



Short Communication

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Increasing Awareness of Female Cancer in Cameroon



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Abstract

Introduction: Africa is experiencing an increase in the burden of chronic non-communicable diseases notably diseases like hypertension, diabetes and cancers. Female cancers in Sub Saharan Africa are the leading causes of cancer-related morbidity and mortality with most vulnerable population women at the age of procreation.

Discussion: These women on the other hand have a real problem of awareness of the risk they face. Furthermore, they do not know the risk factors nor adopt behavioral preventive measures. Cameroon is one of the developing countries where female cancers constitute one of the major public health problems and evidently face the same problematic above this coupled with problems at the level of screening and effective management of cases.

Conclusion: Improvements need to be made in cancer detection, treatment and treatment cost. In addition to palliative treatment, curative treatment and prevention should also be considered in interventional methods.

Keywords: Female cancers; Increase awareness; Cameroon

Introduction

Africa is experiencing an increase in the burden of chronic non-communicable diseases notably diseases like hypertension, diabetes and cancers which were believed to be diseases of developed countries. In Cameroon as well as other Sub-Sahara African countries, more attention is drifted towards breast, cervical and other female cancers which are the leading causes of cancer-related morbidity and mortality [1]. Women at the age of procreation are vulnerable to these cancers but in many developing countries, despite the fact that a significant proportion of them might have heard of some of these cancers, their knowledge of these cancers is still very limited especially in the rural communities. Most of these women do not even know they are at the risk of cancer diseases neither do they know the risk factors and preventive behavioral measures [2,3]. This issue of unawareness and/or limited knowledge on these cancers can be due to low levels of education, ignorance, superstitious beliefs etc. Reluctance to undergo screening is a structural problem of the health systems in Sub-Saharan developing economies thus impacting negatively screening. Some reasons for the reluctance include costly tests, late reception of test results as well as the issue of cost-effective management of the cases diagnosed. These women would most likely be willing to adopt healthy and responsible lifestyles likewise screen if they were well informed. Additionally, amelioration of availability, accessibility

and affordability of screening tests and treatment would increase their chances of getting screened. Cameroon is among the developing countries in the world, where female cancers constitute one of the major public health problems. The inability of the National Health Information System to make available updated data on the incidence and mortality of cancer, still poses a great problem in the country. Most sources of data are small scale research carried out by various individuals and institutions which can barely be inferred to the general population.

Discussion

Breast and cervical cancers are the leading causes of cancer-related morbidity and mortality in Cameroon. In 2014 WHO (World Health Organization) estimated that 4,400 women in Cameroon died of cancer: 27% of breast cancer and 24% of cervical cancer [4]. Following the estimation of 2012, it was noted that about 1,993 new cervical cancer cases are diagnosed annually in the country. This statistics ranks breast cancer as the leading cause of female cancer in Cameroon, with an incidence of 25.6 per 100,000 per annum. This is followed by cervical cancer with an incidence rate of 19.4 per 100,000 per annum. Still under the same estimation, about 1,120 new cervical cancer deaths occur annually in Cameroon. These cancers affect primarily women who fall within the age group of 15-44 [5]. More than

80% of them get diagnosed at a later stage thus making treatment very difficult. This accounts for the low survival rates, with most of them dying within a 12 months' period, when compared with similar cases in found in the developed countries [4,6]. If these cases were diagnosed earlier maybe they could have been managed properly and case management could drift more towards curative than palliative treatment. To make the matter worse there is also a real problem of availability of qualified personnel. For instance in 2011, Cameroon, a lower middle income had just 2 medical oncologists serving a population of 18.8 million (which presently is still growing), both of whom were based in the capital city Yaoundé [7].

To be in the position of controlling female cancers, attention must be given to its cause and risk factors which include infection by the Human Papilloma virus (HPV) and behavioral factors like smoking, alcohol consumption, physical inactivity, obesity and the household use of solid fuel [4,8,9]. A very significant proportion of these women do not even know the risk they face neither do they know the preventive behavioral measures they can adopt, nor the importance of early screening [10]. There is also a real problem of availability of infrastructure and qualified personnel to handle the situation. At the level of health personnel especially those at the lower grades of the health system pyramid, lapses have been noted as concerns their awareness, knowledge and their ability to prevent, screen and manage cases of cancer [11]. Also the actual available means of diagnosis and management are not accessible and affordable to all socio economic categories of the Cameroonian population whether in rural and urban settings.

Awareness amongst the women concerned should also be considered as one of the methods of controlling female cancers in Cameroon, coupled with the promotion of low-cost screening. In Cameroon as well as in other developing countries projects have been implemented to improve awareness of cancer risks and encouraging interventions such as self-examination of breasts and cervical screening, mass vaccination against HPV and countering superstitious beliefs such as "having too many children" or "sitting on a hot stone" contribute to cervical cancer. In health facilities health talks are organized targeting pregnant women who come for pre- natal and post -natal consultation to increase their awareness with the intention of wiping out superstitious beliefs concerning the occurrence of cancer. This can be done by educating them on the risk factors as well as making them to understand the importance of early diagnosis, management and the amelioration of survival rate. All the above interventions are rather very dependent on a good number of factors that include sustainable funding, availability of health personnel in the health facilities, and the workload they may have during the antenatal or infant welfare consultations. The desired outcome of cancer awareness, prevention education and knowledge of importance of screening so far has not been achieved due to the aforementioned factors. Interpersonal

communication for behavioral change (especially during health talks between health personnel and women visiting for health care services) is very important in ameliorating the situation but has to be continuous and time durable. In addition mass communication through media campaigns and public posters should also be considered as these are known to work best in promoting awareness. Health personnel (especially the nurses and midwives) can also be well informed and educated on how to get the population aware of the cancer diseases [12]. Furthermore, improving the acceptability of screening to women by providing accessible and affordable testing, accurate information, reducing waiting times during screenings, results and treatment to more acceptable limits would help ameliorate their acceptance to screen [2]. This can be achieved by developing and adopting simple and affordable point of care testing thus preventing distant screening. Furthermore, the availability of qualified health personnel, especially in community based settings, will ameliorate promptness in diagnosis as well as management of the cancer cases [7] Evidence from pilot programs have shown that cervical cancer screening can be carried out in a cost effective way and in primary health care settings in low income countries if there is sufficient awareness in the population, good training of health workers, efficient management, good monitoring and evaluation systems with feedback of results to managers [12]. The implementation of cultural competency training for health care providers along with the development of culturally and linguistically appropriate education materials are also important considerations for outreach to the culturally diverse populations [13].

Conclusion

In conclusion, there is the need to increase awareness of the women to the risks they face linked to cancers as well as the behavioral measures they can adopt for prevention as well as early diagnosis and management while putting in place appropriate and sufficient resources needed for the timely screening and management of these cases. In Cameroon and most of Sub-Saharan Africa, improvements must be made in cancer detection, treatment and treatment cost. Palliative treatment should not be the only point of focus of interventional programs but also curative treatment and prevention. We have been so focused on controlling infectious and other communicable diseases that we gave less attention to chronic non-communicable diseases which are now significantly emerging in Africa. Let us readjust our priorities giving the control of chronic non-communicable diseases a place in our interventional health programs. Action oriented towards the diagnosis, management and treatment of cancer among the culturally and linguistically diverse communities of Cameroon is a recommendation.

Declaration

Ethics approval and consent to participate

Not applicable

Consent for publication

Not applicable

Availability of data and material

Not applicable

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The authors declare that they have no competing interests

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