

Reducing Stigma of Cancer in Asia—An Important Strategy for Cancer Control

Loh Siew Yim

Faculty of medicine, University of Malaya, Kuala Lumpur, Malaysia

ABSTRACT

Half the global burden of cancer is in Asia, where 60 percent of the world population live. Ageing society, growing populations, lifestyle and socioeconomic changes have contributed to a steep rise in cancer incidences. The emerging cancer burden across Asia call for balanced investments in public and professional awareness and political recognition of cancer as a public health problem. Early detection and cancer prevention leads to both better health outcomes and better cost-savings of treatment costs. Although evolving cancer health services need to be stepped up to strengthen cancer healthcare infrastructure to improve equitable access to services, more work must be conducted in the community to address the entrenched stigma of cancer and caused a shift towards a more positive perception to help address cancer in Asia.

*Corresponding author

Siew Yim Loh (PhD), Faculty of medicine, University of Malaya, Kuala Lumpur, Malaysia, E-Mail: syloh@um.edu.my

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The 2020 World Cancer Day aims to save millions of preventable deaths each year by raising awareness and education about cancer and encourage cancer prevention, detection, and treatment. UICC supports the goals of the World Cancer Declaration set in 2008, and have been leading in pressing governments and individuals across the world to take action against the disease. Health service financing through social security schemes, financed through employers, and employees and general health insurance schemes with flexible pricing strategies for essential diagnostics, drugs and treatments to improve access to essential cancer diagnosis and treatment, as shown by Thailand must be systematically engineered across multi-ethnic, multicultural and varying socioeconomic status Asian.

One in two people will be diagnosed with cancer in their lifetime, and this figure will continue to rise with an ever growing aging population. Advances in decreasing cancer related mortality have produce encouraging report in the mortality statistics, for men and women combined had fallen 27% from its peak in 1991 till 2016 and where, some cancer survivors are now surviving more than 10 years after their diagnosis. Yet, after more than a decade, the need for cancer awareness is still needed especially in developing countries across Asia which accounts for 60% of the world population and half the global burden of cancer. On average, 70% of cancer patients in developing countries are diagnosed at a very late stage of illness, when treatment is no longer effective. Across Asia, the need to optimally upscale the diagnostic infrastructures (pathology, imaging and endoscopy

services), treatment modalities (optimum surgery, radiotherapy and chemotherapy and hormonal therapy services) in public health services is far from satisfactory, and must be augmented in a gradual phased manner. However, even more fundamental, is the need to work on the ensuring a more positive perception of cancer by the public and to engineer a positive shift to address the prevailing stigma [1-6].

In 2006, at a World Cancer Conference, the author presented a poster on – “Is Breast cancer becoming a chronic condition?” At that time, the idea of cancer as a potentially life-threatening condition was too overpowering, and many academics/ researcher argued that the idea of cancer becoming a chronic illness is unacceptable and unthinkable. Infact, to even try to introduce it as a chronic illness was seen as out of context and trivialising the ‘fatal’ condition. More than a decade later, the evidence and reality of some cancer taking a form of the chronic lifelong condition is becoming real, and this reality calls for the society to change their perception of cancer as ‘fatalistic’. Prevention as well as early detection of cancers have led to both better health outcomes and considerable savings in treatment costs in Asia [5].

Cancer, a once taboo subject is still very much entrenched with myths, misconception and stigma. There is a need for even more engaging positive stories about early detection and positive experiences with cancer to reduce the gloom and mystery of cancer. How survivors have overcome their conditions, and survived victoriously must be propagated widely, so that, as a society, we can normalise this ‘taboo’ subject, and gradually reduces the entrenched stigma attached to it, and enable survivors to return to work. Studies have shown that cancer patients who faced blatant discrimination when returning to the workplace, have fare slightly better with better survival rates and new laws [7-8].

A Shift in the Perception of the Cancer Disease Is Needed

Over the last decade, the USA's National Institute of Health have been organising the Cancer Prevention fellowship for academicians, researchers and clinicians from all over the globe to come together in Bethesda, to learn and share about cancer prevention and persuaded to do our part to raise cancer awareness and cancer prevention work, both within the academic and in the community. Society, as a whole, must help to reduce the stigma of cancer. Society must change their perception of viewing cancer as a fatal and life threatening condition, thus creating a fear and causing unease and avoidances of the topic. A reluctance to speak about cancer diagnosis, its treatment and care –because of fear – can be counterproductive in addressing the rising cancer incidences, as well as, hindering early detection. When society refused to talk about cancer, it prolonged the prevailing mystery about the condition, and this then, strengthened the entrenched stigma of the cancer diagnosis.

Normalising Cancer with Success Stories

One way of normalising cancer is by overcoming the stigma of diagnosis, through the strategy of early diagnosis. Cancer prevention talks and free screening for asymptomatic public who have not been screened before, can increase awareness of cancer. Getting an earlier diagnosis at early stages means better prognosis and higher percentage of cure. Having screening at the community- away from the dreaded hospital based environment, and with healthy lifestyle activities incorporated into the screening program allows better interactive engagements with the public. Such strategy can help reduce the prevailing 'fear' and address the stigma of a cancer diagnosis. With more people diagnosed early and with good outcomes, these stories can be widely disseminated to educate the public that cancer is not all fatal and doom. There are success stories to boost the profile of the field of cancer survivorship.

Addressing Barriers to Screening and Early Detection

Although community screening campaigns are much needed to raise awareness, it is not without its limitations. It takes much effort to organise such community initiatives and during the weekends, so that more public can be engaged. Financial support and manpower shortages are always the issue for organisers, but other factors can promote or hinders such community campaigns. Studies have consistently identified barriers to cancer screening which include - lack of time, procrastination, forgetfulness, other priorities, ambivalence, dis-valuing of screening tests, low perception of risk, lack of understanding, language difficulties, low socioeconomic status, living in rural locations, fear of results, marital status (single), gender (male) and cultural myths and beliefs [9-10]. Some people are also affected by the screening process such as their disgust at handling their faecal samples for colon screening. There is a need to educate the public on basic education too-such as to look at their stool and to be aware of their habits – thus normalising their e.g. bowel-opening tasks as a daily activity task. Across Asia, such as in Malaysia, more cancer screening program is now available at public hospitals – including in some cancer community. Public may have cold feet's or 'fear of diagnosis' which hinders them from coming forth to be screened. Thus screening intervention must be able to address this 'destigmatization' work, before efforts to draw in the public can be encouraged and optimised.

More Sociological-Based Community Work Needed-To Break the Silence around Cancer

In the decades of research and encounters with cancer survivors, strong feelings regarding cancer such as uncomfortable and a

distressing subject are common, exerting the pressure to gradually break the silence around cancer [11]. Although Facebook /website media and advocacy groups exist to support the cancer agenda and fight cancer stigma, the mainstream media like national newspaper should play very important role since they are uniquely positioned to widely disseminate positive stories and viewpoints of people coming forth for early screening and detection.

Ways to transfigure these 'fear and unknown of cancer' into familiar, daily participation is needed at the community level. Community activities, away from hospital settings are much more conducive in battling this entrenched stigma of cancer. Routine fabric of everyday living as an adjustment to the new norm of living for cancer survivors can be organised, as part of the cancer awareness-with a focus on stigma reduction program involving family member, and the community. Such intertwined community care program facilitates new norms - mentally, physically, socially and occupationally healthy, exposing the cancer community to cancer prevention activities early.

Cancer is currently an ever expanding presence in our society. Indeed, there is great benefit from reconciling the ability of 'cancer' to scare and isolate people, with its positive ubiquity view of 'overcoming cancer'. Destigmatising, desensitising issues of cancer in the society with an increasing focus on offering therapeutic (physical, occupational, social-preventive) intervention in the community can bring forth hope and comfort. These basic educational strategy and support is needed to bridge the fear and dread of cancer with daily dose of healthy community participations. Healthy occupational participation is the emerging new norm contributing towards better quality of life for both cancer survivors and to the economy of the country. In battling cancer as a public health burden, making available the high end technological and costly diagnostic-treatment facilities, must be balanced with the essential, fundamental education to eradicate stigma in populated Asian countries. Much of this fundamental advocacy work (proven effective in developed countries) must adapt to local culture and must take place person to person and community to community.

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