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Religiosity is a factor associated with resilience in postmenopausal Colombian women who survived breast cancer

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INTRODUCTION

Resilience is the ability of people to modulate and adapt to adverse life situations. Resilience is one of the tools that must be solidified in women who survive breast cancer to help cope with biopsychosocial situations related to the disease. There are strategies to increase resilience: support networks, lifestyles, and psychosocial support. Few studies explore the power of religiosity to strengthen the resilience of Latin American women survivors of neoplastic diseases.

OBJECTIVE

To establish the association between religiosity and resilience in postmenopausal women, breast cancer survivors and residents of the Colombian Caribbean.

MATERIALS & METHODS

This is a cross-sectional study, which is part of the Quality of Life in Women Breast Cancer Survivors [CAVICSEN] project, approved by the ethics committee of the University of Cartagena, Colombia.

Women who survived breast cancer, were more than a year old from diagnosis, and were in postmenopausal condition (one year or more without menstruation) were surveyed. The women were invited to take part during home visits or when attending recreational activities between January 2021 and April 2025.

All signed informed consent.

Those who did not wish to take part or had reading and writing difficulties were excluded.

A form was applied that included sociodemographic and clinical questions and the items of two international scales, validated in Hispanic American.

First, the Age Universal I-E Scale, a 12-question tool with five answer options that include three subscales: Intrinsic religiosity, personal extrinsic religiosity and social extrinsic religiosity . The lower the score, the greater the attachment to religiosity. To establish the adequate attachment to religiosity, the average score obtained in each subscale was used.

Secondly, the Wagnild and Young Resilience Scale, a tool made up of twenty-five items that are answered Likert type assigning between. The higher results indicate greater resilience, <121 suggests low resilience capacity.

Adjusted logistic regression was performed: resilience (dependent variable), religiosity (independent variable) and sociodemographic and clinical characteristic (covariates).

RESULTS

520 postmenopausal women who survived breast cancer

Sociodemographic and clinical characteristic	
Mean age, y, X ± SD	51.7 ± 7.2
Breast cancer survival time, y, X ± SD	5.2 ± 4.8
Postmenopausal time, y, X ± SD	10.3 ± 9.2
Low Resilience, n (%)	51 (9.8)
Afro-descendant ethnicity, n (%)	98 (18.8)
Catholic religion, n (%)	353 (67.9)
Familial breast cancer, n (%)	191 (36.7)
Self-Exam Information, n (%)	474 (91.1)
Breast self-examination habit, n (%)	311 (59.8)
Lymph node-positive, n (%)	260 (60.0)
Received radiation therapy, n (%)	322 (61.9)
Received chemotherapy, n (%)	455 (87.5)
Mastectomy, n (%)	475 (91.3)
Reconstructive surgery, n (%)	83 (15.9)

Associated with low resilience capacity Adjusted logistic regression. OR [CI 95 %] p	
inadequate attachment to personal extrinsic religiosity	2.67 [1.42 - 5.00] p = 0.002
Inadequate attachment to intrinsic religiosity	1.87 [1.00 - 3.49] p = 0.04
inadequate attachment to extrinsic social religiosity	1.14 [0.59 - 2.22] p = 0.68

CONCLUSION

In a group of postmenopausal breast cancer survivors living in a Colombian Caribbean city, inadequate attachment to religiosity was associated with a higher chance of low resilience.

Fostering an adequate attachment to religiosity could be a strategy of interest in the comprehensive care of postmenopausal women survivors of breast cancer.