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SCHOLARENA

SAJ Cancer Science

REVIEW ARTICLE

ISSN: 2375-6683

Cultural Impact of Cancer in Africa

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Citation: Bolenga Liboko AF, Diane S, Mabiala Y, Ndounga E, Zala Oya JA, et al. (2019) Cultural impact of cancer in Africa. SAJ Cancer Sci 5: 402

Abstract

Cancer mortality rates in sub-Saharan Africa can be as high as 75%, depending on the disease and country-specific; because the patients consult late in the hospital, especially because of cultural gravity. There are various cultures, rites, and perceptions of cancer in Africa due to the complexity and variety of ethnicities. Here we chose to exploit the perception of the cancerous disease and the therapeutic route from three African countries: Gabon, Congo-Brazzaville and Niger. The Fangs and Masanguis in Gabon, the Bayombés in Congo and Touarègues in Niger have different beliefs about cancer. Each of these ethnicities has a well-defined therapeutic route to a case of cancer, involving fetishers, healers, genies and Marabouts. This delays the first visit to the hospital, explaining the late arrival of these patients and the high mortality rate due to advanced forms of cancer diagnosis in hospital. Cultural Influence on Cancer in Africa Has Significant Negative Impact and Hinders Cancer Care.

Keywords: Impact; Cultural; Cancer; Africa

Introduction

Cancer is a serious disease, characterized by an uncontrolled cells proliferation and by metastatic spread [1].

The perilous problem of global cancer progression is worsening in developing countries. These countries pay a heavy price for cancer with 63% of deaths and 56% of new cases in 2008; and will pay more by 2030 (70% of deaths and 60% of new cases of cancer) [2].

In sub- Saharan Africa, cancer mortality rates can reach 75% depending on pathologies and countries [3]. These figures can be explained by the late consultation of the patients, the difficult access to medical care, the lack of health coverage, the insufficiency of technical platforms, the shortage of human resources and especially cultural weights [3, 4]. In our multicultural societies, caregivers are brought to provide relationship care to patients from different cultures. For caregivers this involves the acquisition of cultural skills to better interpret patient behaviors and to respond optimally to their needs [5].

Perception of the Cancerous Disease and Therapeutic Itinerary According to the Culture

There are various cultures, rites and perceptions of cancer in Africa due to the complexity and variety of ethnics groups.

Here, we have chosen to exploit the perception of cancer and therapeutic itinerary from three (3) African countries: Gabon, Congo-Brazzaville and Niger.

In Gabon, how do the Fangs perceive the disease?

Let's take three subjects a, b and c. Subject a has breast cancer; subject b says he received an invisible wound during a mystical night clash; subject c doesn't present any particular sign but has the feeling that lately, something is wrong, his traps no longer catch animals, his crops perish, his daughters do not marry. To solve their respective problems, the subjects a, b and c will all have the same approach by seeing someone who can help them (likely to relieve them); they all feel sick [6].

This observation shows the complexity of the notion of disease for this population.

The Fangs clearly distinguish two categories of diseases: Common diseases and diseases specific to the Fang's culture. The belonging of a disease to one or another category depends on the way of contracting it. This disease can be caused (like cancer) by an occult force or not.

If a disease isn't caused by someone else action, then it's a common disease, in other words, it's a natural disease. However if it's the result of a "human" or "divine" agent, then it is no longer a natural disease but the product of human will (or God) [6]. And yet we know that disease is always considered as a reality that disrupts the balance of the group. The man who is likely to give cancer to a member of his group commits a double moral fault:

1. He harm other
2. He destroys the good balance of the group for which he's now a threat, a potential danger.

Cancer is taken seriously by the community and especially through the person in charge of restoring the broken balance: Doctor [6]. The task of the doctor is not only to relieve the pain of his patient but to find the cause behind the symptoms in order to restore balance in the group and to strengthen the value of society [6]. So, we can see that the doctor's task goes beyond the medical practice (this is especially true in case of cancer).

Still in Gabon, in the Masanguis ethnic group, the perception and treatment are notions that cannot be understood or even conceived only within the culture as a whole: socio-cultural organization, family and clan organization, and the beliefs that play a leading role in this society [7]. The ancestor's cult, the spirits, God and initiatory rites have a very important place in the socio-cultural growth of each person [7]. When a particular symptom occurs, the first step is to try to find out what it is. After this first diagnosis, which is most often approximate, a leaf based first aid is administered. If the disease persists, a healer should be seen, "The one who heals" [8]. It is believed that the latter has the necessary knowledge to identify the disease (cancer) which he will try to cure. If there's no healing, the patient will go to a "sighted person" to have perceptiveness. The sighted person will use his science to found the origin of that cancer; (very often the healer is also a sighted person). The sighted uses several techniques, the most common is "The spear" one. When the origin of the cancerous disease is found, they go to the great healer who has the mystical and medicinal skill to fight the wizard. Often, to treat the illness, the great healer initiates the patient into a ritual "The sacred wood", so that he can "see the truth" [8]. Modern medicine is only a last resort.

In Congo-Brazzaville, we were interested in the Bayombes ethnic group. Any disease can have a natural or mystical origin, depending on the degree of seriousness. Cancer is not often serious because it does not manifest itself by any pain, doesn't require specific care.

Popular medicine (by using leaves) is enough to cure the illness [9].

When cancer is at an advanced state, with a death risk, it ceases to be considered as natural [9].

The Bayombes live in clan, so in case of cancer, the whole clanis involved.

The path to health recovery includes several steps depending on the seriousness of cancer [9]. The transition from one state to another depends on the obtained results. If popular (folk) medicine heals the cancer; it is not necessary to go to the next step (consultation of a healer).

Popular medicine, here is the general knowledge of the population on plants with healing properties. The holders of this knowledge don't undergo any particular learning and aren't considered as healers. The initiative of this first step lies with parents, especially the father, assisted by the patient's mother. The cares are administered by the relatives themselves without outside help [9].

The consultation of the little sighted persons, "those who can see clearly": is informal and aims to the establishment of a diagnosis (as to correct the layman's diagnosis). It is led by the parents (father and mother) of the diseased, at the same time with the healer's care. The opinions of these little sighted persons are often enlightening. The first family reunion is an opportunity to "discuss about the health of the diseased". Here appears the uncle. He portrays himself as the main author of the disease: "stretches his leg" to give the wizard "an exit door". This gesture serves as a warning to the latter [10]. At the end of the family reunion, the uncle authorizes the healer to continue the cares. This authorization is supposed to make the care more relevant. At the second family reunion, the decision to consult the great sighted person in order to determine the exact motive of the bewitchment and its origin [9].

During the first consultation of the great sighted person, they don't try yet to identify the wizard, but they try to guess who he may be in order to direct the negotiations. They will never designate the wizard if the case is not hopeless. At this stage, the sickness is more serious and mystical. The third family reunion is the occasion to repair the wrong. The victim and his family, after knowing the motives of the author of the disease proceed to a confession. The patient himself confesses first, if he has something to blame himself for; then his family does [10].

The second step of the consultation of the great sighted is the ritual dance which allows him to come into mystical contact, at first with the patient, in case if the victim is aware of the origin his harm, in the second case, either with the wizard to ask his condition, or with the mystical village of the wizard, where the disease's spirit is held prisoner by the "devils", to try to deliver him [10]. Modern medicine arrives after failure of all traditional approaches.

In Niger, in Tuaregs ethnic group, health, sickness or healing is to be conceived through the perception of the body [11]. The human body consists of two components: heat and coldness. These properties of heat/coldness are not directly related to an objective temperature of the body. In general, in dualistic concept, Tuaregs associate heat with the notion of "fat" and coldness with

the notion of "sweetness" [11]. Does the excess of one of the components cause cancer? It's important to discern whether cancer is an excess of heat or coldness to adjust the treatment, which consist of dietary prohibitions but also remedies [11].

This is how the healer prescribes "refreshing" care when the harm reveals the excess of heat and recommends "warming" care when it's due to an excess of freshness [11].

Cancer and daily illnesses, like most diseases contracted by Tuaregs, are attributed to natural causes and most are explained by dietary excess.

However, in some cases, the causes may follow logic, especially when the cancer is resistant to curative cares. The suspicion will then be carried either on the geniuses "those of the forest" or on the acts of a wizard [11]. The confirmation of this diagnosis necessarily goes through the consultation of a sighted person. The latter practice clairvoyance from the stars [11].

In Tuareg's beliefs, each person has his/her star; everything that happens to someone him, good or bad can be related to it [12]. To ward off cancers, the Tuaregs, usually resort to two therapists: the healer and the marabout [12]. When these two entities fail to bring healing, they resort to see doctor.

Consequence of the late arrival to the first consultation

The consideration of the disease by these different social groups as studied and the therapeutic route that each borrows when a case of illness is declared are the origin of the late arrival of the patients to the first consultation at the hospital.

These images illustrate the consequences of the late arrival of patients at the first consultation:(Figure 1 to 5)

Figure 1: 64 Y.O patient : VADm S undifferentiated carcinoma

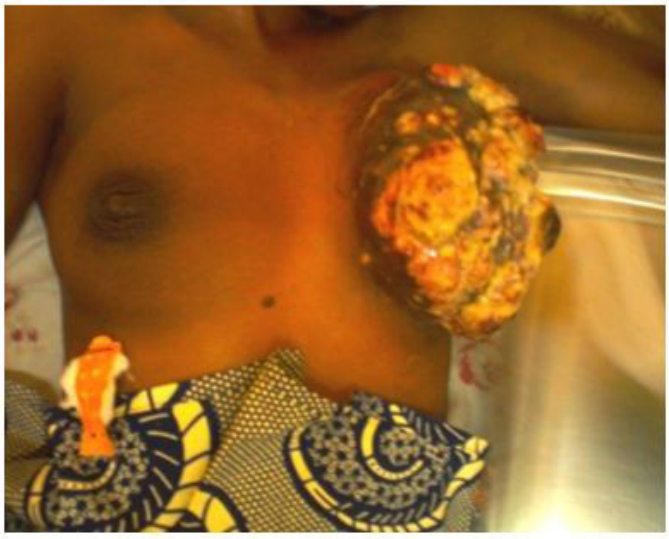

Figure 2 : 32 Y.O patient :Left breast adénocarcinoma

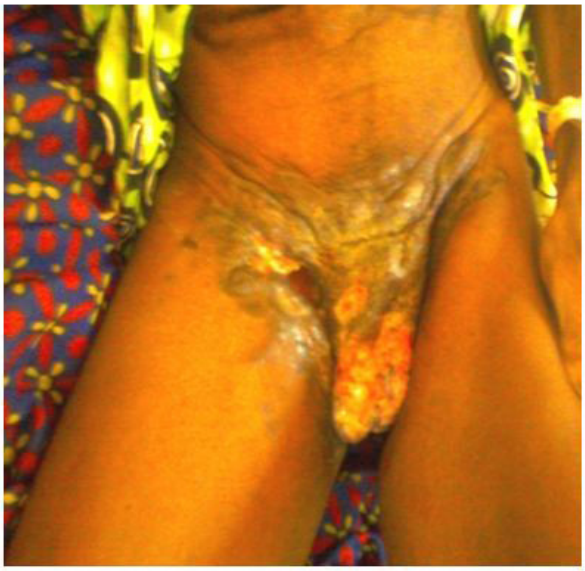

Figure 3 : 54 Y.O patient: Squamous cell carcinoma of the pénis

Figure 4 : 4 Y.O patient: Left eye retinoblastoma

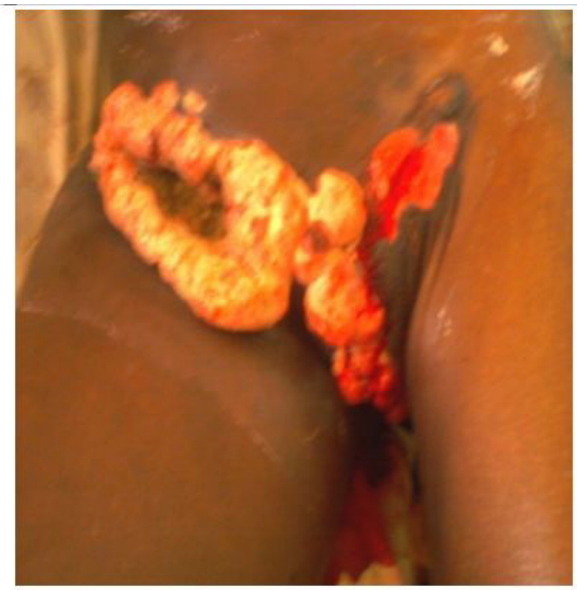

Figure 5 : 30 Y.O patient: Squamous cell carcinoma of the vulva

Difficulties of adherence to care

For a long time now, cancer has been a frightening disease, often defined as a pernicious, insidious and deadly disease [13].

To provide good healthcare quality, we must take into account the patient's lifestyle (culture and religious beliefs). The role of a translator because of language barriers due to illiteracy. A poor translation, due to the lack of understanding of the interpreter. The denigration of the caregivers, the incitation to use witch doctor or healer.

Check-list facilitating adherence to care: methods to follow [14]

1. Communication: Identify the patient's preferred method, to get help by a translator, and make sure that he understands what is being said, for a better transmission.
2. Language barriers: Identify whether the language barrier is verbal or non- verbal.
3. Cultural barriers: Identify the culture of the patient, to avoid any cultural barrier.
4. Comprehension: During the diagnostic announcement interview, check with a simple wording if the patient and/or his/her family understands the situation, diagnosis and therapeutics modalities, to ensure a good adherence to the treatment and a good compliance.
5. Beliefs: It's important to identify spirituals and religious beliefs, because it has an implication in the therapeutic management of patients in some religious communities (Jehovah witnesses and blood transfusion).
6. Trust: Ensure that the patient and his family trust the caregiver.
7. Recovery: There must be a feedback to clarify the patient's and their family's understanding of the treatment, healing or the caregiver's role.
8. Nutrition: We must refer to the patient's eating habits and adapt his diet if necessary in order to avoid malnutrition, which is a limiting factor in the administration of certain cancer therapies.
9. Balance sheet: It's necessary to establish balance sheets with sensitivity for lack of social healthcare program (Medical insurance). As a result, the patient pays his care without social assistance.
10. Prejudice of the nursing staff: The nursing staff must examine and recognize their own prejudices.

Conclusion

The cultural influence on cancer in Africa has a significant negative impact, and constitutes a brake on the management of cancer, hence the interest of Information, Education and Communication (IEC).

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