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# **CULTURAL INFLUENCES ON CLIENTS' COMPLIANCE WITH CANCER TREATMENT REGIME**

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## **ABSTRACT**

Cancer is the leading cause of death all over the world, with many more cases being diagnosed annually. There are predictions that this burden is expected to rise, with over 75 million prevalent cases, 27 million incident cases and 17 million cancer deaths expected globally by 2030. Evidence suggests that most new cases of cancers are now found in Africa, and Low and Middle-Income Countries (LMICs), increasing from 15% in 1970, to 56% in 2008, and projected to reach about 70% by 2030. Advances in early detection and treatment methods could positively affect prognostic outcome in cancers. Despite these successes, studies in some parts of Africa have reported an unacceptably low level of compliance with screening and treatment for cancers. Among the factors identified, cultural influences stands out. Therefore, this paper examined the influence of culture on compliance with screening and treatment regime.

Culture signifies a set of norms that bind people together, therefore forming a way of life. The influence of culture on health behavior is more obvious in African societies, as important decisions are linked to it. Cultural influences, such as traditions, fear, religious and cultural obligations of modesty, fear of disclosure of results, need for spousal approval, among others, could be barriers to uptake of screening and compliance. These have been grouped into six classical cultural determinants, viz: social structure, religion, education, language, economic and political philosophies.

The two main types of social structure are individual and group attributes. Religion is the set of shared beliefs that a particular society observes, hence, it is important to be put into consideration in order to enhance compliance. Education may improve health literacy, leading to more cooperation and better compliance. Language eases communication and professional relationships. Knowledge of economic and political philosophies helps to understand the intrigues needed to improve compliance.

In conclusion, inadequate understanding of cultural factors could pose challenges in spite of good geographical and financial accessibilities, leading to late presentations, poor compliance with and uptake of screening, poor quality of life and increased mortality. Hence, there is the need to address non-medical determinants of health behavior in overcoming poor response of individuals to screening and treatment regime. This has the potential to improve cancer prognosis.

***Key words- Culture, Cancer, Compliance, Clients' Screening***

## Introduction and Epidemiology

Cancer, irrespective of the type, is a threat to life and has become a significant public health concern globally; leaving many in pains, suffering and causing untimely death among the population. The agony and devastating sense of loss it leaves in the hearts of individuals and families, who watch their loved ones or friends go through intense suffering and might ultimately die in the arms of this monster, is incomprehensible.

Cancer is the leading cause of death all over the world, with many more cases being diagnosed annually. It is estimated that 38.5 % of individuals are at the risk of developing cancer at a point in their lifetime. In 2017, it is estimated that 1,688,780 new cases of cancer will be diagnosed and about 600, 920 people will die from it in the United States<sup>1</sup>. There are even predictions that this burden is further expected to rise, with over 75 million prevalent cases, 27 million incident cases and 17 million cancer deaths expected globally by 2030<sup>2,3</sup>.

Evidence suggests that most new cases of cancers are now found in Africa and low and middle income countries (LMICs), increasing from 15% in 1970, to 56% in 2008, and projected to reach about 70% by 2030<sup>4,5,6</sup>. This is supported by the <sup>7</sup>report which revealed that 57 of new cancer cases, 65% (5.3 million) of the cancer deaths and 48% (15.6 million) of the 5-year prevalent cancer cases occurred in the less developed regions<sup>8</sup>. This report may be seen as the tip of an iceberg especially in these regions where records on cancer registry is insufficient and many in hard to reach communities die from the disease stepping up preventive measures and ensuring compliance with screening and treatment regimen. <sup>12</sup>A systematic review

without appropriate diagnosis and reporting<sup>9</sup>.

Most of the cancer diseases are preventable and if detected early through regular screening can be managed. Advances in early detection and treatment methods have been noted to positively affect prognostic outcome in cancers<sup>10</sup>. Efforts to prevent and treat cancer have seen major achievements and notable developmental milestones have been made through investments in cancer research all over the world. The National Cancer Institute of the United States of America and other notable organizations has championed landmark research that has transformed screening and treatment of cancer and the results of the various studies have been published to reflect the progress in cancer screening and treatment worldwide.

There is no gainsaying that regional and national efforts have driven initiatives and programs aimed at improving compliance to screening and treatment for cancer across Africa. Despite these successes, several studies in some parts of Africa (for instance Uganda, Ghana) have reported an unacceptably low level of compliance to with screening and treatment regime for different cancer types among the populace<sup>11</sup>. In Nigeria, <sup>10</sup>there was a suggestion that low screening uptake was a major cause of breast cancer mortality. Several factors in the literature have been linked to poor compliance with screening and treatment regime of cancer. However, one important factor influencing compliance that has remained salient in most studies in Africa is culture. This calls for both global and regional efforts in was conducted to determine uptake of cervical cancer screening and associated factors among women in rural Uganda.

Findings showed that of the 900 women, only 43 (4.8%) had ever been screened for cervical cancer. A study among Ghanaian women showed the self-reported breast cancer screening rate (BSE 32%, CBE 12% and mammogram 2%) was low. Low screening uptake has been implicated as a major cause of breast cancer mortality in Nigeria<sup>10</sup>.

### **The Concept of Culture**

Culture signifies a set of norms that bind people together, therefore forming a way of life. Put differently it could be seen as “the sum of attitudes, customs and beliefs that distinguishes one group of people from another” and note that “culture is transmitted through language, material objects, ritual, institutions and art from one generation to the other”<sup>13</sup>. Culture is a tool that its members use to assure their survival and well-being, as well as provide meaning to life. <sup>14</sup> A researcher opined that culture is a complex totality of man’s acquisition of knowledge, morals, beliefs, arts, customs and technology which are geared and transmitted from generation to generation.

Culture has two purposes—an integrative purpose, whereby beliefs, behaviors, and attitudes are learned, which provide a sense of belonging and integrity; and a functional purpose, in which behaviors are prescribed that define a good person in a specific worldview<sup>15</sup>. Culture is highly multidimensional and includes important aspects, such as communication patterns, social support, family relations, and decision-making styles. Although hundreds of definitions of culture have emerged within the social and behavioral The two main types of social structure are individual and group attributes. In some

sciences, four basic characteristics are contained in the majority. Culture is:

- Learned from birth through the processes of language acquisition and socialization<sup>16</sup>
- Shared by all members of the same cultural group<sup>15</sup>
- An adaptation to specific environmental and technical conditions<sup>15</sup>
- A dynamic, ever-changing process<sup>17</sup>

Steadfast adherence to negative socio-cultural beliefs is among the factors for lower survival rates of cancer in most African countries<sup>9</sup>. Also, <sup>18</sup>A group of researchers in their review found that socio-cultural factors such as belief, traditions and fear were factors impacting African women’s health seeking behavior in relation to breast cancer. Similarly, <sup>19</sup>in another study in Nigeria reported that participants mentioned religious and cultural obligations of modesty, gender of healthcare providers, fear of disclosure of results, need for spousal approval, among others, as barriers to uptake of cervical cancer screening.

### **Cultural Determinants of Cancer Care**

Cultural influences, such as traditions, fear, religious and cultural obligations of modesty, attitudes to gender of healthcare providers, fear of disclosure of results, need for spousal approval, among others, could be barriers to uptake of screening and compliance<sup>19</sup>. These have been grouped into six classical cultural determinants, viz: social structure, religion, education, language, economic and political philosophies.

- *Social structure*  
cultures, the individual is viewed as autonomous, egalitarian, rational, self-

assertive, and self-aware. In other cultures especially in the Africa countries, they are more socio-centric or community-centered than individual centered. For the individual and group attributes, family relationship/ties are an important aspect of the Africa culture. Questions to consider about cultural groups:

- ✓ Who is in the patient's social network/structure?
- ✓ What is each person's position in the social network/structure?
- ✓ What are the communication and decision-making patterns of the group?
- ✓ Do gender, age, and other attributes affect status in this social circle?
- ✓ Who are the people in your support system who are helpful or harmful?
- ✓ Who is there to help you with physician care, emotional support, transportation, and care of loved ones?
- ✓ Who do you see or talk with for support?
- Family relationship/ties

The family is the primary unit of society. In it, children are socialized into human society and into a culture's particular beliefs, attitudes, values and behaviors. Family relationship, also known as family ties is the smallest unit where cultural practices are preserved and practiced. In Africa, decision about individuals' health and wellbeing is usually considered at the family level because everyone is considered responsible to the family and is not self-governed. For example, a study that interviewed Kenyan women regarding cervical cancer screening reported that it is often problematic for a woman to go to a health clinic to be screened if she is "feeling healthy," as she must convince her partner to get money for transport when general belief that Africans are very spiritual and religious people. Religion plays a vital role in their existence. The

she is not visibly ill<sup>20</sup>. In most Africa countries, screening tests for women (breast or cervical cancer) are not welcomed by their partners. One study has revealed that male partners feel challenged as their "ownership" of and control over his wife is compromised<sup>21</sup> especially when a male health professional is the care giver.

Another concern is the fact that sometimes pressure from family and the community is too much when a spouse is diagnosed with any type of cancer. This may be due to some myths about the cause of the cancer and as such people prefer not to comply with screening or treatment for fear of discrimination or family interference that may lead to separation in marriage.

- Religion

Religion is the set of shared beliefs that a particular society observes, hence, it is important to be put into consideration in order to enhance compliance. Religion refers to a specific set of beliefs and practices regarding the spiritual realm beyond the visible world, including belief in the existence of a single being, or group of beings, who created and govern the world. Ritual, prayer and other spiritual exercises are commonly part of religious practice.

Religious beliefs often provide guidance for behavior and explanations for the human condition. Religious beliefs and communities are often sources of strength for cultural groups coping with the demands of the majority culture. Regarding spirituality and religion, it is a

religions predominantly practiced in most culture are Christianity, Islam and traditional religion. It has been reported

that certain religious beliefs (e.g., “prayer can cure disease”) are common among Africans and are negatively associated with health-promoting behaviors<sup>22</sup>. Most of the people express faith and hope in the supreme deity and carry out spiritual exercises as recommended by their spiritual leaders. Among those who practice traditional religion, there is also the belief that cancer is as a result of punishment from the gods and appeasing the gods through rituals can cure the disease. On the other hand, for the Muslim religion, it is forbidden for women to expose themselves to anyone except their husbands. This has implication for cancer screening and treatment especially when the health professional to provide the care is a male. Even if they have to comply with screening and treatment, then there must be collective decision that their wives will receive the service only if a female provider performs the examination<sup>23</sup>. As a result, so many do not comply with screening or treatment regimen for cancer rather they spend months in spiritual houses or patronize traditional healers as the case may be.

- Education/Health literacy  
Education may improve health literacy, leading to more cooperation and better compliance. Medical terminology is often complex and difficult to understand. This can even be the case for vocabulary used in common adult screenings. Moreover, medical information is often large in quantity and difficult to process. Sometimes the patients with lower levels of education ask fewer questions and speak less compared to the patients with higher levels of education may be because speak the clients’ local language, but not proficiently enough for good communication, may think they

they feel embarrassed by the response from the health professionals. So while passing health information to clients irrespective of their cultural background, the health professionals should:

- Ask clients what they already know and understand about their condition or screening service in question
- Literacy appropriate communication strategies should be used e.g. pictographs
- Patients should be encouraged to express their values and ask questions
- Help patients to remember what was discussed
- Provide time and opportunity to reflect on the information provided to them and create questions
- Use tape recorders, writing information down for patients, decision aids

✓ *Language*

Language and communication style refers to a wide variety of verbal and nonverbal patterns and behaviors which develop from the wants of the people who tend to disperse themselves in a common given location over a particular period of time. Language also includes the way people speak with peers, family members, authority figures, and strangers. Language eases communication and professional relationships. Evidence shows that language challenged clients are less likely to access preventive services<sup>24</sup>. When services are not provided by local language providers or with interpreter services, clients may not understand the purpose of such screening or treatment services. They may also feel disenfranchised from the experience/services<sup>25</sup>. Providers, who are appropriately communicating when they are not and their patients may not feel comfortable asking for clarification.

- *Economic and Political philosophies*

Knowledge of economic and political philosophies helps to understand the intrigues needed to improve compliance. Political power can be defined as a group's level of formal involvement in local, state and national governments as well as in informal advocacy organizations. Those with political power are able to influence public policy decisions, often to the benefit of the group's interests. Those groups who are left out of the political process have no guarantee that they will be well-served by the process.

Questions to consider about cultural groups:

- How well-represented is this group in the local, state and national governments? How many women are among this group's elected and appointed officials?
- What are the advocacy organizations that work on behalf of this group? How well do they represent the diversity of the group?
- How active are this group's churches and other religious organizations in social movements?
- Who are the formal and informal leaders at the local and national level?
- What is the group's relationship with law enforcement officials like?

Economy involves finances but encompasses the types of jobs that specific populations choose, or have been restricted to, to generate income. There is poverty and economic concerns in all cultural groups and no one cultural group has only poor people in it. Therefore, questions about poverty and economic concerns should be focused on a specific Culture influences patients' and communities' perceptions of cancer risk, their trust in oncology professionals and

community or group of individuals, not about an entire ethnic group.

Questions to consider about cultural groups:

- What kinds of employment training opportunities exist in the community? Are the public schools safe, well-staffed and well-funded? How many children are in private—including parochial—schools?
- Do most people rent or own their houses or apartments? Do many people live in public housing, in homeless shelters or doubled-up with relatives?
- What is the level of violence in the community? Gang involvement? Other crime?
- What are the health problems in the community? How many doctors or clinics are available? When and how do people seek medical treatment?

### **Cultural Impact on Cancer Care/ How does Culture Impact Cancer?**

The impact of culture on health behaviours throughout the cancer trajectory is more obvious in African societies, as important decisions are linked to it. The African culture is unique to individual communities, and despite the rapid introduction of western education and growing urbanization in the African continent, it can almost not be separated from their daily living, interactions and behavior. Surprisingly, these cultural factors though may be minimal but are still found to influence decisions and health behaviours among individuals in present day.

institutions, and their approach to standard and experimental cancer treatments, and also plays a determinant role in individual



professionals' and institutions' approach to minority patients—a key element now emerging in health-disparities research. Culture affects the entire way in which cancer is framed in meaning and response; as it modifies:

- Concepts of health and disease at the physical and spiritual levels;
- The experience and expression of pain is viewed as punishment or a test of faith;
- Expression of emotions: Emotional responses to the diagnosis and course through cancer. The universal basic emotions are culturally filtered and expressed in the face of suffering, such as anger. Cultural factors determine the way in which emotions are expressed and psychological response to cancer.
- Family and individual decision-making styles vary according to their concepts of autonomy<sup>15</sup>.

Culture influences people's acceptance of cancer, starting with the screening services, realization of the diagnosis and to the subsequent treatment planning. It also frames attitudes toward gender roles, concepts of health and suffering, meaning of body parts, and decisions about life, illness, death, religion, and world view. The social structures of families, the decision-making pattern of the group, and the impact of characteristics such as gender, age, or community status on decision-making may vary in important ways. Moreover, cultural beliefs and values are not static. They often change over time for individuals, as well as generationally for the group, especially when interactions occur in multicultural settings.

It is apparent that cultural values, beliefs, stigmas, and practices shape the care of cancer throughout the disease trajectory<sup>26</sup>.

Women afflicted with cancer are a vivid example of the impact of cultures on the patient's destiny as a survivor. Throughout history the perception of women in the Islamic world has been associated with motherhood, nourishment, tenderness, and care. Hence, motherhood has been seen as a societal institution that was conceptualized as "essential" and "natural." Furthermore, the meaning of motherhood has been comprehended beyond the biological role of reproduction; and it always had a powerful symbolic meaning. Hence, in many Africa societies, motherhood encompasses customs, attitudes, morals, rules, and a host of other rational and irrational norms<sup>27</sup>. The above societal concepts have led women with cancer to feel loneliness, abandonment and significant difficulties in coping with the disease. Moreover, owing to the environmental response to the illness, patients still attribute the cause of their cancer to faith, being punished while bearing guilt feelings. Accordingly, the patient's response to the illness is often passive and fatalistic<sup>26</sup>.

Culturally related misunderstandings during care delivery can develop and may lead to ethical dilemmas, practice problems, and problems of communication between the patient, his/her family, and caregivers. To encourage high-quality healthcare for all, professionals must increase their knowledge and understanding of those who are culturally different<sup>28</sup>. Understanding a patient's culture provides the healthcare provider with an insight into how the disease, particularly cancer, is viewed. It is through culture that individuals understand cancer and find ways to explain the disease. Cultural sensitivity is required in the

development of treatment protocols in order to ensure patient compliance<sup>29</sup>.

Based on the powerful influence of culture, researchers from various quarters are advocating for culture specific models to help address its influence in the fight against cancer diseases. An understanding of the construct, culture and the individual elements that come to play in shaping individual's health behavior practices is therefore needed to help uncover result oriented culture specific interventions to address current challenges.

### Conclusion

Inadequate understanding of cultural factors could pose challenges in spite of good geographical and financial accessibilities, leading to late presentations, poor compliance with and uptake of screening, poor quality of life and increased mortality. There is the need to address non-medical determinants of health behavior in overcoming poor response of individuals to screening and treatment regime. This has the potential to improve prognosis in cancers.

To achieve a cultural based quality care, the healthcare provider needs to assess the role and engagement of the family in the patient's care and decision-making. Maintaining open lines of communication within the patient-physician-family relationship conveys trust, openness, and sincerity<sup>30</sup>. Positive communication strategies, which include the expression of respect and dignity, conveying hope and acknowledging patient's values, are the way to achieve goal-oriented care resulting in a "good death." Empathic communication and compassionate care can serve as an efficient means in ameliorating cancer pain and suffering<sup>31</sup>.

### Recommendations

- Public health campaigns focused on preventive services should be translated into local language to ease understanding, thereby enhancing cooperation of the people.
- It is important for oncology care providers to remember that they come from their own culture with its established set of norms, attitudes, beliefs, and behaviors. A first step to becoming more culturally competent is to understand one's own culture and how this impacts reactions to others.
- The focus should be on training current health care providers to be culturally competent in the short term while working toward the goal that all service providers share the cultural background of the clients they serve.
- Use of trained interpreters
- Training and evaluation in cross cultural care

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