

Behind Affliction, Battles, and Endurance (B.A.B.A.E.): Lived Experience of Women Diagnosed with Gynecologic Malignancies

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ABSTRACT

Behind Affliction, Battles and Endurance (B.A.B.A.E.) words that mirror how gynecologic malignancies significantly impact women's quality of life. A descriptive phenomenological study that explored the transition from being relied upon to becoming dependent on others of Filipino women living with gynecologic malignancies. In this sense, the lived experience of affliction and battles were encountered not only through bodily changes but also through the disruption of familiar ways of living and relating to others. Despite these disruptions, the narratives of participants revealed endurance through continued participation in daily life. Data were collected through in-depth interviews with 15 women diagnosed with cancer in reproductive system and belong to lower-middle income

households in an urban city located in the Philippines. The interview was conducted through the guide of a semi-structured questionnaire and is being electronically-recorded. These recordings are transcribed verbatim for each patient and used Colaizzi's method for thematic analysis and presentation. Through their narratives, this study uncovers six themes; Disruption of Embodied Self and Roles, Existential Dread and Mortality Anxiety, Spiritual Reframing: Karma, Divine Purpose, and Impermanence, Physical Toxicity and Iatrogenic Strain, Financial Distress and Systemic Navigation, and Multidimensional Support and Active Endurance. A support program was proposed anchored on the findings of the study. Thereby, contributing to a quality public service delivery approach to women's healthcare.

Keywords: *gynecologic malignancies, women, healthcare, phenomenological study, battles, endurance*

INTRODUCTION

Nurses play a vital role in promoting health, preventing illness, and providing compassionate, holistic care to individuals across diverse settings. Their responsibilities extend beyond physical treatment to include emotional support, patient education, and advocacy, especially for those who are diagnosed with malignancies. Given this profound responsibility that nurses hold, particularly in supporting the aforesaid population, it is essential to recognize that effective care encapsulates the understanding of the lived experiences of patients.

Among the population of patients that rely on the medical support of nurses are women diagnosed with gynecologic malignancies. Being diagnosed with gynecologic malignancies significantly impact women's quality of life and increase the health care burden for organizations globally. Cancer of the uterus is among the most common cancers involving the female reproductive tract (Baker-Rand & Kitson, 2024). Globally, there are estimate of 420,000 new cases of endometrial or uterine cancer each year, with about 68,000 occurring in the United States. The second most common cancer is ovarian cancer involving the

reproductive tract of women and is the leading cause of death of all gynecologic cancers. Cervical cancer is also a common gynecological cancer, with 660,000 new global cases and 14,000 new cases in the United States per year (Cunningham, 2024). In local context, uterine cancer is the 13th most common cancer in the Philippines and 8th leading site of cancer among Filipina. Similarly, in the Philippines, cervical cancer is the top gynecologic malignancy that contributes to the statistics of Filipino women (Benavides, 2025). Statistics show that Philippines has an annual burden of 7,897 cervical cancer cases and 4,052 deaths (Lintao et al., 2022). While the latest data show that ovarian cancer ranks as 12th overall, and the 5th most common cancer among Filipino women (Sarmiento-Babiera & Llamas-Clark, 2022). A compelling need for in-depth studies that capture the lived experiences of affected women, such as the present phenomenological study. The current research encapsulates the lived experiences behind afflictions, in addition to the battles and endurance of these Filipino women that must not remain obscured behind numerical values of statistics.

Consequently, it is important to note that not all patients receive adequate and equitable care. Among women diagnosed with gynecologic malignancies, there exists a population whose experiences are often overlooked: individuals who face not only the life-altering reality of a cancer diagnosis but also the profound challenges associated with financial support. These women, many of whom are lower-middle income earners or financially dependent on their families, experience numerous battles.

This study explored the lived experiences of women diagnosed with Stage II and Stage III gynecologic malignancies who are placed between the reality of healing or palliative care as they embark on their cancer journey. The target population is part of a lower-middle income household or financially dependent on family for medical and daily needs, shedding light on how they navigate their condition within the confines of their situation. By understanding their stories of battles faced and endurance, this research aimed to produce an output of evidence-informed support program, aligned to the themes identified in this study. As this research directly operationalizes AmBisyon Natin 2040's vision of a matatag, maginhawa, and panatag life for all Filipinos, while simultaneously advancing Sustainable Development Goal (SDG) 3's targets for universal health coverage, specifically non-communicable disease management.

The framework of Beyond Affliction, Battles and Endurance (B.A.B.A.E.) posits that within the crucible of serious illness and monetary constraints, there exist concurrent narratives of human struggle and strength that merit scholarly attention. Affliction refers to the tangible burdens of illness. Battles, in this context, describe the specific and unrelenting struggles that an individual with gynecologic malignancy must confront. Endurance, in turn, captures the sustained capacity to withstand the battles that the Filipino women faced. The B.A.B.A.E. framework therefore presents that studying participants require equal attention to their afflictions, their battles against cancer, and their enduring resolve. Through their narratives, the research endeavored to uncover how these women navigated their battles and reconstructed their identities within the confines of vulnerable situations, thereby contributing to a gender-sensitive public service delivery approach to gynecologic healthcare.

METHODS

Research Design

This study used a descriptive qualitative research design with a phenomenological approach. It is appropriate to utilize the mentioned research design as this study sought to understand and described the lived experiences of women with Stage II and Stage III of gynecologic malignancies within the lower-middle-income bracket. This study utilized a seven-step method of phenomenological analysis of Colaizzi's. The mentioned method is appropriate for descriptive phenomenology because it provides a clear process nature of deriving meanings from participant narratives while remaining close to their original words. This study sought to capture the narratives of women describing their illnesses, experiences, family commitments, financial burdens, and the coping and endurance of women in this study, rather than measuring their experiences with numerical representation. The descriptive phenomenological design

allowed the study to combine an element of research discipline with a compassionate inquiry to ensure that the voices of women with gynecologic malignancies are given a platform for representation.

Research Locale

This study took place in Mandaluyong City, an urbanized area in the National Capital Region of the Philippines. The study focused on a secondary public hospital located in Mandaluyong City. It served as the main locale in which the researcher recruited participants for the current study. This aforesaid public hospital serves the residents of Mandaluyong City as well as the neighboring communities. This hospital serves women who may rely on the public health system and the local health services and social services to continue support and gynecologic malignancy medication. Selection of the locale hospital is a sound choice of locale as it is an institution supported by the local government in the provision of quality care as secondary public hospital. The mentioned institution caters the population within the inclusion criteria of the current study. It helped the researcher explore in the context of secondary public hospital provision of care and public health responses that can be comparable to other urban public hospital settings.

Sampling Technique

Purposive sampling is appropriate to the current phenomenological study, as participants were individuals who had first-hand experience of the phenomenon and was part of the criteria set to explore the aforesaid lived experiences. This study included as many participants as it takes to reach data saturation based on the recent gynecologic patient census that matches the inclusion criteria of the study. The purpose is not to represent a large population statistically but to gain deep understanding from people who have lived through the experience. In phenomenological studies, sample size is not defined by number, but by depth and richness of data. Data saturation was considered attained since the researcher reached the point at which interviews of new participants no longer provided new meanings, insights, patterns, or themes related to the lived experiences of the population under study, women with gynecologic malignancies.

The participants had been diagnosed with gynecologic malignancies for one to two years at the time of the study. Five participants had been diagnosed for one year, while ten had been living with their diagnosis for two years. This indicates that the participants had experienced their illness over a period long enough to encounter different aspects of the cancer journey, including the emotional, social, financial, and practical challenges associated with diagnosis and treatment. Their accounts therefore provided meaningful insights into how women make sense of and adapt to their experiences of living with gynecologic malignancy. The characteristics of the 15 co-participants demonstrate a diverse group of women in terms of age, educational attainment, type and duration of gynecologic malignancy, and household income. These differences provided a broad range of personal contexts from which the participants could describe their experiences of living with gynecologic cancer.

Table 1. *Demographic Profile of Participants*

Participant	Age	Highest Educational Attainment	Lenth of Years Diagnosed with Gynecologic Cancer	Type of Gynecologic Cancer	Monthly Gross Income of the House-hold
1	54	High School Graduate	2 years	Endometrial Cancer	30,000
2	41	College Level	1 year	Cervical Cancer	28,000
3	64	College Level	2 years	Endometrial Cancer	29,000
4	44	College Level	2 years	Cervical Cancer	32,000

5	50	High School Graduate	2 years	Ovarian Cancer	27,000
6	41	College Level	1 year	Cervical Cancer	30,000
7	59	College Level	1 year	Ovarian Cancer	29,000
8	41	High School Graduate	1 year	Cervical Cancer	18,000
9	41	High School Graduate	1 year	Endometrial Cancer	17,000
10	64	College Level	2 years	Endometrial Cancer	18,000
11	58	College Level	2 years	Endometrial Cancer	25,000
12	61	College Level	2 years	Ovarian Cancer	21,000
13	63	College Level	2 years	Endometrial Cancer	23,000
14	43	College Level	2 years	Cervical Cancer	30,000
15	44	College Level	2 years	Endometrial Cancer	20,000

RESULTS AND DISCUSSION

Theme 1: Disruption of Embodied Self and Roles

Through thematic analysis utilizing Colaizzi method six essential themes emerged from patient narratives and were organized according to the two major areas of inquiry: the meaning of their lived experiences and the challenges and coping mechanisms they employed while living with cancer. These themes provide a structured representation of how the participants experienced, understood, and responded to gynecologic malignancy within the context of their everyday lives.

The first theme, *Disruption of Embodied Self and Roles*, reflects how gynecologic malignancy affected the participants' perceptions of their bodies and their ability to fulfill their usual responsibilities. The illness was not experienced solely as a medical condition but also as an alteration of the women's sense of self. Changes associated with the disease and its treatment could affect how they viewed their bodies, femininity, appearance, and personal identity. These experiences were captured under the subtheme *Body Alienation and Image Crisis*, emphasizing the tension between how participants previously understood their bodies and how they experienced them after diagnosis and treatment. The second subtheme, *Domestic and Occupational Displacement*, illustrates how cancer disrupted ordinary responsibilities and roles. Activities previously considered routine, such as caring for family members, performing household duties, working, or participating in social activities, could become difficult because of illness and treatment-related limitations. Thus, the participants' experiences involved not only confronting the disease itself but also adjusting to changes in their capacity to perform roles that were important to their identity and daily lives.

Theme 2: Existential Dread and Mortality Anxiety

The second theme, *Existential Dread and Mortality Anxiety*, represents the emotional and existential uncertainty that accompanied the participants' diagnosis. A diagnosis of cancer could immediately alter their perception of the future and bring awareness of mortality. The subtheme *Diagnostic Shock and End-Game Framing* reflects the initial disruption caused by receiving the diagnosis and the tendency to interpret the illness in relation to the possibility of death. The second subtheme *Fear of Relapse and Family Abandonment* further demonstrates the continuing uncertainty experienced by the participants. Even after receiving treatment, concerns about recurrence could remain a source of anxiety. At the same time, participants' thoughts about their families and loved ones could intensify their fears, particularly when they considered the possibility of becoming unable to provide care, companionship, or support. These

experiences illustrate how cancer-related anxiety extends beyond personal survival and may encompass concerns about the welfare and future of one's family.

Theme 3: Spiritual Reframing: Karma, Divine Purpose, and Impermanence

The third theme, *Spiritual Reframing: Karma, Divine Purpose, and Impermanence*, highlights the role of spirituality and meaning-making in understanding the experience of cancer. Faced with an illness that could produce uncertainty and suffering, participants appeared to search for explanations and perspectives that could make their experiences more comprehensible. The subtheme *Cosmic Penance and Karma* reflect interpretations in which illness may be connected to personal accountability, destiny, or consequences of past actions. Such interpretations demonstrate an effort to situate the experience of cancer within a broader moral or spiritual framework. Meanwhile, *Impermanence and Divine Growth* illustrates another form of spiritual reframing in which illness may encourage acceptance of life's uncertainty and recognition of personal or spiritual growth. Spirituality therefore emerged as a possible source of meaning through which participants negotiated the uncertainty associated with their illness.

Theme 4: Physical Toxicity and Iatrogenic Strain

The fourth theme, *Physical Toxicity and Iatrogenic Strain*, focuses on the physical burden associated with cancer and its treatment. The participants' experiences involved not only the symptoms of the malignancy but also difficulties associated with medical interventions. The subtheme *Sensation Problems and Fatigue* emphasizes the extent to which physical weakness, exhaustion, and treatment-related symptoms could interfere with ordinary activities and quality of life. The subtheme *Cognitive Slowing* further demonstrates that the effects of cancer treatment may extend beyond physical discomfort. These experiences reveal the embodied nature of cancer survivorship, in which participants had to negotiate both the disease and the consequences of the processes intended to treat it.

Theme 5: Financial Distress and Systemic Navigation

The fifth theme, *Financial Distress and Systemic Navigation*, captures the socioeconomic and institutional challenges encountered by the participants. Cancer care can require substantial resources, and the financial consequences may extend beyond direct medical expenses. The subtheme *Out-of-Pocket Expense Strain* reflects the pressure associated with expenses related to treatment, medications, transportation, consultations, and other necessities. The second subtheme, *Institutional Safety Nets and Bureaucratic Barriers*, highlights the participants' interactions with healthcare systems and available forms of assistance. While institutional programs and support mechanisms may provide important relief, accessing these resources can also involve procedures, requirements, and administrative challenges. Consequently, navigating cancer care became not only a health-related process but also a process of negotiating systems, resources, and institutional requirements.

Theme 6: Multidimensional Support and Active Endurance

The sixth theme, *Multidimensional Support and Active Endurance*, illustrates the ways participants drew upon interpersonal, psychological, and spiritual resources to continue facing their illness. The subtheme *Familial and Spousal Shielding* emphasizes the importance of family and intimate relationships in providing emotional, practical, and possibly financial assistance. The subtheme *Psychospiritual Anchors and Distractive Coping* demonstrate that participants also relied on internal and spiritual resources, as well as activities that helped them temporarily redirect their attention from illness-related concerns. These strategies suggest that coping was not necessarily passive acceptance. Instead, participants demonstrated forms of active endurance in which they sought ways to maintain hope, emotional stability, connection, and a sense of normalcy despite the continuing presence of cancer.

CONCLUSION

It can be concluded that the lived experiences of women diagnosed with gynecologic malignancies are shaped by the interconnected experiences of affliction, battles, and endurance. Affliction was manifested through changes in bodily identity, personal and social roles, emotional well-being, relationships, and perceptions of life and mortality. These disruptions extended beyond the physical experience of illness and influenced how the women understood themselves and their place within their families and daily lives. The women's battles emerged as they confronted the uncertainties and demands brought by malignancy. They experienced fear, sadness, mortality anxiety, changes in independence, and difficulties adjusting to altered responsibilities. At the same time, their experiences revealed that these challenges were closely connected to their relationships and concern for their families, particularly their desire to remain present and continue fulfilling meaningful roles. These motivated the Filipino women diagnosed with gynecologic malignancies demonstrated endurance through various forms of support and coping. Spirituality further shaped how the women understood their experiences. Through beliefs related to karma, divine purpose, faith, and the impermanence of life, they sought ways to understand the meaning of their illness and their circumstances. These spiritual perspectives existed alongside their efforts to continue treatment and adapt to their changing lives. Rather than addressing only the medical dimensions of gynecologic malignancies, support should also respond to the practical circumstances that influence women's ability to continue treatment and cope with its demands.

In this context, the proposed Support Program: Gynecologic Malignancy Awareness, Support, and Assistance Navigation serves as a practical response to the needs emerging from the participants' experiences. By providing accessible information and connecting patients and families with nurses, hospital representatives, barangay officials, and other relevant agencies or organizations, the proposed program may help reduce uncertainty, improve awareness of available resources, and facilitate navigation of assistance and support services. The proposed support program therefore reflects the collective meaning of their experiences by promoting a more coordinated and patient-centered approach to cancer support. It also provides a practical direction for advancing equitable access to care and support, consistent with the broader goals of AmBisyon Natin 2040, and SDG 3: Good Health and Well-Being.

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