BREAKING CULTURAL STIGMA AROUND ILLNESSES IN ASIA

AUTHORS: MARIAH FADERA, JENNIFER SI, POH-E CHONG

This article explores the impact of cultural influences and stigma on healthcare in the Asia-Pacific region. It examines how cultural stigma affects disease management and offers best practices to reduce stigma, promoting a more inclusive and supportive healthcare ecosystem.

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White paper by Branding Science APAC

CULTURE SIGNIFICANTLY INFLUENCES HEALTHCARE BEHAVIORS ACROSS THE GLOBE, INCLUDING IN THE ASIA-PACIFIC (APAC) REGION, SHAPING HOW INDIVIDUALS PERCEIVE, MANAGE, AND SEEK TREATMENT FOR ILLNESSES.

Traditional practices, societal norms, and stigma all play crucial roles in disease prevalence and management, offering both opportunities and challenges for pharmaceutical companies.

Across APAC, traditional medicine remains deeply embedded in healthcare. Traditional Chinese and Korean Medicine (TCM/TKM) emphasizes balance, with herbal remedies and acupuncture widely used for chronic conditions like diabetes and cancer. In Japan, the emphasis on harmony and hierarchy shapes a physician-driven healthcare system, where patient engagement remains limited.
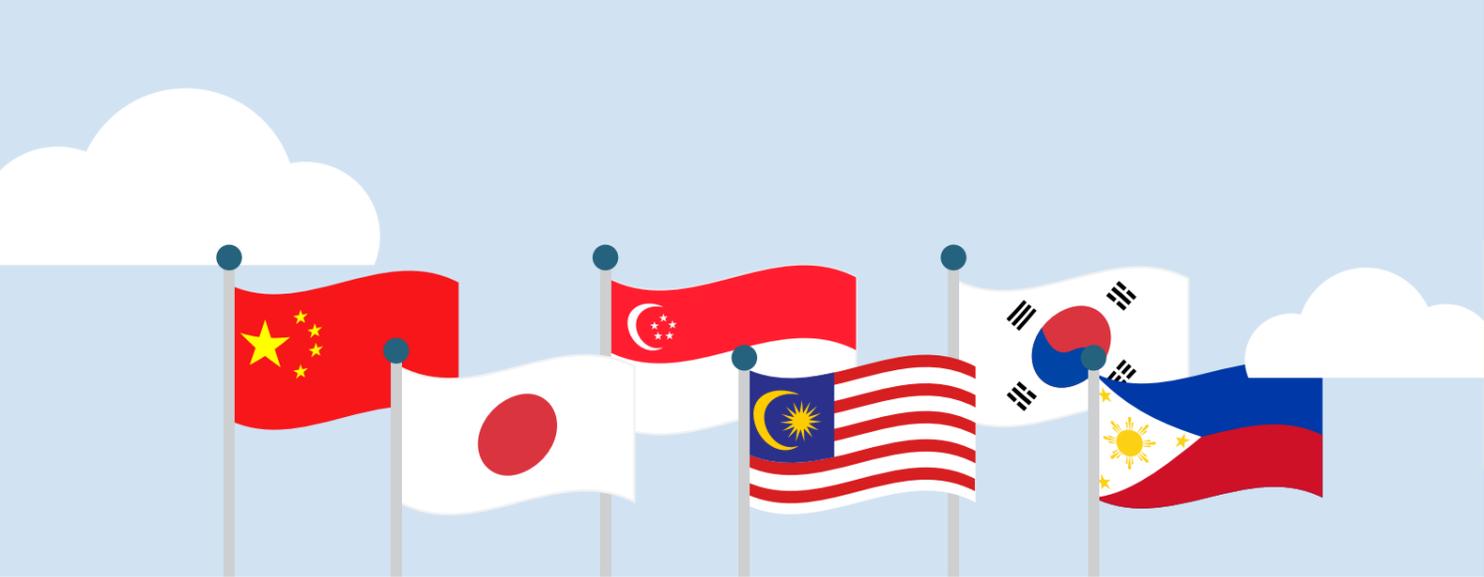
Stigma is a pervasive challenge affecting healthcare access and treatment adherence across APAC. Chronic conditions such as diabetes, cancer, and mental health disorders are often viewed as personal or familial failures. This leads to concealment and reluctance to seek medical help, particularly in cultures that emphasize societal harmony and family reputation.

For pharmaceutical companies, these cultural and behavioral insights present valuable opportunities. By aligning brand messaging and campaigns with cultural values, integrating modern treatments supported by clinical trial data, and embedding stigma reduction strategies into healthcare initiatives, companies can enhance patient engagement.

Normalizing discussions around chronic diseases like cancer, diabetes and depression, and promoting early intervention can further drive awareness and acceptance. Also, shifting from physician-led interactions to patient-centered communication models can promote shared decision-making in healthcare. Understanding these cultural nuances enables pharmaceutical companies to develop targeted interventions, improve treatment adherence, and build trust within local healthcare ecosystems.

Breaking the cycle of stigma and cultural barriers requires a collaborative effort. Policymakers can implement anti-discrimination laws and funding for awareness campaigns, media can shape public perceptions, and healthcare professionals can challenge norms through education and advocacy. Patient advocates also play a key role in driving acceptance and support.

In this white paper, we will discuss examples of cultural stigma and how to break the cycle to improve disease management. We will also explore case studies on how companies can create meaningful impact by embracing cultural sensitivities to improve health outcomes and establish trust with their patients.

UNDERSTANDING CULTURAL INFLUENCES AND THEIR IMPACT ON BEHAVIOR

The impact of culture on behavior is evident in society. Shared cultural beliefs can shape human behavior. Culture shapes how individuals interact with their environment, perceive others, memorize and learn information, and make judgements[1]. Within the healthcare setting, individuals' beliefs, lifestyle habits, and cultural traditions play a crucial role in shaping how illnesses are perceived, managed, and treated across markets. These factors influence treatment choices, self-care practices, and healthcare-seeking behaviors, ultimately affecting disease prevalence and management.

This white paper explores how acknowledging cultural differences and stigma can offer valuable insights into the opportunities and challenges faced by healthcare systems in improving disease management within the patient's ecosystem.

"As a healthcare provider, I have noticed that cultural beliefs really impact how patients handle their treatment. When my advice goes against their cultural practices, they often don't follow through with or trust the treatment. But when I make an effort to respect their cultural values, they tend to be more engaged and satisfied."

– General Practitioner, US

CULTURAL INFLUENCES ON HEALTHCARE IN THE ASIA-PACIFIC REGION

Insights gained from our past primary research highlight how differences in country-specific approaches influence diagnosis, illness management and access to care.

In China, Korea, Singapore, and Malaysia, Traditional Chinese or Korean Medicine (TCM/TKM) remains integral to healthcare, especially for chronic conditions like diabetes and cancer[2]. TCM/TKM principles emphasizing balance between Yin and Yang often incorporate herbal remedies for diabetes and acupuncture for pain management. Research also supports TCM's role in reducing chemotherapy side effects[3]. In Malaysia and Indonesia, herbal medicines like jamu (a wellness drink made from roots, herbs and spices), turmeric, and ginger are used to regulate blood sugar levels, although rising diabetes rates remain a challenge due to high consumption of sugary drinks and desserts[4].

"The doctor talks like it's very easy (to change), but our lifestyle is not like the Chinese lifestyle. For them, they go qigong, they go exercise. Our culture is different, we like to gather and cook, go picnic, go makan (eat)... You see (the Malays) carrying their pots to Changi Village to go there to eat, sleep, swim (all day)."

– Taxi Driver, Mr Hartono, 56 years old

Cultural practices also impact healthcare in Japan, where respect for hierarchy leads to a physician-centric model, limiting patient engagement[5]. In the Philippines, family support is essential for long-term treatment adherence[6] and traditional healing methods, like *hilot*, are commonly used alongside modern care. Meanwhile, Singapore's preventive healthcare system promotes healthy lifestyles, though deeply rooted communal dining habits hinder dietary changes[8].

These cultural dynamics show the influence of traditional practices and healthcare policies on health outcomes, underlining the need for targeted interventions and culturally relevant health strategies.

ROLE OF STIGMA IN HEALTHCARE

In addition to cultural considerations, stigma remains a significant barrier to healthcare access and effective disease management. There are various forms of stigma that individuals may encounter while managing an illness, which we will explore further. Stigma can manifest in healthcare settings, workplaces, social interactions, and even within families, discouraging patients from openly discussing their challenges, seeking timely consultations with physicians, or adhering to treatment plans.

Stigma is an invisible yet powerful force—negative perceptions, attitudes, and societal judgments can affect patients with various health conditions. Anyone diagnosed with a chronic illness, mental disorder, or infectious disease, regardless of age, gender, occupation, or location, can experience stigma.

Often fueled by misconceptions, blame, and fear, stigma can take many forms. For example, individuals with diabetes may be judged for their dietary choices, cancer patients may face social isolation due to chemotherapy side effects, and people with mental health disorders may hesitate to disclose their condition at work for fear of discrimination. This stigma significantly increases stress, depression, and alcohol dependency, further complicating disease management[10].

CULTURAL STIGMA AND ITS IMPACT ON DISEASE MANAGEMENT

Three of the most pressing global health concerns—diabetes, cancer, and mental health disorders—are significantly influenced by stigma. A Lancet study[11] revealed that global diabetes prevalence has doubled over the past 30 years, primarily due to rising obesity rates. While cancer statistics in the Asia-Pacific region are limited, chronic illnesses, including cancer, account for 75% of global deaths[12]. Meanwhile, barriers to effective mental healthcare are also contributed to by a lack of trained healthcare providers and social stigma, which may link to individuals avoiding seeking treatment[13].

Stigma takes different forms depending on cultural values and societal norms. In China, employees with chronic illnesses such as diabetes or cancer often fear job loss due to absenteeism and reduced work productivity[14]. In Malaysia, the emphasis on family reputation and societal harmony leads many to conceal[15] their conditions rather than seek medical help. In Japan, a 2021 report by the Ministry of Health revealed that 20% of employees with mental health disorders faced workplace discrimination or were forced to resign. Cultural expectations of perseverance and resilience also make seeking psychiatric help uncommon[14].

In the Philippines, a research study found that many Filipinos with depression are advised to "pray harder" rather than seek medical treatment, reinforcing mental health stigma[16]. This often leads to denial and avoidance of help-seeking behavior, further worsening the condition. Similarly, diabetes is often blamed solely on excessive sugar intake, leading to social judgment. Traditional medicine is often favored over modern treatments, causing delays in medical intervention for conditions like cancer or diabetes.

In Singapore, while general stigma toward diabetes is relatively low, certain attitudes persist, especially regarding the social implications of the condition. Cultural beliefs surrounding mental health, particularly among different ethnic groups, also influence help-seeking behavior, with some individuals hesitating to seek professional treatment due to societal norms and stigmatization[17].

In many Asia-Pacific countries, including China, Japan and countries in Southeast Asia, family reputation and societal harmony are highly valued. As a result, illness is often seen as a personal or familial failure, causing many to conceal their conditions rather than seek medical help. Mental health stigma is especially strong, and admitting to depression may be viewed as a sign of weakness, while openly discussing cancer is also often considered taboo.

The wider societal ecosystem can play a key role in dismantling cultural stigma around illness. Policy makers and government may push for shifts in policies or funding for anti-discrimination laws. The media may shape public perception through real-life stories, advocating for acceptance and awareness. Physicians, with their expertise and trusted authority, have the unique ability to challenge societal norms, educate both patients and communities, and influence positive change.

On the other hand, patient advocates play an equally vital role by sharing personal experiences, raising awareness, and empowering individuals to seek earlier diagnosis and treatment. Together, they help break down misconceptions, increase greater understanding, and improve health outcomes by creating a more open, stigma-free environment.

"I tend to prioritize patient privacy, so I often focus only on the physical symptoms of sensitive conditions.

"I don't usually bring up the emotional side unless the patient does, which can make them feel uncomfortable, especially since they might be embarrassed to discuss it. Sometimes, patients end up self-diagnosing based on online sources which delays getting proper care.

"I realized that I need to do more than just treat the symptoms—how I handle the situation when they first come to me can impact how they view their condition long-term."

– Gynaecologist, Japan

CASE STUDIES:

HELPING PHARMACEUTICAL CLIENTS TO ADDRESS CULTURAL STIGMA IN PATIENT JOURNEY RESEARCH

At Branding Science, we integrate behavioral science principles into our research, using specialized tools and techniques to capture the emotions and decision-making processes of both physicians and patients. By understanding these psychological and emotional drivers, we help pharmaceutical companies uncover opportunities to position their products more effectively, addressing patient needs, overcoming treatment barriers, and ultimately improving illness management.

In a recent study[20], we helped a pharmaceutical client gain insights into patients' experiences with the stigma and misunderstandings surrounding obesity. The goal was to refine their narrative for an unbranded campaign aimed at encouraging individuals with obesity to engage with services and support.

We discovered that obesity is perceived very negatively, which exacerbates the condition. The term "obesity" itself is seen as daunting, with many patients preferring to use "overweight" instead. Denial often accompanies the condition, sometimes linked to mental health struggles, and patients are often reluctant to acknowledge weight issues. The majority expressed embarrassment or shame when discussing their weight.

To gain deeper insights, we implemented immersive pre-engagement activities, such as reflective letter-writing, before speaking with patients and caregivers. These techniques created a judgment-free space for individuals to openly express their thoughts and emotions, revealing the deeper psychological impact of obesity.

PRE-TASK RESPONSES CAPTURE THE STRONG EMOTIONAL IMPACT OF OBESITY →

DAY 1
'GOOD DAY, BAD DAY'

GOOD DAY WITH OBESITY

MOTIVATED, CONFIDENT, STRONG

↓

BAD DAY WITH OBESITY

SLOW, TIRED/SLUGGISH, HEAVY

IMAGES SELECTED BY RESPONDENTS

DAY 2
HCP INTERACTIONS

Our sample have not had appointments with doctors to directly discuss obesity and weight management.

Those that have discussed obesity with HCPs have had their HCP bring up the discussion in an appointment, usually for another health concern.

Most would be comfortable discussing this with their doctor, and see their weight as a concern but struggle to manage this on their own.

Many would like to be better educated on obesity and how to make lifestyle changes to manage their weight, alongside regular 'check-ins' to ensure they stay on track.

- Education and diet plans
- (Online) support groups
- Regular check-ins with group or HCP
- Gym membership or exercise classes

He mentioned that if I continued living this lifestyle I have a high risk of having diabetes 2 and possible early onset of arthritis.
Male, Naive Patient

I went there to discuss my snoring. The GP mentioned that snoring could be caused by weight and from there we discussed obesity.
Male, Chronic Patient

DAY 3
LETTER ABOUT OBESITY

Letters written by people with obesity often encompass the lack of education, and the high emotional burden that their weight and weight management has on their lives.

The negative perception of obesity in society permeates and perpetuates these obstacles, making it harder for those with obesity to manage their weight.

"

"Obesity is not just limited to the physicality of being overweight or larger than society's set norm in size... There are so many spectrums of being overweight: medical; trauma; genetics; mental, and I'm sure there are more. Being overweight is not usually a choice. Why would a person choose to deliberately place themselves in a body that is so heavy to carry around, does not fit into society's norms and puts them at risk of possible health complications?

As for the adults already experiencing obesity, they also need education and ongoing training to change their mindset, their choices and their lifestyles. It is definitely not a quick fix and requires constant willpower, determination and support."

Dear friends and family,

I would like you to understand that I do not want to cancel plans last minute or be in pain and stay in bed all day. I am not in control of the pain and swelling that happens in my body. The condition that I have is called psoriatic arthritis, but this is different from what you believe is 'old people arthritis' and this can affect my tendons as well as my joints. I have experienced a range of different symptoms and even with the amount of medication I have, I never feel 100% well. I really appreciate that you want to offer me advice to get better but the type of illness that I have means that I will never be 'better'.

The main challenge I face is the perception that arthritis is an old person's disease. I was 32 when I was properly diagnosed but I had suffered since I was around 10 years old with psoriasis and joint pain, which was then put down to growing pains. I do not limp to show you I have arthritis. I limp because I am in so much pain that I can no longer hide the pain. I struggle on and don't use any walking aids when I probably need them because I know I will be judged. **- Patient, PsO & PsA**

PATIENT LETTERS (PRE-TASK) ↑

In another study[21], a pharmaceutical client aimed to map the "stigma space" across various disease areas. The objective was to understand the stigma that patients face, how it affects their lives, and how it impacts illness management. This research aimed to create modular arguments that reflect the impact of stigma on patients, informed by both patient experiences and validated by healthcare professionals.

We spoke to patients with conditions which are commonly affected by stigma, such as autoimmune diseases, cancer, HIV, and mental health disorders. Using behavioral science techniques, we explored the drivers of stigma and its effects on their health. One of the methods involved asking participants to write a "love letter" or a "break-up letter" to their condition. These letters served as a starting point for discussions about their feelings, struggles, and goals, revealing emotive strengths and weaknesses related to the condition.

We also used mood boards—a visual tool featuring a range of images reflecting different themes—to help respondents express their emotions and experiences. This exercise captured their feelings about their diagnosis and provided valuable insights into the appropriate tone and imagery for potential new treatments.

PATIENTS CHOSE IMAGES THAT REFLECT THE SHOCK AND FEAR SURROUNDING A CANCER DIAGNOSIS ↓

Patients selected images which best describe how they feel about their medical conditions

Reflects the physical shock felt by patient at diagnosis, as well as the restricted nature of the condition.

Represents the sensation of feeling trapped by the conditon, as well as public fear surrounding the 'C word'.

Reflects how family feel about cancer, the fear of time ticking away.

Symbolises the journey and steps that need to be taken, something that they want to overcome.

It was almost like I got stabbed in the heart when I got my diagnosis, I was just in total and utter shock.
- PATIENT, BLADDER CANCER

People think 'oh that's it then'. They see it as a very finite, locked in kind of diagnosis and you don't see any positive in it. I don't think the general public sees anything positive at all in lung cancer.
- PATIENT, LUNG CANCER

This is something I want to overcome and I will take all the steps necessary to try and achieve that.
- PATIENT, BLADDER CANCER

BEST PRACTICES FOR REDUCING CULTURAL STIGMA IN ILLNESS MANAGEMENT

Breaking the cycle of stigma requires education, open discussions, and policy changes. Encouraging early diagnosis, improving mental health support, and challenging misconceptions can help reduce stigma and improve healthcare outcomes for all. But it does not end there—we must take action, promote empathy, and advocate for change to create a world where everyone receives the care and support they deserve.

Pharmaceutical companies can align their brand messaging and campaigns with local cultural values, enhance patient engagement, and develop stronger connections within local healthcare ecosystems. For example, integrating modern treatments supported by clinical trial data and embedding stigma reduction strategies into healthcare initiatives can help normalize discussions around chronic diseases like cancer, diabetes, and depression. Promoting early intervention and shifting from physician-led interactions to patient-centered communication models further enhances shared decision-making in healthcare, driving awareness and acceptance.

In China, the National Health Commission focuses on diabetes prevention and treatment, aiming to reduce stigma linked to lifestyle and genetics. Public health campaigns for cancer promote early detection, helping to destigmatize the disease[22]. Japan's "Metabo Law" targets individuals aged 40-74, requiring health check-ups that include waist measurements. While focusing on obesity prevention and healthy living, it does not include a point-based reward system.

In the Philippines, the Department of Health focuses on diabetes awareness and regular check-ups to reduce stigma.The Philippine Cancer Society works with the government to educate the public on cancer prevention and treatment, normalizing care and reducing isolation. The Mental Health Act encourages awareness of depression as a treatable condition, aiming to reduce stigma and encourage help-seeking[26].

In Singapore, the Health Promotion Board leads diabetes education campaigns to reduce stigma surrounding genetic and lifestyle factors. Public awareness campaigns for cancer emphasize prevention and early screening, supporting cancer patients. Singapore's National Mental Health Blueprint and Mind Matters campaigns aim to reduce stigma around depression and increase mental healthcare access. The National Steps Challenge™ also rewards participants for meeting daily step goals, incentivizing physical activity[27].

These government efforts across the Asia Pacific region provide a solid foundation for pharmaceutical companies to build upon. By aligning with these efforts, companies can develop interventions that improve treatment adherence, challenge misconceptions, and ultimately create a world where everyone receives the care and support they deserve. This approach not only addresses healthcare challenges but also builds trust and long-term relationships with patients, healthcare professionals, and the broader community.

If you would like to discuss the approaches outlined here and how we can assist you more broadly, or if you just want to have a chat, please do reach out to us at:

APAC-research@branding-science.com

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