 2016).

Therefore, this study aimed to explore the perceived effects of treatment among persons with gynecological cancers attending Teaching Hospitals in Ekiti State.

Methodology

A qualitative research design was employed for this study, adopting a phenomenological approach to explore the perceived effects of treatment among persons with gynecological cancers. The study population comprised individuals diagnosed with gynecological cancers who were on follow-up visits at the Oncology clinics of two Teaching Hospitals in Ekiti State. The weekly flow rate of patients attending follow-up clinics at Ekiti State University Teaching Hospital (EKSUTH) was approximately 10 to 15 individuals, while Federal Teaching Hospital, Ido-Ekiti (FTHI), recorded between 8 and 10 individuals per week. A purposive sampling technique was utilised to recruit participants who met the study's inclusion criteria, ensuring the selection of individuals who could provide in-depth insights into the phenomenon under investigation.

Participants included individuals diagnosed with gynecological cancers who were actively attending follow-up visits at EKSUTH and FTHI. The study excluded individuals still undergoing chemotherapy, those unwilling to participate, and those unable to give informed consent due to the severity of their health conditions. A total of 20 participants were recruited and interviewed until data saturation was achieved. The data collection process involved structured individual interviews, allowing respondents to share their lived experiences. The interviews were conducted in a private and quiet environment chosen by the participants to ensure comfort and confidentiality. The discussions were recorded using a digital voice recorder and supplemented with field notes to capture significant observations and non-verbal expressions.

To ensure the validity of the research instrument, the structured interview guide was developed by the researcher in collaboration with the supervisor and an expert in qualitative research. Their input helped refine the instrument, ensuring that it adequately captured the study's key variables. The face and content validity of the instrument were verified to enhance its reliability in collecting meaningful data. The interviews were conducted in Yoruba, the primary language spoken by most participants, and were later translated into English by a language expert. The research team included the principal investigator, a trained counselor, and a social worker, ensuring that participants received the necessary support throughout the data collection process.

The data analysis process followed a systematic approach. All recorded interviews were transcribed verbatim into Microsoft Word and translated from Yoruba into English before being imported into NVivo (version 12) for qualitative analysis. The researcher carefully listened to each audio recording and compared them with the transcribed texts to ensure accuracy. The transcripts were read multiple times, and key descriptors reflecting participants' experiences were identified. These descriptors were used to generate codes and categories, which were further examined for recurring patterns. Emerging themes were then developed based on these patterns, providing a structured representation of the participants' perspectives on living with gynecological cancers.



Results**Table 1: Cancer type and duration among persons with gynecological cancers attending Teaching Hospitals in Ekiti State**

Respondents	Age	Cancer type	Duration
1	46	Breast	Over 2 years
2	36	Breast	Over 2 years
3	32	Breast	4 years
4	56	Breast	Over 5 years
5	44	Breast	5 years
6	55	Breast	6 years
7	24	Breast	4 years
8	48	Breast	Over 6 years
9	68	Cervical	9 years
10	62	Ovarian	10 years
11	51	Endometrial	4 ½ years
12	64	Cervical	5 years
13	51	Breast	6 years
14	58	Breast	5 years
15	54	Breast	Over 4 years
16	44	Breast	6 years
17	53	Breast	7 years
18	61	Breast	7 years
19	59	Cervical	Over 3 years
20	62	Breast	9 years

The data presented in Table 1 highlights the distribution of cancer types and the duration of diagnosis among individuals with gynecological cancers attending Teaching Hospitals in Ekiti State. Breast cancer appears to be the most prevalent, affecting 16 out of the 20 respondents, accounting for 80% of the cases. The duration of breast cancer among these individuals varies, with the shortest duration being four years and the longest extending beyond nine years. The affected individuals span a wide age range, from 24 to 62 years, suggesting that breast cancer affects both younger and older women within the study population. Cervical cancer, which was identified in three respondents (15%), had durations ranging from over three years to as long as nine years. Ovarian and endometrial cancers were the least represented, with only one case each, lasting 10 years and 4.5 years, respectively. The findings indicate that most respondents have been living with their cancer diagnoses for several years, highlighting the chronic nature of these conditions and the need for long-term management and support.



Table 2: Themes that emerged from Participants' Interview Transcripts

S/N	Themes
1	Bodily changes and altered body image
2	The burden of chemotherapy
3	Financial/economic hardship

Theme 1: Bodily Changes and Altered Body Image

An impactful event in their lives was the notion of the lived body, which illustrates their encounters with physical transformations and modified body image. Gynaecological cancers adversely affect psychological well-being and influence body image perception. Participants in this study recounted their experiences with unforeseen bodily alterations accompanied by several adverse symptoms. Notably, they exhibited more relaxation in the absence of open wounds compared to when such wounds manifested on their breasts and other impacted areas. The narrative of respondent 2 illustrates how the patients' emotional stability was affected by the presence or absence of open wounds:

There was no open wound on the breast so this made me relax and rest. The only spot on the breast was where it was surgically cut open to take a sample for the test. I was instructed to be cleaning it with the methylated spirit which I was doing, after a while, the site started looking somehow. **Respondent 1**

Another respondent affirmed that

Respondent 5: "The spot that was cut opened has developed into a wound and it has started smelling bad...the site looks unpleasant and it has started smelling."

Respondent 2: "During intimacy with my husband, a milk-like liquid gushed out from my breast into his mouth. The odor worsened, blood stained my clothes, I had diarrhea, and lost my appetite."

Theme 2: The Burden of Chemotherapy

Chemotherapy is a therapeutic option advised by physicians upon a cancer diagnosis. Although data indicates that chemotherapy can be beneficial for some cancer types, the outcomes of this study revealed that individuals had adverse effects throughout their chemotherapy sessions. None of the individuals ceased treatment owing to financial constraints; nevertheless, non-adherence to chemotherapy sessions was predominantly attributed to the unpleasant physiological consequences. Numerous patients reported significant nausea and vomiting, along with severe diarrhoea, stomach pain, and generalised weakness. Certain people may decide to endure cancer lesions rather than face the intolerable side effects of chemotherapy.

Regrettably, some participants articulated their discontent that, after undergoing chemotherapy, their illnesses did not exhibit considerable improvement:

Respondent 1: "The doctor said my breast condition worsened and I needed another round of chemotherapy. I wasn't happy because I always feel extremely weak, nauseous, and have stomach upset after"



each session. The worst experience was when my breast had a wound."

The distress caused by chemotherapy was not only about the physical pain but also the emotional toll it took on patients.

Respondent 3: "I asked the doctor if chemotherapy would cure cancer, but he said it only prevents further spread. I went through four consecutive sessions, but it was unbearable."

For some, the side effects were so severe that they had to opt for surgery instead.

Respondent 4: "After four chemotherapy sessions with no improvement, my breast was surgically removed. The side effects—stomach ache, diarrhea, hair loss, and skin discoloration—were too much to bear."

Beyond the physical symptoms, many patients struggled with the visible changes chemotherapy brought to their bodies.

Respondent 6: "The side effects of chemotherapy were overwhelming—stomach ache, diarrhea, hair loss, and skin discoloration."

The intensity of these reactions made it difficult for some patients to continue their treatment as prescribed.

Respondent 8: "Chemotherapy made me uncomfortable. I always felt nauseous but couldn't vomit, and I was extremely weak."

Even after stopping chemotherapy for some time, the adverse effects lingered, leading to hospital readmission.

Respondent 18: "Chemotherapy affected me negatively. I had diarrhea, felt like vomiting but couldn't, and was extremely weak. I had to return to the hospital after some months."

Theme 3: Financial/Economic Hardship

This issue encompasses the distressing experiences and financial difficulties faced by patients and their families due to cancer, specifically addressing the nature and substance of the financial burdens endured by hospitalised cancer patients receiving treatment at these facilities. Participants indicated the issue of exorbitant cancer treatment costs and the consequent financial strain on patients and their families. Some patients declined chemotherapy, as shown in their narratives, with certain decisions stemming from significant financial limitations caused by the high expense of cancer treatment. Several individuals expressed regret at having to liquidate all their assets to cover a portion of the therapy costs. Patients reported various ways in which cancer has impacted their financial circumstances and inflicted significant suffering. Responses such as "My finances have been adversely impacted" and "I have become financially insolvent" are prevalent narratives gathered from the participants. Due to the unpleasant symptoms and experiences associated with cancer and its treatment, patients often find themselves unable to work and generate income to finance their treatment. As a result, the majority of patients depend significantly on family and relatives for financial assistance. Nonetheless, familial and relational support occasionally



beyond monetary assistance, including both physical and emotional aid. A patient recounts her family's involvement in seeking remedies for her cancer diagnosis.

Cancer illness has eaten deep into my family's finances, money for chemotherapy, my diet was changed and it cost a lot at the end.

Respondent 4

At times, my children had to go through hard labor of working with bricklayers before I could get money for the Chemotherapy treatment and feeding, even the Chemotherapy itself wasn't a pleasant journey for me. **Respondent 11**

Most of the times, the multiple chemotherapy sessions and food restrictions contributed to the financial hardship encountered by these patients. Some participants go as far as taking a loan from family and friends in order to pay for treatment. However, since the treatment is an ongoing process, they were not able to pay up, which led to more problems.

Cancer ailment has affected my family's finances negatively, the money I spent on Chemotherapy and the type of food I eat is much.

Respondent 17

The patient's economic hardship is seen in their daily care. If the patient does not have a good economic situation, the patient does not only have to worry about his/her disease, but also about the treatment costs at the hospital. In fact, not only the patient has to worry, the family bears the worries until the patient is prepared to confront and deal with all the facts

I borrowed money from a family friend and I was unable to pay back this loan because I was on admission at the hospital receiving chemotherapy. The person brought two policemen to arrest me, but when the policemen saw me, they started crying and I lost all hopes that very day. **Respondent 19**

Discussion of Findings

Gynaecological cancers affect not only psychological well-being but also influence body image perception. Participants in this study recounted their experiences regarding the unforeseen alterations in their bodies, accompanied by several adverse symptoms. This aligns with the research of Fingeret, et al (2014), who asserted that body image concerns impact a diverse range of individuals and represent a significant psychosocial challenge for cancer patients, since they frequently experience substantial alterations in appearance and functionality.

Rowe (2020) also supports the findings, claiming that body image is a significant problem for cancer patients. The physical manifestations of disease or its treatment may serve as a persistent reminder of cancer, resulting in challenges in adapting or the development of emotional vulnerability. In breast cancer, body image encompasses both deformity and dysfunction, influenced by pre-existing patient features, social variables, environmental factors, and the duration since treatment. The resultant body image has been shown to influence patients' social and psychological outcomes, in addition to overall quality of life. These repercussions encompass elevated levels of despair, anxiety, and challenges in coping.

The study's findings indicate that individuals had adverse effects during their treatment sessions. Non-adherence to chemotherapy treatments was mostly attributable to the detrimental effects on the body. Numerous patients reported significant nausea and vomiting, along with severe



diarrhoea, stomach pain, and generalised weakness. This aligns with Gurung and Acharya(2015) study, which indicates that while chemotherapy has markedly enhanced overall survival, patients continue to endure various physical and psychological problems that adversely affect their quality of life. Chemotherapy-induced alopecia is widely dreaded, significantly affecting the well-being of several cancer sufferers. Poor appetite resulting from cancer and chemotherapy typically arises from alterations in taste, oral lesions, nausea and vomiting, heightened satiety, side effects of medications, discomfort, weariness, depressive mood, and worry.

Ogunkorode et al. (2021) further observed that women with gynaecological malignancies had heightened distress from treatment. This pertained to the adverse effects of chemotherapy, since the majority of participants discussed the intensity of these treatments. The chemotherapy's effects instilled fear in a forty-three-year-old participant, who said that the sickness is less detrimental to the body than the medication. Several individuals articulated their experiences following treatment. If I undergo chemotherapy for three days, I will feel as though the end has arrived (a forty-two-year-old participant); I have various responses such as vomiting, weariness, inability to eat, inability to defecate, and similar symptoms (a forty-nine-year-old participant).

These findings align with those of Maree and Mulonda (2015), which demonstrated that the adverse effects of chemotherapy contributed to bad experiences linked with numerous side effects, exacerbating the women's suffering. These events may affect the health-seeking behaviour of people with gynaecological malignancies. In a separate study, Gurung and Pandey (2015) found the five most problematic physical side effects of chemotherapy reported by individuals with gynaecological cancers: loss of appetite, persistent fatigue, nausea, constipation, and limb numbness. Constipation and numbness contradict the conclusions of this investigation.

In Nigeria, where the financial consequences of gynaecological tumours are mostly shouldered via out-of-pocket expenses, the treatment burden can be substantial. Participants articulated their difficulties with remarks such as: "My finances have been adversely impacted" and "I have become financially destitute," which are prevalent storylines among the respondents.

This subject encompasses the distressing experiences and financial adversities faced by patients and their families due to cancer, highlighting the type and substance of the financial burdens endured by hospitalised cancer patients receiving treatment at these facilities. Several individuals expressed regret at having to liquidate all their assets to cover a portion of the therapy costs. Patients expressed concerns over the various impacts of cancer on their financial circumstances, resulting in significant hardship. The study by Liang et al. (2019) indicates that financial difficulty impacts more than fifty percent of gynaecologic cancer patients initiating a new treatment regimen, which is correlated with material hardship.

Ogunkorode et al. (2021) substantiated the findings of the current investigation, indicating that patients with gynaecological cancer experienced challenges in affording therapies and the financial strain of acquiring prohibitively costly drugs. A fifty-four-year-old participant articulated the potential consequences for individuals lacking the financial resources to address the illness: "Without capital and without anyone to provide financial assistance, a person afflicted with this disease is at risk of succumbing." These adversities frequently compel patients to terminate therapy or liquidate assets to manage the substantial financial strain. A forty-three-year-old participant stated that financial concerns are significant, noting that "while most



women desire to persist with their breast cancer treatment, the expenses are prohibitively high." The expense of cancer treatment and care presents significant obstacles in accessing healthcare (Ogunkorode et al., 2021).

Pruitt et al. (2015) similarly reported findings in a qualitative study examining the social barriers to breast cancer diagnosis at a teaching hospital in Nigeria, noting that individuals with limited financial resources frequently resort to alternative treatment options due to their inability to afford conventional care (Pruitt, et al., 2015).

Conclusion

The findings of this study reveal that individuals diagnosed with gynecological cancers in Ekiti State Teaching Hospitals experience profound physical, emotional, and financial distress as a result of their condition and its treatment. The study objectives were met through an in-depth exploration of participants' lived experiences, highlighting significant themes such as bodily changes and altered body image, the burden of chemotherapy, and financial hardship. The impact of these challenges is evident in the accounts of respondents, who described physical discomfort, emotional distress, and financial instability stemming from their diagnosis and treatment. Many participants struggled with the adverse effects of chemotherapy, which, in some cases, led to treatment discontinuation or surgical intervention. Additionally, the financial burden imposed by cancer treatment was a recurring concern, as several patients reported depleting their financial resources or relying heavily on family support.

Recommendations

The following recommendations are made based on the findings from this study:

1. Teaching hospitals should integrate psychosocial support services, including counselling and support groups, to help patients cope with bodily changes, emotional distress, and altered self-image caused by cancer treatment.
2. Government and health policymakers should implement financial assistance programmes or subsidies to alleviate the financial burden of chemotherapy and other treatments, ensuring that patients can complete their therapy without financial hardship.
3. Patients should be provided with detailed information about the possible side effects of chemotherapy and alternative management strategies. This would help them make informed decisions regarding their treatment and improve adherence to therapy.
4. Hospitals should expand palliative care services to offer symptom management and holistic support to patients experiencing severe side effects from chemotherapy, reducing discomfort and improving their quality of life.

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