

Psychosocial Challenges and Self-Medication Practices among Cancer Patients

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ABSTRACT

Cancer is one of the most serious public health problems affecting millions of individuals worldwide. Along with physical suffering, cancer patients experience significant psychosocial stress, financial burden, social isolation, and behavioral changes. One of the major concerns observed among patients undergoing long-term treatment is the growing practice of self-medication. The present empirical study was conducted at Mahavir Cancer Sansthan, Patna, Bihar, to examine psychosocial challenges and self-medication practices among cancer patients from different socioeconomic backgrounds. The study used a descriptive and analytical research design. Data were collected from 120 cancer patients through a structured interview schedule and questionnaire method. Findings revealed that depression, anxiety, fear of death, financial insecurity, social stigma, and treatment stress were common among respondents. A large number of patients also reported self-medication practices for pain relief, fever, weakness, digestive problems, and sleeping difficulties. Self-medication was found to be more common among economically weaker and less educated patients. The study highlights the urgent need for psychosocial counseling, public awareness, affordable healthcare services, and strict monitoring of irrational medicine use among cancer patients.

Keywords: Cancer patients, psychosocial challenges, self-medication, Mahavir Cancer Sansthan, socioeconomic status, behavioral health.

INTRODUCTION

Cancer is not only a medical condition but also a psychosocial and socioeconomic crisis that affects patients and their families. In India, the increasing incidence of cancer has created enormous pressure on healthcare systems, especially in economically weaker states such as Bihar. Patients diagnosed with cancer face multiple difficulties including emotional trauma, financial burden, social discrimination, and uncertainty regarding survival. These factors negatively influence mental health and treatment behavior.

Cancer patients undergoing chemotherapy, radiation, surgery, and long-term medication frequently experience anxiety, depression, insomnia, hopelessness, and fear of death. Social stigma and family stress further increase psychological burden. In many cases, patients become emotionally isolated because they feel dependent on others for care and financial support.

Self-medication has emerged as another serious issue among cancer patients. Patients often use over-the-counter medicines, herbal remedies, painkillers, antibiotics, and traditional preparations without professional consultation. Such practices are generally influenced by financial constraints, lack of awareness, accessibility issues, and desire for immediate relief from symptoms.

Mahavir Cancer Sansthan, Patna, is one of the major cancer treatment institutions in Bihar, serving patients from urban, rural, and economically disadvantaged backgrounds. The present study attempts to empirically analyze psychosocial problems and self-medication behavior among cancer patients receiving treatment at this institution.

REVIEW OF LITERATURE

Vikram Patel et al. (2020) emphasized that cancer patients in low- and middle-income countries experience severe psychological distress due to inadequate mental health infrastructure, financial burden, social stigma, and lack of psychosocial support services. Their study highlighted that anxiety, depression, and emotional instability are highly prevalent among cancer patients and significantly affect treatment adherence and quality of life. The researchers recommended integrating mental health care within oncology services to improve patient outcomes.

Paul B. Jacobsen (2020) conducted a study on emotional distress among cancer survivors and found that prolonged treatment frequently leads to depression, anxiety disorders, sleep disturbance, and fear of recurrence. The study revealed that psychological suffering negatively affects social functioning and recovery. It further emphasized the importance of counselling, emotional rehabilitation, and psycho-oncological intervention for patients undergoing long-term cancer treatment.

S. K. Chaturvedi et al. (2020) studied psychosocial adjustment among Indian cancer patients and observed that fear of death, social isolation, uncertainty regarding survival, and financial stress were major causes of emotional disturbance. The study concluded that strong family support and positive doctor-patient communication improve psychological resilience and treatment compliance among cancer patients.

Maggie Watson (2021) examined the relationship between emotional support and coping behaviour among cancer patients. The study found that patients who received counselling and social support demonstrated better adjustment toward illness and lower levels of stress and hopelessness. The research emphasized the importance of psycho-oncology services in improving mental well-being and treatment adherence.

Rakesh Aggarwal et al. (2021) analysed self-medication practices among chronic illness patients in India. The study reported that over-the-counter availability of medicines, lack of awareness, and economic difficulties were major reasons behind irrational medicine use. Cancer patients frequently consumed painkillers, antibiotics, herbal medicines, and nutritional supplements without medical consultation, increasing the risk of adverse drug reactions and treatment complications.

David Spiegel (2021) investigated emotional stress and mental health disorders among cancer patients and found that depression and hopelessness significantly reduced treatment motivation and social functioning. The study recommended routine psychological screening and counselling within oncology departments to ensure holistic cancer care.

WHO Expert Committee (2021) published a report regarding self-medication practices among chronic illness patients. The report warned that irrational use of medicines contributes to adverse drug reactions, antimicrobial resistance, delayed diagnosis, and drug dependency. It recommended stricter monitoring of non-prescription medicine sales and increased public awareness regarding rational medicine use.

Amitabh Kundu et al. (2022) conducted research on healthcare inequality among cancer patients in India. The study found that economically weaker patients often delayed treatment because of transportation expenses, unemployment, and inability to afford medicines. Rural patients faced greater healthcare challenges due to poor accessibility and limited awareness regarding cancer treatment facilities.

Folkman (2022) explored stress and coping behaviour among chronic illness patients and observed that emotional distress and uncertainty encouraged unhealthy coping strategies such as self-medication and dependency on alternative therapies. The study highlighted the importance of emotional support systems and counselling in promoting healthy coping mechanisms. Singh et al., (2022) studied behavioural responses among cancer patients undergoing chemotherapy. The findings revealed that pain, nausea, fatigue, insomnia, and digestive problems were the major reasons behind self-medication practices. The study further reported that painkillers and herbal medicines were commonly used without professional guidance.

Sharma (2023) conducted a study on psychosocial well-being among female cancer patients and observed that social stigma, emotional neglect, and financial dependency significantly increased anxiety and depressive symptoms among women suffering from breast and cervical cancer. The study emphasized gender-sensitive psychological support in oncology care. Kumar et al. (2023) analysed self-medication behaviour among cancer patients in North India. The study found that lack of awareness, previous experience with medicines, long waiting times in hospitals, and easy access to medicines from local chemists were major causes of irrational medicine use among patients. Jimmie C. Holland Foundation Review (2023) highlighted that psycho-oncology has become an essential component of modern cancer treatment because emotional distress directly influences treatment adherence, recovery process, and quality of life. The review stressed the integration of psychological counselling within routine oncology care.

Verma et al. (2024) investigated depression and social isolation among cancer patients receiving long-term treatment. The study reported that lack of family support, unemployment, and economic instability significantly contributed to emotional suffering and treatment discontinuation among patients. Kumar et al., (2024) examined medicine accessibility and self-medication practices in Bihar and observed that weak healthcare infrastructure, poverty, and easy availability of medicines from local chemists encouraged unsupervised drug consumption among rural populations. The study recommended stronger healthcare regulation and awareness programs to reduce irrational medicine use.

Despite growing research in psycho-oncology and behavioural medicine, very limited empirical studies have specifically focused on psychosocial challenges and self-medication practices among cancer patients in Bihar. Therefore, the present study attempts to fill this research gap by examining the socioeconomic and behavioural dimensions of cancer care at Mahavir Cancer Sansthan.

Objectives of the Study

1. To examine the psychological challenges such as anxiety, depression, stress, and fear among cancer patients.
2. To study the socioeconomic conditions of cancer patients and their influence on mental health and treatment behaviour.
3. To identify the prevalence and pattern of self-medication practices among cancer patients.
4. To analyse the relationship between psychological distress and self-medication behaviour among cancer patients receiving treatment at Mahavir Cancer Sansthan.

Hypotheses of the Study

1. Cancer patients from lower socioeconomic backgrounds experience higher levels of psychological stress and emotional distress.
2. Self-medication practices are more common among less educated cancer patients.
3. Financial burden significantly affects the treatment behaviour and mental well-being of cancer patients.
4. Psychological distress is positively associated with self-medication practices among cancer patients.

RESEARCH METHODOLOGY

The present study is empirical, descriptive, and analytical in nature. The study was conducted among cancer patients receiving treatment at Mahavir Cancer Sansthan. The research focused on examining psychological challenges, socioeconomic conditions, and self-medication practices among cancer patients.

Sample Size

A total of 120 respondents were selected for the study through purposive sampling technique. The respondents included male and female cancer patients from different socioeconomic backgrounds who were undergoing treatment at the hospital during the period of investigation.

Sources of Data

Both primary and secondary sources of data were used in the study.

Primary Data

Primary data were collected directly from cancer patients through:

1. Structured questionnaire
2. Personal interview method
3. Observation method

Demographic Profile of Respondents

Out of 120 respondents, 58% were male and 42% were female. Majority of respondents belonged to the age group of 41–60 years. About 47% respondents were from rural areas while 53% belonged to urban regions.

Educationally, 38% respondents were illiterate or had only primary education, 42% had secondary education, and only 20% had higher education. Occupationally, many respondents were daily wage laborers, farmers, small business owners, or unemployed individuals.

To assess the psychological condition, emotional distress, and behavioural patterns of cancer patients, standardized psychological tools and research instruments were used in the present study conducted at Mahavir Cancer Sansthan.

1. Socio-Demographic Information Schedule

A self-prepared socio-demographic schedule was used to collect background information regarding respondents. The schedule included:

- Age
- Gender
- Marital status
- Educational qualification
- Occupation
- Monthly family income
- Residential background (Rural/Urban)
- Type of cancer
- Duration of treatment

This tool helped in understanding the socioeconomic profile of the respondents.

2. Depression Anxiety Stress Scale (DASS-21)

Developed by: Sydney H. Lovibond and Peter F. Lovibond (1995)

The Depression Anxiety Stress Scale (DASS-21) was used to measure the psychological distress level among cancer patients. The scale consists of 21 items divided into three dimensions:

- Depression
- Anxiety
- Stress

Each item is rated on a 4-point Likert scale ranging from:

0 = Did not apply to me at all

1 = Applied to me to some degree

2 = Applied to me considerably

3 = Applied to me very much

The tool helped in identifying emotional instability, hopelessness, fear, nervousness, and stress experienced by cancer patients during treatment.

3. General Health Questionnaire (GHQ-12)

Developed by: David Goldberg (1972)

The GHQ-12 was used to assess the general mental health condition of respondents. The questionnaire measures:

- Psychological well-being
- Social dysfunction
- Emotional disturbance
- Mental strain

The tool consists of 12 items with four response categories. It is widely used for identifying psychological distress and minor psychiatric disorders among patients suffering from chronic illnesses.

4. Perceived Stress Scale (PSS)

The Perceived Stress Scale was developed by Sheldon Cohen et al. (1983) was used to measure the degree to which respondents perceived their life situations as stressful during cancer treatment. The scale measures:

- Feelings of unpredictability
- Lack of control
- Emotional overload
- Stress perception

The scale consists of 10 items scored on a 5-point scale ranging from:

0 = Never

1 = Almost Never

2 = Sometimes

3 = Fairly Often

4 = Very Often

This tool helped in understanding treatment-related stress and emotional pressure among cancer patients.

5. Self-Medication Behaviour Questionnaire (Self-Prepared)

A self-prepared questionnaire was designed by the researcher to assess self-medication practices among cancer patients. The questionnaire included:

- Types of medicines used without prescription
- Frequency of self-medication
- Reasons for self-medication
- Source of medicines
- Awareness regarding side effects
- Use of herbal and alternative medicines

The questionnaire also explored psychological reasons behind self-medication such as anxiety, fear, frustration, and treatment dissatisfaction.

6. Semi-Structured Interview Schedule

A semi-structured interview schedule was used to collect qualitative information regarding:

- Emotional experiences after cancer diagnosis
- Fear of death and uncertainty
- Family support and social relationships
- Financial burden
- Treatment experiences
- Psychological coping strategies

This tool provided detailed insights into the psychosocial challenges faced by cancer patients.

7. Behavioural Observation Checklist

The researcher used an observation checklist to study:

- Emotional expressions
 - Social withdrawal
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- Behavioural reactions during treatment
- Interaction with family members and healthcare staff
- Physical signs of stress and anxiety

Observation helped in understanding non-verbal indicators of psychological distress among respondents.

Reliability and Validity of Tools

The standardized psychological tools used in the study have high reliability and validity and are widely used in psycho-oncology and mental health research. The self-prepared questionnaires were reviewed by experts in psychology and public health to ensure content validity and relevance to the objectives of the study.

Statistical Techniques Used

The collected data were analysed using:

- Percentage analysis
- Mean and Standard Deviation
- Chi-square test
- Correlation analysis
- t-test (where applicable)

These statistical techniques helped in examining the relationship between psychosocial stress, socioeconomic conditions, and self-medication practices among cancer patients.

RESULT AND DISCUSSION

The present study was conducted among 120 cancer patients receiving treatment at Mahavir Cancer Sansthan to examine psychosocial challenges and self-medication practices from a socioeconomic and behavioural perspective. The data were analysed using percentage analysis, chi-square test, mean score analysis, and Pearson's correlation method. The results are presented hypothesis-wise.

Hypothesis 1: Cancer patients from lower socioeconomic backgrounds experience significantly higher levels of psychological stress and emotional distress.

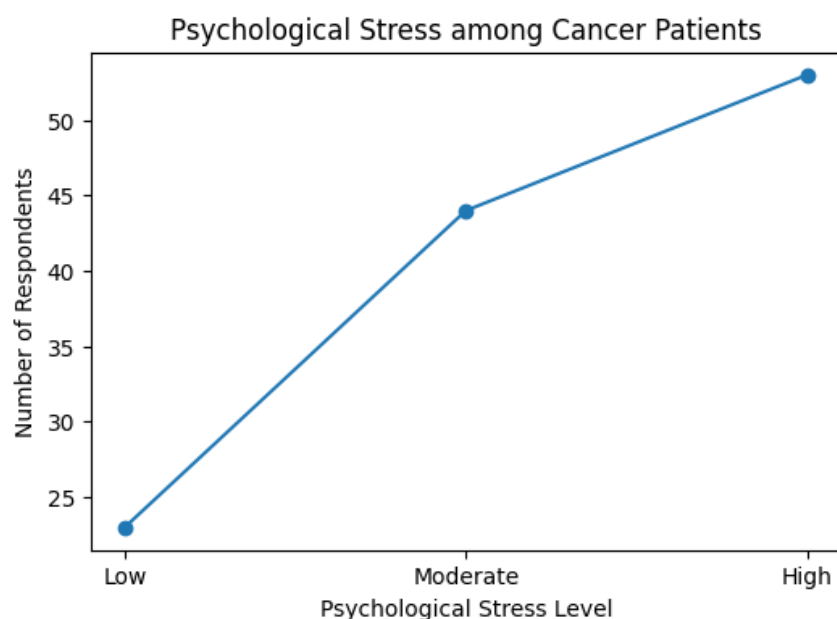
Table 1: Distribution of Respondents According to Socioeconomic Status and Psychological Stress Level (N = 120)

Socioeconomic Status	Low Stress f (%)	Moderate Stress f (%)	High Stress f (%)	Total
High Income Group	11 (50.0%)	08 (36.4%)	03 (13.6%)	22
Middle Income Group	08 (19.0%)	19 (45.2%)	15 (35.8%)	42
Low Income Group	04 (7.1%)	17 (30.4%)	35 (62.5%)	56
Total	23 (19.2%)	44 (36.7%)	53 (44.1%)	120

Statistical Analysis

Statistical Test	Value
Chi-Square (χ^2) Calculated Value	18.42
Degree of Freedom (df)	4
Table Value at 0.05 Level	9.49
Level of Significance	Significant

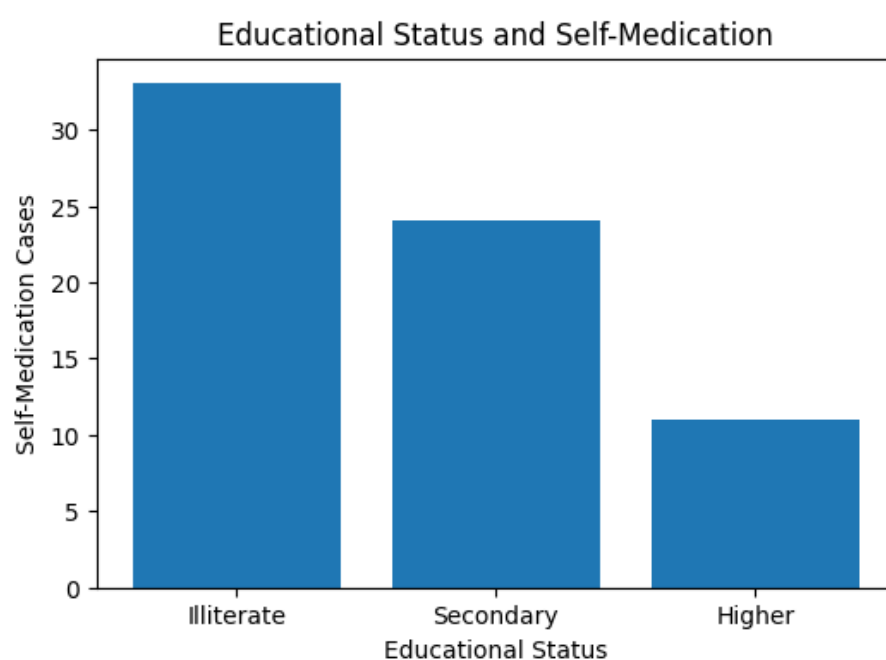
The calculated chi-square value (18.42) is greater than the table value (9.49), indicating a statistically significant association between socioeconomic status and psychological stress. The findings reveal that respondents from low-income groups experienced comparatively higher anxiety, depression, emotional instability, and treatment-related stress.



Hypothesis 2: Self-medication practices are more common among less educated cancer patients.

Table 2: Educational Status and Self-Medication Practices among Respondents (N = 120)

Educational Level	Self-Medication Present f (%)	Self-Medication Absent f (%)	Total
Illiterate/Primary Education	33 (71.7%)	13 (28.3%)	46
Secondary Education	24 (57.1%)	18 (42.9%)	42
Higher Education	11 (34.4%)	21 (65.6%)	32
Total	68 (56.7%)	52 (43.3%)	120



The findings indicate that self-medication practices were significantly higher among respondents with lower educational qualifications. Illiterate and less educated patients frequently consumed painkillers, antibiotics, and

herbal medicines without professional consultation because of poor awareness and dependence on informal healthcare advice.

Hypothesis 3: Financial burden significantly affects the treatment behaviour and mental well-being of cancer patients.

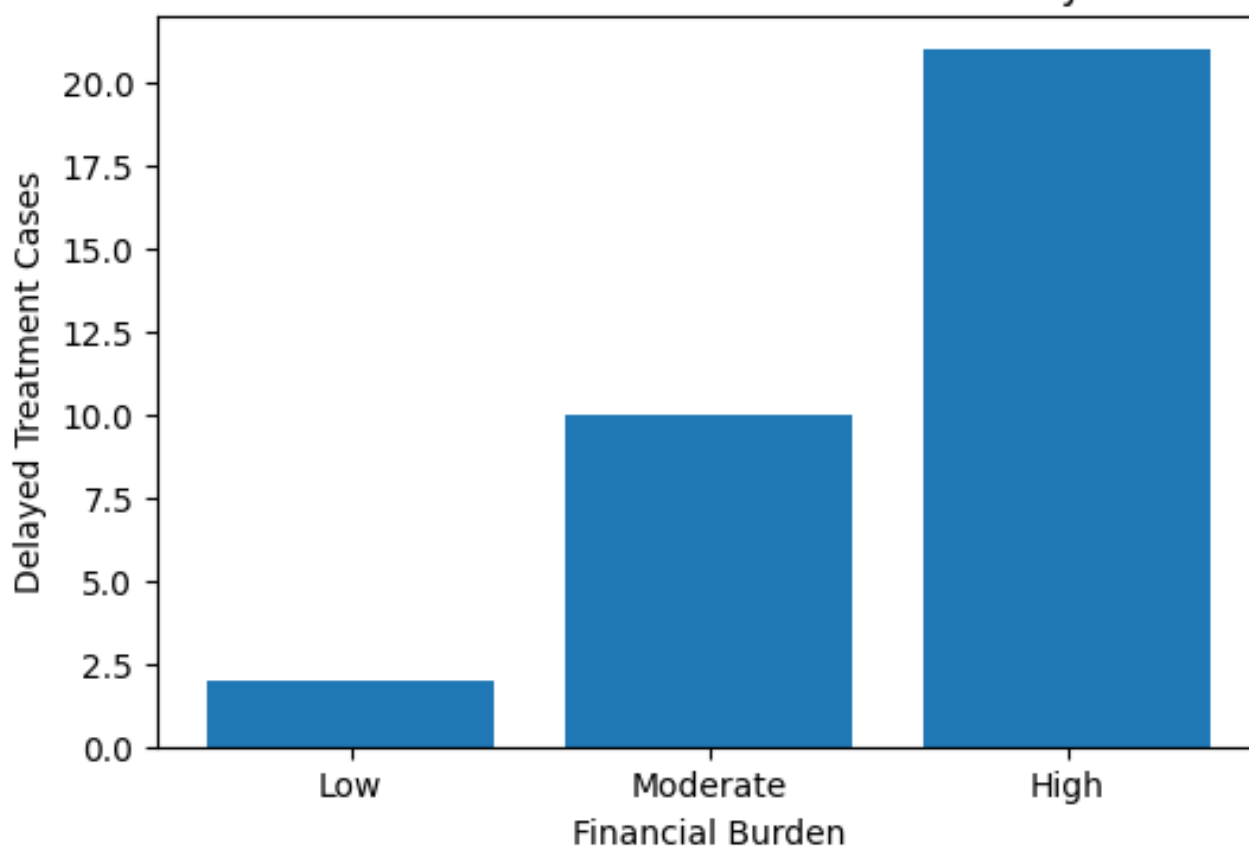
Table 3: Financial Burden and Treatment Behaviour among Cancer Patients (N = 120)

Level of Financial Burden	Regular Treatment f (%)	Irregular Treatment f (%)	Delayed Treatment f (%)	Total
Low Financial Burden	21 (75.0%)	05 (17.9%)	02 (7.1%)	28
Moderate Financial Burden	18 (45.0%)	12 (30.0%)	10 (25.0%)	40
High Financial Burden	10 (19.2%)	21 (40.4%)	21 (40.4%)	52
Total	49 (40.8%)	38 (31.7%)	33 (27.5%)	120

Statistical Analysis

Statistical Test	Value
Chi-Square (χ^2) Calculated Value	20.36
Degree of Freedom (df)	4
Table Value at 0.05 Level	9.49
Level of Significance	Significant

Financial Burden and Treatment Delay



Interpretation

The calculated chi-square value confirms a significant relationship between financial burden and treatment behavior. Respondents experiencing high financial burden were more likely to delay treatment, miss follow-up visits, and experience psychological distress because of treatment expenses and economic insecurity.

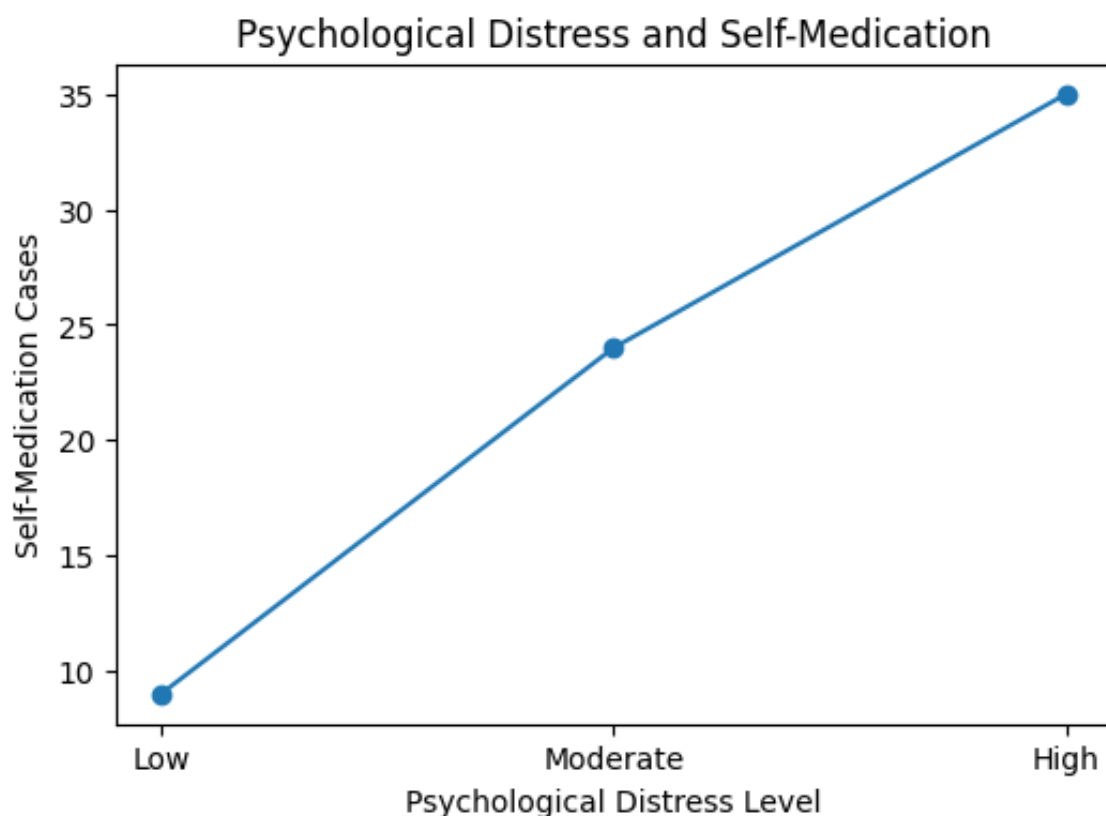
Hypothesis 4: Psychological distress is positively associated with self-medication practices among cancer patients.”

Table 4: Relationship between Psychological Distress and Self-Medication Practices (N = 120)

Psychological Distress Level	Self-Medication Present f (%)	Self-Medication Absent f (%)	Total
Low Distress	09 (32.1%)	19 (67.9%)	28
Moderate Distress	24 (60.0%)	16 (40.0%)	40
High Distress	35 (67.3%)	17 (32.7%)	52
Total	68 (56.7%)	52 (43.3%)	120

Correlation Analysis

Statistical Measure	Value
Pearson’s Correlation Coefficient (r)	+0.62
Significance Level	0.01
Nature of Correlation	Positive and Significant



The findings reveal a significant positive relationship between psychological distress and self-medication practices. Patients experiencing higher levels of anxiety, fear, depression, and emotional stress were more likely to consume medicines without prescription for temporary relief from pain, insomnia, nausea, and treatment-related discomfort.

DISCUSSION

The findings of the study clearly demonstrate that cancer patients face multidimensional psychosocial and behavioural challenges during treatment. Socioeconomic disadvantage emerged as a major factor contributing to psychological stress, treatment irregularity, and unhealthy coping mechanisms.

Patients belonging to low-income and less educated groups experienced higher emotional distress because of financial burden, social insecurity, and limited healthcare awareness. These respondents were also more likely

to practice self-medication by consuming over-the-counter medicines, herbal remedies, and antibiotics without medical consultation.

The study further indicates that psychological distress strongly influences behavioural responses among cancer patients. Anxiety, depression, hopelessness, and fear of death encouraged respondents to seek temporary relief through irrational medicine use. The findings support previous psycho-oncology studies which emphasize that emotional well-being and socioeconomic stability play an important role in treatment adherence and recovery. Therefore, holistic cancer care should include psychological counselling, financial assistance, patient education, and awareness programs regarding rational medicine use.

The study highlights the urgent need for integrating psycho-oncology services and behavioural counselling within cancer treatment systems at Mahavir Cancer Sans than to improve the mental health and quality of life of cancer patients.

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