

Representations Of Breast Cancer In The Diamaré: A Descriptive Analysis At The Maroua Regional Hospital In Cameroon.

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To cite this article:

Authors: Adolphe Domo Sira, Ndzana Ignace Bertrand, Atanga Desmond Funwie. Paper Title: Representations Of Breast Cancer In The Diamaré: A Descriptive Analysis At The Maroua Regional Hospital In Cameroon.
IQ Research Journal of IQ res. j. (2023)2(2): pp 01-20. Vol. 002, Issue 02, 02-2023, pp. 0074-0094

Received: 20 12, 2022; **Accepted:** 25 02, 2023; **Published:** 28 02, 2023

Keyword

Representations, Breast Cancer, Diamaré, Descriptive Analysis, Maroua Regional Hospital, Cameroon

Received:

20 12, 2022

Accepted:

25 02, 2023

Published:

28 02, 2023

Abstract

This research aimed to analyze the representations of breast cancer by patients, and members of their entourage in the Diamaré. The field survey was mainly carried out at the Regional Hospital of Maroua with the target population. The work was based on a qualitative ethnographic methodology. The latter consisted of direct observation in hospital situations with in-depth interviews with informants. The study is part of the theory of social representations and reports several results. Thus, for the people met, breast cancer remains a disease associated with fear, fate, and death because of its incurable nature. It is difficult to apprehend the sick and their relatives. It is most often perceived as an incurable disease caused by modernity. For some, breast cancer results from a spell or an evil eye, making the pathology a spiritually provoked disease. It also very often takes the image of a disease of trial or punishment following a transgression.

Introduction

Cancers are among the leading causes of morbidity and mortality worldwide. (Globocan, 2012). In 2012, there were approximately 14 million new cases and 8.2 million disease-related deaths (14% of deaths). Breast cancer is the most common cancer in women (one in ten women is concerned): 45,000 new cases per year in France; cure in 80% of cases; Cancer most often affects women between 45 and 65 years of age. More than 60% of new cancer cases occur in Africa, Asia, Central and Latin America. These regions account for 70% of cancer deaths worldwide. Worldwide, breast cancer is the most common cancer in women. (Globocan, 2012).

The work of [Ndamba Engbang](#), et al., (2015) revealed that: Breast cancer is the most common female cancer in the world, ranking first in most countries. It accounts for 23% of women's cancers and 10.9% of all human cancers worldwide (Ferlay J., et al, 2008.). In Africa, Togo reported regional variability: 16% in Senegal, 10% in the South African Republic and 4% in Kenya (Togo A, et al., 2010). It is responsible for about 20% of deaths (cancers in general) in industrialized countries and 5% to 10% of deaths in developing countries. 15 million new cases and 10 million deaths are projected each year by 2020 (WHO, 2005).

Breast lesions can be detected or clinically recognized. In France, there is a national breast cancer screening by mammography reimbursed by Social Security. A mammogram is offered every two years to all women from the age of 50 (double radiographic incidence, double radiological reading). Depending on the situation of the discovery of lesions (palpable nodules, microcalcifications or stellar images during mammography), different diagnostic methods are possible (French cooperation of pathologists) (CoPath, 2013).

The study conducted among 21 countries in French-speaking Africa by WHO in 2012 reveals

an estimated number of new cases of 20,264 cases of breast cancer and an estimated number of deaths of 11,157 cases per year. In Africa, many misconceptions about cancer persist among all segments of the population; they should be identified and used for good information leading to behaviour change (WHO, 2012).

In Nigeria, breast cancer is considered a contagious disease; while in rural areas of South Africa, it is perceived as a poisoning or a bad spell cast by a wizard. These myths should be used for longer-term cancer prevention. Sometimes a real cultural change will have to take place, but it must be done smoothly by offering the people concerned a human and attentive listening to their concerns.

In Cameroon, the study conducted on "Country Profiles for Cancer, 2014" by WHO reveals the estimated number of people with cancer at 6,000 all cancers combined and 2,625 cases of breast cancer in women. Breast cancer in women and prostate cancer in men are the most common. The mortality rate from breast cancer is estimated at 26%, a very alarming figure. Two studies were conducted by: [McCarey C](#), et al; in Cameroon on breast cancer: breast self-palpation in 2012 with approaches on perception. ([Oyetunde M.O.](#), 2012).

The stage of discovery of the disease 92% of cervical cancer and 100% of breast cancer are discovered in stages 3 and 4. In 1992, breast cancer ranked second in the study by [Mbakop et al](#). After that of the cervix, skin and liver ([Mbakop A](#), et al. 2012). In 2012 in the Yaoundé population, breast cancer was the most common cancer in women with crude and age-standardized incidence rates of 25.89 and 35.25 respectively ([Enow Orock G.](#) et al., 2012).

The prevalence of cancer has increased relatively steadily since then ([Enow Orock G.](#) et al. 2012). Of the ten regions of Cameroon where this alarming situation is taking place, the department of Diamaré in particular is the area of Northern Cameroon where more cases are encountered.

Tebeu's 2008 study on the distribution of gynaecological cancers by the site shows the percentage of distribution of 58 patients in Maroua reveals the following figures: 45% (26/58) for the cervix, 19% or (11/58) for breast cancer, 33% or (19/58) for ovarian cancer and each 1.5% (1/58) for ovarian cancer and each 1.5% or (1/58) for vulvar and endometrial cancer (Tebeu, 2008).

Health and mortality depend in part on the natural environment and its management by man, it should nevertheless be noted that individuals through their behaviours and lifestyle habits, can promote or prevent the occurrence of diseases. However, these behaviours are themselves partly determined by attitudes often induced by cultural heritage, living conditions and policies conducted at a local or national level. Patients, their relatives and many healthcare providers fear the disease. Uncertainties about its causes, treatments and remission possibilities animate several conversations and are even the subject of much information on social networks (Kpotchou, 2018). This observation raises questions about the representations that the various actors directly affected by the disease have of breast cancer as a chronic disease.

A theoretical framework for analysis

This work was part of Moscovici's (1969) theory of social representation. Indeed, according to Moscovici, social representation is a form of knowledge, socially elaborated and shared, with a practical aim and contributing to the construction of a reality common to a social whole (Jodelet, 1984). Thus defined, social representation is a construction that an individual and his entourage have of a reality, an object or a situation. It is a set of opinions, beliefs, and individual or collective information that are shared about the reality or situation in question. It is all the more important when it comes to health and disease. Every important event in human existence requires an explanation, the same applies to the disease, the nature, causes, implications and explanations of which must be found to make it intelligible and comprehensible to the person or group concerned. However, the elaboration of the

causes of an illness is not only individual but also related to the social and cultural and especially interpreted according to the social contexts in which they occur (Herzlich, 1969). The disease is considered a deeply social fact and cannot be addressed without taking into account its relationship with individuals and their society (Laplantine, 1986). Augé (1984), for his part, considers illness anthropologically as a biological and social disorder, thus underlining the social character that disease can take.

As part of this work, this theory made it possible to analyze the sociocultural representations that care providers, patients and their relatives have of cancer and the social constructions that surround it. Indeed, care actors, patients and their loved ones socially construct the reality of the disease that is cancer, and it is these constructions that guide their perceptions of the disease.

Methodology

1. The research zone

Northern Cameroon comprises three regions, namely Adamawa, North and Far North which were born from the break-up of the former Northern Province in 1983. And Diamaré is one of the Departments of the Far North Region of Cameroon. Its capital is the city of Maroua. Indeed, the name Diamaré comes from the Fulfulde word dating from 1792 *jaama'aaré* or *djamaré* in memory of the country of the same name where the Foulbé had lived for a long time in Bormou. This term appeared in the political-administrative vocabulary of Cameroon in 1950 replacing the "Maroua constituency" (Maroua Regional Archives (ARM), Political Report of the 2nd quarter 1966).

The population of Diamaré includes different ethnic groups of unequal importance. The main ethnic groups are the Fulani, the Guiziga, the Moufou, the Mafa. We can add to its different ethnic groups the Hausa who came for trade and especially for the butchery of the city. These ethnic groups are more or less unevenly distributed in the department of Diamaré and they maintain close

relations with each other. (Issa S., 2002). In most cases, inter-ethnic marriage is very common. This proves that the different groups live in harmony in the departmental space of Diamaré.

Much of the equipment in health facilities is made up of obsolete and often poorly maintained equipment. For example, the X-ray machine at Maroua Hospital is more than thirty years old. This same hospital has a flame photometer to measure the blood level of lithium, but is not equipped for blood glucose measurement and it is thanks to the dedication of some technicians that some old devices still help. (Seignobos and Iyabek, 1984).

Medical and paramedical personnel increased significantly, with the number of doctors doubling between 1977 and 1987. (Seignobos and Iyabek, 1984). There has been a welcome development whereby doctors are assigned to the borough level. Ten of the fourteen district hospitals are headed by a physician. But the city of Maroua alone still has fifteen of the forty-eight doctors or 31% of the total workforce. This distribution is not necessarily absurd, since a doctor needs, in order to be profitable, a certain level of infrastructure and qualified staff. It is therefore desirable that the movement of doctors to the periphery be accompanied by better equipment and the assignment of well-trained staff. However, the actual technical staff is already lacking, even in urban hospitals. (Seignobos and Mandjeck, 1984).

Suspected cases of breast cancer in the area are first referred to the regional hospital for investigation mainly biopsy for anatomical pathology. This explains the emphasis we place on this health facility. This hospital was established around 1935 as a dispensary. Then in 1960 as a departmental hospital. Following the creation of the province of the far north it became a provincial hospital and it was in 2010 that it finally took the name of regional hospital. (Mindja Eko, 2021). HRM is located in the Zokok district. It is placed in the centre of the four (04) cardinal points (North, South, East, West) where there is a public square as a landmark

2. Approach

This work is based on an essentially qualitative ethnographic methodology. The choice of this methodological approach is explained by its importance in the assessment of the data to be collected. The aim here is to describe and analyze the representations of breast cancer by patients, their entourage and caregivers. This methodology was based on two main techniques, observations and interviews. The choice of the observation technique is explained by the fact that it ensures a dual approach to the development of knowledge by helping both to answer questions about the object of research and to analyze the way in which they are chosen, but also to develop a strategy (Blanchet Ghiglione et al., 2005). The interview, for its part, provided information on the social representations of the various actors. It is considered the most obvious technique in the social sciences (Blanchet et al, Op. cit.). Thus, an observation grid and interview guides were developed for the collection of data during the survey.

The observation grid is developed with the objective of observing the various actors in a care situation. Observations were made in different situations, including waiting rooms, consultations, chemotherapy sessions, inpatient rooms for patients requiring ongoing care or palliative care. It involved witnessing different scenes of interactions between caregivers, patients and members of their entourage, following their different exchanges and conversations and at the same time asking questions when the situation allows. In conversations, we can already identify different representations of the disease by individuals in relationship. Observations were continuous throughout the field survey.

The interviews were conducted in a semi-directive manner. The interview guide is developed around questions about what different actors think about the disease, its causes and implications and how they understand it. During the data collection, a phase was devoted solely to observations in order to familiarize oneself with the actors to be investigated and the different

practices in oncology. A second phase coupled the interview with the observation. Indeed, most of the interviews with patients and members of their entourage were carried out in the hospital ward mainly for private clinics or in the hospital room mainly for the Gynecologist. Other patients were surveyed while in the waiting room. Thus, a free room was made available to be able to question them out of sight. Caregivers are usually interviewed before and after consultations and chemotherapy and routine checks in hospital wards or at off-peak hours. However, with caregivers, many interviews or questions were prompted by facts or situations observed. In this case, they are questioned just or shortly after the observed facts when the situation allows, that is to say when the patient withdraws or when the caregiver himself leaves the patient to continue his activities alone. The interviews were conducted mainly in French or Fulfuldé depending on the patient's choice and the language in which the patient feels most comfortable. Sometimes both languages are involved in interviews. With the caregivers, however, the interviews were most often done in Fulfulde, a language that made it easier for them to express themselves on breast cancer according to the observations made during their interactions with the patients.

As for the duration of the interviews, with the caregivers, it is indeterminate because each fact encountered can be the subject of an in-depth interview. With patients seen in the consultation room in particular, the interviews lasted between 25 and 45 minutes, depending on the nature of the data collected, the patient's collaboration and patience, and the number of patients present in the waiting room. These interviews took place more or less formally. However, in hospital wards, when the patient allows it, the duration of the interviews is also indefinite and depends on the richness of the data to be provided and the involvement of the patient. Indeed, these interviews were mostly non-formal. After the introduction and explanation of the purpose of the interview to the patient and after the latter has signed the consent form, the interview is approached as a conversation a discussion like any

other with the patient and in some cases his companion. This type of interview in this work has resulted in richer data because the patient does not feel that she is being questioned but that she is conversing with someone while he is on chemotherapy. It should be noted that some patients can spend up to three or even four hours on chemotherapy. As with the caregivers, with several patients and the interviews took place in several sessions according to the appointments obtained for the follow-up of the consultations and for chemotherapy. The same was true with patients hospitalized or under palliative care, since they are present for a fairly long time, the interviews were spread over several days thus allowing patients not to get bored of questions and to give more in-depth information on topics already discussed.

Given the sensitive nature of the topic of breast cancer, given that several patients from the beginning of the survey declined the use of the recorder or were hesitant about the use of this device, the interviews were not recorded. This is in order to guarantee patients' anonymity and respect for their privacy. Data is scored as interviews evolve.

The collection of data in the health facilities and in the various care areas was possible thanks to authorization received from the Director of HRM and the authorization of the Regional Health Delegation. These authorizations were validated by the heads of departments and attending physicians who allowed access to their patients and services.

In addition, interviews were also organized with resource persons from the Ministry of Health and Social Protection, actors of associations that allowed access to some patients at home, and resource persons of the Ewe culture. After the collection and saturation of the data, the number of respondents reported 100 women with breast cancer; 16 members of the entourage, and 20 resource persons.

The target group of the research in breast cancer patients and their families. The study was

concentrated in hospitals because outside of health facilities, it was difficult to meet breast cancer patients at home. It, therefore targeted patients, members of their entourage, especially chaperones.

The data analyzed in this work were collected over a two-year discontinuous period, from January 2019 to July 2021. The data collected through observation and interview notes were manually transcribed at the end of each day of data collection. After that, they were sorted and cross-checked by theme according to the objectives of the research, namely the representations that patients and members of their entourage or their companions have of this disease. Content analysis methods (Bardin, 1983) were used to analyze the data. On the one hand, they are the categorical thematic analysis which consists of comparing the frequency of certain characteristics or certain important themes related to the objectives of the research, mentioned by the speaker. On the other hand, the formal analysis of the enunciation made it possible, by paying attention to data such as word order, repetitions and breaks, to highlight the different statements related to the objectives of the study. After that, the main trends recorded led to the results presented below.

Research results

I. Fulani representations of breast cancer

Breast cancer is a nosological entity, but its name varies from one cultural area to another in Diamaré. "Nyawu Paare" to say tumor disease or "Nyawu Caayori endi" is used to designate an infected wound of the breast in fouldé language because there is not in this language a word to say cancer, This Diamaré area by its geographical position, has long been subject to the influences of the Fulani world. This proximity also has a major influence on representations, as well as health attitudes. Linguistically, tokkinde or tokkinde is derived from the term tokkougou which means to pursue/follow/continue. Literally, Tokkinde means what continues. This method of

appointment refers to the chronic nature of the disease "nyawu".

1. "Paare Endi", a lump in the breast

"Paare" is first of all a name, general that includes all forms of outgrowth on the body and in the flesh in the form of a ball. We can mention fibroids, cysts etc. Except that in the sense of "parare" we do not differentiate between a benign and malignant tumor as in the case of cancers. "Paare" includes both benign and malignant tumors. But before presenting the linguistic expression of this entity, it is necessary to recall one of the characteristics of the Fulani language. Fulfuldé is a language known as noun classes, the number of which varies according to the authors (Sylla, 1993).

When the "Paare" becomes active, it moves. The mobility of this pathology is expressed by its association with the class of liquids. This provides information on the very nature of the disease. The class changes that can be observed in the discourses correspond to changes in state. Each state of the disease corresponds to a localization in the body. It then becomes possible to draw up a "grammar of the body". When the disease is considered morbid, it is in the body, inside.

"The hum dje yamditita is in the body, it enters the woman's breast, If the cancer has taken the breast, if you do not let it out until your body transforms, you will find that it has left the breast for another place in the breast", The caayori attacks (nannguan, lit. take; and by extension: attack the breast."

The use of the terms *hum dje yamditita* corresponds to a sentence that explains what "cancer" means to mean incurable which is poorly defined. This can be in the intestines, breast, lower abdomen etc. When the carcinogenic substance (*caayori*) is overabundant, it moves through the body. "There is not a place where the "caayori" does not go into the body", At the same time as

the localizations multiply, they gain in precision and the use of cancer is widespread.

"When the caayori is in the body, it is still simple. But caayori can go anywhere. It's like he's going to graze where he wants in your body. But if it is in the man, it is in the belly. This is where it is located. But if there is a place where it arrives, it is in the belly. (Mama Sali¹)

"Caayori disease alone is present in all diseases. Even the hand can do the caayori to the point of saying that the disease is in your hand. The disease travels to the head, it can attack the eyes and can cause blindness. It causes dizziness (giilol). It can also by placing itself between the ribs cause breast cancer. Cancer there are no drugs. (Didja Sanda).²

The relationship we describe between variations in the state of breast sickness and location is not systematic. These are trends, the last interview extract is proof of this. The speaker speaks of the displacement of the disease. However, it is possible to identify some broad outlines. Thus, from the different vague localization in the blood to a stricter or specific localization in an organ. Now let's look at the symptoms and causes related to it.

2. "Caayori Endi", Breast infection: symptoms and causes

The term *Caayori* is indeed formed from the root *yori*; This is associated with different classes. It is found in the *dam* class or the *ngol* class, it is also found in the plural or in an adjectival form. The term "*endi*" translates to "breast". It is therefore important to question the significance of these different linguistic achievements. It is from the root that the terms designating the entity are constructed. In the interviews collected, there are four different designations. The first, which is also more frequent, is "*Caayori endi*". It is a plural form (*di* is the denominator of a plural class). This plural

is used in interviews in a general context. The breast is on the breast, between the lungs and the heart" "*nyawu endi*" breast disease expresses the indefinite character of the entity. The word *Caayori* is used to refer to the infection. Thus, breast cancer is described in part in relation to its localization in the body and the duration of the disease.

When breast disease is singularized and becomes active, it moves. In other interviews, we notice a realization of the *Caa* with the *Yori* class. It is in this class that we find the terms concerning liquids. The mobility of infection is expressed by its association with the fluid class. This provides information on the very nature of the disease. In the following interview excerpt, we can observe two different realizations: the "*caayori*" designating the fluid disease expressing mobility. "In others, the infection rises in their belly, and they have a fever." The informant explains that the (*caayori*) increases in the individual to the point that it heats the blood. This idea of accumulating certain substances in the body to the point of making people sick is common. They sleep (*da'anaago* = sleep) and then spoil. The use of fluids to express the change of state is not widespread. Because the majority describes it in part in relation to its location in the body. The use of this statement participates in the expression of its morbid character.

"Every time we say caayori it is that it has no shape it is a bad liquid in the body. If we say Cancer it is because he grew up and came out at the breast"³

Let us first briefly recall some widely shared representations on the notion of Man in Fulani milieu. The *neddo* individual consists of the *bahndu* body and a vital breath or soul *yonki* (sometimes) pronounced *yonki*) also named, under the influence of Islam, *ruhu* term of Arabic

¹ Mama Sali : 45 years old, housewife at Domayo. Interview on 03/02/2021

² Didja Sanda :42 years housewife at Beguele mother of 4 children. Interview on 03/02/2021

³ Damdam Ibrahim³ :45 years Menamanages to Palar Interview on 03/02/2021

origin. These two terms now seem synonymous. It can be assumed that with Islamization the semantic field of *yonki* was covered by the Arabic term *ruhu*, without replacing it. Of course, these terminologies and conceptions are variously appropriated by certain segments of the population. Thus, the term *ruhu* is more often used by marabouts (teachers or imams). The body itself is made up of bones (*gi'e*) in which the marrow (*mbuso ngo*) is located. This marrow is produced by blood, which in turn is produced by the right food. A network of nerves and veins (*dadi*) runs through the body. Some carry blood, others heat, others do not lead to anything (Jaffr and Olivier de Sardan, 1999).

"The caayori has been there from the moment man is created, when life is put in him while he is in his mother's womb. The mother eats and drinks, doesn't she? What she eats, the unborn child eats too. The caayori its origin is food." (Aissatou Moussa).⁴

It is therefore the diet that is at the origin of the breast infection. If you continue to eat badly, the *caayori* remains in you. If the disease is not in you in large quantities, it is a chance. But illness is never completely absent from your body. One of the remarkable features of the disease is its black color of blood and can turn into pus in the organs. The different symptoms that appear are partly a function of the "walks" (*yiilaaru*) of the disease in the body. These "walks" are all locations. The first symptom of cancer is itching in the breast, there are other signs of cancer. They indicate a body imbalance but constitute a disease in its own right in the local emic categories.

"You vomit (tuutugo = vomit). Sometimes if you don't have diarrhea and you don't vomit. It does so, breast cancer does not leave your body, it swells the breast and grows. This is what is the greatest strength of diseases. In addition, they do

not drink clean water. Where some people wash, they drink."⁵

"If cancer is in you, the food is not sweet to you. If you eat, it's not pleasant to you." "Cancer is in the sauce. If you don't drink medicine, your chest hurts like that. Nothing is pleasant to you anymore. It even causes balls. Even if you're dealing with a food, you can't eat. Your heart is completely closed (you have no appetite)" (Op.cit).

Breast cancer is only defined as a disease if it spreads to parts of the body other than the breast. This explains the displacement nature of the disease which is manifested by the appearance of multiple and localized symptoms: headaches, dizziness, and intense fatigue. On the rest of the body pimples full of pus (*mbordijje* = oozing pimples of pus) can be interpreted as the "exit" of the disease. Though situations of excess and rupture causing the disease. Thus, the talk about the causes of breast cancer is based on a paradigm of "sweet", of what is sweet "ko weli", which is fresh, nine "ko haadi". They are organized from two poles: diet and lifestyle.

We have seen that this disease is rather a pathological condition constituting a favourable ground for the development of other diseases. Thus, not only is care mentioned, but also its prevention. It is about balancing its presence in the body by playing with opposites. Disease is opposed to what is fresh, moist and sweet, hot, dry and bitter. We do not eliminate the disease we reduce its strength. "If they say that breast cancer is in you, you treat yourself and they decrease, you drink what is bitter and you vomit them. You drink what is bitter "haadi", your belly runs, and the disease decreases. But cancer never goes away completely. Cancer is the food you eat. Different plants are cited for their bitterness as medicine. Thus, an old woman talks about "killing" the disease with plants.

"They say you have to make people drink bitter. Or do you soak

⁴ Aissatou Moussa :42 years housewife in Diguirwo. Interview on 03/02/2021

⁵ Maibossa Germaine: 27 years old Diguirwo, Student. Interview on 03/02/2021

*the daley? in water and you drink. It kills the disease the Daleyi leaf," they say it kills the disease if you boil it."*⁶

The preventive discussions around breast cancer are built from a few constants. It is a question of maintaining a certain balance in the "sweet-bitterness" ratio, both from the point of view of diet and bodily activity.

"We eat what is sweet, we do not work in the sun. We don't eat medicine or there isn't any. So what you are sure of is that it is only bitter. Then it takes away the sweet taste (ndakam ko weli) that is in your mouth. It takes away the flavor (ndakam dam = the flavor) that is in your heart. Similar practices have been observed among the Mofou. Here is what we can read about a plant that cures the disease, Heals caayori, (fulfulde, local nosology). Some old people keep the powder they put in everything they drink so they don't have caayori. It is stacked and put in porridge, milk or coffee. A small piece is enough." (Op. cit).

These prevention practices are not limited to locally available products. They include depending on the recognized bitterness of the product, White drugs such as antibiotics. These variants depend on the life experience and status of the individual; Fulani sedentary, nomadic, having migrated or not, etc. They are one aspect of the dynamics of the disease.

II. Guiziga-Tokotoko representations of breast cancer

"Wawa doua" literally means breast wound in Guiziga Marva, even if in the hospital the

woman is amputated to die, where, it is said, revealed religions are not very influential. This nomenclature here is reminiscent of the causative element or causative agent of the disease. This appointment is quite meaningful, especially with regard to the link established between the disease and wizards. These different appointments convey a perceived meaning in relation either to the symptom repetitive nature of the symptom or to the incriminated cause sorcerer, spirit, curse God etc. These modes of appointment evoke in themselves a certain proximity to biomedical notions, which are also found in representations of the symptoms or manifestations of the disease.

Initially, we hypothesized that it was a very old disease of which the Guiziga peasant women had always complained and that, therefore, the etiological discourses and care practices in force would be magico-religious. But popular representations and practices of this disease have turned out to be different. When they talk about it as a disease, informants of this ethnic group often evoke another disease that would have existed in the time of the ancestors. In those days, there were no words in the jargon for cancer designers. But we will see later that the shameful dimension of breast cancer is in fact a completely different matter. In itself, having breast cancer is shameful, the Guiziga peasant women talk quite easily about this disease. One of the fundamental differences between the old consideration is this: the first was attributed only to a sorcerer, the second consideration on the other hand can in no way be attributed to a sorcerer, an ancestor or a genius. The etiology of breast cancer is not magicoreligious. It is presented as a "disease of God." All the informants I have been able to ask about the disease have the same answer:

*"Breast cancer is not a disease given by ancestors, because it is a disease that is already identified; But the diseases of ancestors cannot be identified."*⁷

⁶ Asta Marguerite :65 years widow Housewife in Douggoi. Interview on 03/02/2021

⁷ Padouli Yacinthe , Major of the block 38 years Interview on 03/02/2021

It must be agreed that "the category 'disease of God' is not a nosological category, any more than it is an etiological category" (Olivier de Sardan, 1994).

III. Ethnoetiology of breast cancer

These patterns are passed on by word of mouth through tradition and convey non-rational knowledge. Five (5) types of ethnoetiologies are mentioned in the speeches of the informants: "Allah" God, "cacadji'en" the ancestors, "kuli" (*guiziga*) "djiin" (*foufouldé*) "the geniuses", "karama'en" the sorcerers, "noumodji'en" the marigolds. The classification made by our various respondents amounts to distinguishing the existence of "cancer caused by God", "cancer caused by ancestors", "cancer caused by geniuses", "cancer caused by wizards", "cancer caused by worries, problems" and diet. According to the respondents, cancer is easily cured when the patient goes to the hospital very early. These ethnoetiologies mean that during the management of patients are not focused on the prescriptions and recommendations that doctors give.

*"Once you have breast cancer if you go to the hospital, immediately the doctor removes the lump or breast (amputation) and you heal."*⁸

*"What causes cancer is that we have used so many chemicals in our fields, we pump the herbs, so the food we eat has a lot of chemicals in it."*⁹

1. Non-compliance with biblical precepts

Failure to respect the biblical precepts that Allah "Supreme God" has established called by the respondents the "Ten Commandments" leads to disease, curses, misfortune, death. The respondents consider these biblical precepts as totems in Guiziga country. These commandments include: do not commit theft, do not commit adultery, do not kill etc. The observation in the remarks shows that breast cancer is also due to non-compliance with prohibitions. Among these prohibitions, we have prohibitions of a sexual nature. Indeed. A woman is prohibited from having sexual intercourse with a man other than the biological father of her child even if she is no longer with the child. If she violates this prohibition, she must take a ritual purification bath right after sex before sleeping with her own husband or she will catch a deadly disease. For example the confirmation of this lady:

*"A woman who is given in marriage to another suitor and that the first suitor would have paid the dowry before the^{2nd} pretender will cause incurable diseases such as cancer in the life of this woman sooner or later."*¹⁰

It is necessary at all costs to repay the dowry of the first suitor before giving this girl in marriage to another. A woman who also has her menstruation according to this elderly lady mentioned above should not have contact with her husband and according to him, this leads to curses and incurable diseases for both. Certain attitudes and behaviours are forbidden by the ancestors. These attitudes and behaviours lead to the anger of the ancestors. These include adultery, theft, lies, dishonesty, shedding human blood on the ground, murder, voluntary abortions, consumption of certain foods prohibited by some respondents, such as the consumption of

⁸ Laila OUsoumanou: 23 years old, Fulani raised single, Interview conducted on August 20, 2020

⁹ Mrs Oumarou : 49 years old, teacher, Interview conducted on August 20, 2020

¹⁰ Asta marguerite 65 years widow housewife. Entretien August 23, 2020 at HRM

gadourou meat "pork", *parouou* "cat", disrespect also for the elderly, jealousy. Indeed, according to the respondents, a friend jealous of the success of her comrade, can poison or cast spells of diseases. These ideas will lead to a late recourse to hospitals for a rapid diagnosis of breast cancer.

" Even going to the field someone can bury something on your way and you step on it it can give these kinds of disease (breast cancer)!"¹¹

2. Failure to respect traditional practices

Failure to follow traditional practices such as widowhood can lead to chronic diseases such as breast cancer, spells, curses up to death or even thought-provoking problems that make you sad. According to our various respondents, non-compliance with the practice of the widowhood rite constitutes breaches, poles handed to the enemy to do harm. The words of these respondents attest to this fact:

"I will give you the secrets of life: spirit and tradition go together when we arrive in town we doubt our tradition when you want to deny tradition you do it with faith, if you want to follow God you do it with faith, the two go together. If the village meets for a matter one is obliged to submit according to tradition. The old man tells you not to do such and such a thing and you in your ballads you disobey you do what you are forbidden to do it is as you have not honored the advice of your parents. »"¹²

"If you have done something wrong, the land where we walk catches you! You're going to get

sick until you tell the truth you're going to go to the hospital but zero, the doctors won't be able to cure you. There is a Peuhl woman who gave birth to a "batar" child at home. The child she gave birth to always falls ill; She herself also fell ill. We asked her husband ah your problem there it is necessary to see that your wife did not give birth to a "batare" at home? He told us no! They turned until they went to see a charlatan who told him your wife gave birth to a child that was not of him if she does not tell the truth the woman and 1 'child will die. So she came back to confess to the village that it was the child of another man (a cousin of her husband who was doing ENIEG at home) that her wife gave birth. It means that we must not give birth in the family a child of opposite origin, we adore the land; When adultery is committed by a member of the same family as the man, it is death by chronic diseases such as cancers, you must suffer long before you die."¹³

" Someone who is older than you must be respected. Young people don't know that, he can curse you, it's spiritual. There are also people we don't touch them like that; You

¹¹ Fainadai Mboudana 40 years resident housewife in guidiguis mother of 7 children, Interview on 23 Aug 2021 counselling for a mastectomy

¹² Pamatou Djidda, Guiziga: 27 years old, literate, housewife, unwell of a mass in the right breast

scheduled for a biopsy interview done on August 17, 2021

¹³ Didja Haoua: 60 years old, single, literate housewife. Patient undergoing treatment. Maintenance Dated November 26, 2021

*hit them, you get sick even this it's not immediately! ».*¹⁴

3. Non-observance of sacred days

To these aforementioned elements must be added the non-respect of the days decreed sacred for field work such as sabbatical Sunday, sacred days, and Good Friday, that is to say, the third Friday for Muslims ... Among the Moufou of Ndoukoula the ninth and tenth children or twins must go every year "to the mountain" of the village to worship their canaries which constitute "their fetishes". During these worships, sacrifices such as killing a chicken or sheep are made. These canaries are often filled with water from a river etc. Failure to respect these traditional practices leads to cancer, sudden deaths, misfortunes, and repeated failures. Respect for these prohibitions or traditional values is very important for all respondents. For them, modernization must not take precedence over tradition.¹⁵

4. The mystical causes of breast cancer

According to informants, mystical causes are also at the root of breast cancer. Indeed a person can invoke river geniuses, ancestors to cast a spell on someone who has hurt him in order to obtain revenge. This spell can range from illness to death. The "*karama or mistirakou*" witchcraft is considered jealous, envious and wicked person, who can cast spells and create all kinds of problems this will influence the care at the hospital level; It can block an individual's chances so that they can't achieve anything and are unhappy. It can make everything a person seeks for their well-being in their life doomed to failure. This is what these respondents testify in these terms:

*" For me personally, the sorcerer can do anything, he is the first son of God, wizards, enemies can cast a spell on you. You get breast cancer if you're a woman. We are in Africa, there is witchcraft, someone who is jealous, who does not love you, to destroy you can cast a bad spell on you, he will get a medicine to make you sick he can make you eat this bewitched product in a dream. ».*¹⁶

To an elderly lady met at a fetishist's home for care to add:

*«. Jealousy, envy, especially since my children work in Europe, People can't hurt me but it's also possible. One of my friends consulted for me and that's what the psychic said: I was thrown a lump in the right breast if I did not come to this fetish for me it's over. You always have to be sure of good protection in Africa everything who loves you does not really love you in Africa. Africa is Africa, Africa has its mystery that the mystery does not know. Witchcraft is intelligence ."*¹⁷

Socio-economic factors such as, poverty, unemployment-desperate search for a child, lack of financial means to provide for one's family such as food, children's schooling, health care. The lack of financial means, the announcement of the death of a loved one, marital problems (departure of the spouse from the marital home, wanting the loved one to return), the desperate search for peace in the home, a business, which does not

¹⁴ Wilarban Delphine 44 years literate in process. Interview made on 26/11/2021

¹⁵ Ndoukoula is a [commune](#) of the [Cameroon](#) located in the [Far North Region](#) and the [department](#) of the [Diamaré](#). Ndoukoula borders the commune of [Maroua 1](#) to the northeast, [Moutourwa](#) to the

east, [Gazawa](#) northward [Hina](#) to the west, and [Guide](#) to the south

¹⁶ Daidai Mberandi, Patient undergoing treatment. Interview on 28/01/2021

¹⁷ Fanta : 60 years widow housewife in the Pitoare district diagnosed with MAsodnia to investigate. Interview made on August 02, 2021

work, lead to worries related to care. According to this respondent, the frantic quest for material things, the search for beauty are at the root of all the sufferings of the woman. She goes on to say:

*" Satan believes that all that is beautiful belongs to him. People used to be afraid of Satan, but today we are not afraid."*¹⁸

Does the etiological categorization of the disease suggest "a corresponding healing practice?" (Yoro, 2012). The anthropology and sociology of health in Third World countries cannot therefore be content to study disease as a cultural phenomenon outside the time of history and to approach medicine solely from the angle of so-called traditional practices. Health is a social and political issue, representations of disease reflect the way society functions with its conflicts and power relations, and medical practices are at the heart of profound changes whose determinations are largely external. The work of the anthropologist and sociologist today is perhaps less to bring out the past than to help understand the present, by taking the same look at societies, whether near or far. In the field of health development, it is particularly important to analyse the relations between therapists and patients among healers and hospitals, the local transformations of African and modern medicine, and the current structures of social and political organization. Which is, in short, the project of any social science. According to the universes of representations between the meaning of illness and the sense of health (Fassin, 2005).

5. Non-compliance with social rules

Social norms are the perceived, informal, and mostly unwritten rules that define acceptable and appropriate actions within a given group or community, thereby guiding human behaviour.

(sod, al., 2020). They consist of what we do, what we believe others do, and what we believe others approve of and expect of us. Social norms are therefore at the intersection of behaviour, beliefs and expectations. (sod, al., 2020). Social norms are learned and accepted from an early age, often in early childhood, and are maintained through social sanctions (punishments) for non-compliance with the norm and benefits (rewards) for adherence to the norm. (Unicef, 2021).¹⁹

The ancestrism in the department of Diamaré is especially furnished by many social prohibitions that constitute the social norm. It was necessary to do this, not to do that and the slightest transgression was in itself, synonymous with retaliation. For example, a full-term woman had to be bathed with hot water before giving birth. A grandmother used to say:

*"In our time, when a woman is full-term, she goes to her mother to give birth. we pour her hot water so that she is strong and so that her breasts are not affected by bad milk"*²⁰

Another example is the prohibition of uninitiated women and children from looking at the technique of initiation as illustrated by this statement:

" With us Moundang, uninitiated women must not see the Mazoumouri. Otherwise it is misfortune that will follow them. Most of the women you see in the hospital to take serious illnesses like cancers are victims. Their parents are stubborn."

¹⁸ Wakka HElectricity: 38 years old, Teacher, married, to Ziling Interview conducted the 1/04/2021

¹⁹ The Collaborative Learning Network for Advancing Social Norms Change. 2019. Social norms and SSRAJ: moving from theory to program design. Washington,

D.C.: Institute for Reproductive Health, Georgetown University.

²⁰ Djara Hamadou 68 years old Housewife ofugrandmother Massa about 60 years old

Every marriage had to receive the blessing of the two beautiful families. These blessings according to the same discussion group. In the event that one of the in-laws did not agree with the marriage, the consequences were immediate.

"Today's young people get married without even asking for the village elders. They do not inquire about the past of the parents of the woman they are marrying. You see that what you call cancer is visible now in the city. It's just because the woman came with the bad luck that her parents threw at her. It is just this evil spell that manifests itself in deadly diseases. It's not a disease that you treat in the hospital."

An illustration that explains the non-respect of social rules and integrates the elements of nature. The case of the ban on watching the moon by pregnant women:

"When the moon has not yet left while we are at dawn, a pregnant woman should not look at this moon or sleeping outside in full moon it causes incurable diseases."²¹

6. Bitter milk and breast cancer

Breastfeeding is a unique moment of intimacy between mother and baby. Breast milk remains the best choice for infant feeding it alone covers the nutritional needs of the child up to 06 months and can then represent the milk intake of diversification. Mothers frequently associate "breast disease" with the fact that milk is bitter. When this milk is bitter and the woman does not give birth to many children this bitter milk after her first delivery remains concentrated in the woman's chest and if she does not fall immediately

this impure milk can turn into a ball after the menopause period and it becomes a disease.²²

"It's my milk that makes me sick and skinny. I have bitter milk. I drink the bark my aunt gave me but the pains and balls in my left breast do not diminish. My mom told me that she too had the wrong milk. It's in the family."²³

7. The curse and breast cancer

The curse is a practice used primarily among women. It intervenes in particular in their relationship with their children, as an educational practice, but also in the context of quarrels and disputes that oppose them in the domestic world or (very rarely) to men. The use of backdoor practices such as the curse is for them, as a dominated group, the only way to defend themselves from the reprisals inflicted on them by society without contravening propriety. (Khichane, 2019: 81-117). An aspect of ordinary life among the people of Diamaré is the belief that an act by a third person brought a curse on the rest of the family and especially on the woman. Thus, any misfortune was interpreted as the consequence of a voluntary act committed by a family member.

" It is the administrative authorities that make us often sick. Counting the population should be avoided. This attracts misfortunes such as theft, mourning, disease, death of beasts or just their misdirection. Today we count everything: oxen, cattle, count and you will come and tell me what kind of misfortune you will have had. Our

²¹ Tamibe Abigael 47 years old resident of Domayo

²² [breastfeeding-maternal.pdf. http://dspace.univ-tlemcen.dz/bitstream/allaitement](http://dspace.univ-tlemcen.dz/bitstream/allaitement)

²³ Assoumapaye F, 36 years old Louggeo mother of one child

*ancestors before refused to count anything."*²⁴

While insult tests the status of the individual in a ritualized logic in which retaliation is necessary to restore the balance of honour, the curse does not expect a response and does not establish an exchange "it acts forcefully by the simple act of saying" (Giordano, 2014: 1). It is most often pronounced in the absence of the addressee and is presented as "a sentence" that will be applied by a divine authority. The effectiveness of the curse is based on the belief in the ability of an individual to lock up his victim through a statement in a fate that he suffers immediately or deferred. The most feared is certainly that uttered by people with legitimate power. However, when it is issued between people of identical status, by which I mean women, the curse derives its power from the reprehensible acts of which they would be victims and which also proves to be extremely effective. Another much more amusing example is that of avoiding showing one's emotions when an elder satisfies a human need. A lady confiding in us noticed that

*" It was my husband's grandmother who made me sick. She tied me to her feet because I just laughed at her. She had peated in public. I even asked for forgiveness but she told me that people will also laugh at me. »*²⁵

"That's it, doctor, you see my breast? It's the bad blood that's stuck in her breasts. In fact, this old woman poured her bark on our path and I went through that. Since that day, my breast has begun to swell. It's just bad blood. I went to the great seer and he was

*able to get a lot of this bad blood."*²⁶

What can we say when social representations defy science? Finally, it must be said that faith is perceived as synonymous with happiness. Not living one's faith in accordance with sacred scripture exposes the offender to curses as illustrated by these words :

*"Kayaahhhh don't bother us, it's normal this woman you just saw is sick all the time. She is a thief and everyone knows it. For a Muslim woman like her, it is a shame for us believers. It was the mouths of the people that made him sick. If she stops flying and if she doesn't suck, you'll see. She was not to get sick. A Muslim woman who smokes, who steals, who walks everywhere, it is shameful. Walahi, Allah punishes her. She does not follow our advice. »*²⁷

Breastfeeding and breast cancer

Breastfeeding also has beneficial effects on the mother. Indeed, frequent breastfeeding and without supplementation for about six months helps to protect the mother from the diseases of the woman, a new pregnancy by stopping her fertility. Properly practised, breastfeeding allows women to control their fertility and is a highly effective method of family planning. Breastfeeding is a safe and hygienic source of nutrition, sufficient energy, nutrients and fluids. Breast milk contains substances that fight diseases and vitamins that help preserve the body's natural immunity. Breastfeeding is welcomed in breast cancer protection by the women we met.

8. Bra and breast cancer

A correlation does not necessarily equate to a cause-and-effect relationship. With the rise of feminist movements, wearing a bra has gone out

²⁴ Achan Oumarou breeder living in Kodek about 46 years old. Interview on 09/02/2023

²⁵ Dame about 39 years old Interview on 30/01/2021

²⁶ Nafissatou Seyo: 29 years old Teacherante to Bogo. Interview on 09/02/2021

²⁷ Aboukar Wandji, 50. Notable. Interview on : 30/01/2021

of fashion and, despite this, the incidence of breast carcinoma continues to increase. It is especially women with premenstrual mastodynia and large breasts who wear a bra. Premenstrual mastodynia is a sign of pre-existing mastopathy with a potentially higher risk of malignant degeneration. In the presence of large breasts, it is possible that a certain distribution of fat (upper body-type obesity) represents another risk factor. Wearing a bra is therefore not always motivated solely by cosmetic reasons.²⁸

"There is certainly no relationship"

We would do better to use this opportunity to motivate our unsafe patients to regular screening. One can, rightly, question whether the long-awaited revelation about the genesis of breast cancer really is. But as this study has nevertheless highlighted some interesting correlations between wearing a bra and the frequency of breast cancer, it is imperative to check the final results.

9. Dietary change and breast cancer

Some interlocutors believe that women may unknowingly have tumor balls in their breasts or even in their bodies. The activation of the balls by working conditions and dietary changes would be the cause of the onset of the cancer disease. First, people say that cancer "wakes up" to disease in people who don't have enough "bitter" blood.

"If you don't have bitter blood, you can get breast cancer."²⁹

It is quite interesting to look at this characteristic of "hadi" bitterness that is attributed to blood. Indeed, in this society, bitter blood or without strength testifies to the health and strength of character of a person; This feature is believed to

prevent the development of diseases. It is also said of someone who has "bitter" blood that he can hardly be the victim of a sorcerer. Among the mofou, for example, neighbors of the Guiziga, it is:

« ... in wounds caused by poisoned projectiles found in the presence (of strong blood), that is to say, bitter blood".³⁰

The absence of bitterness of the blood is an indicator of the predisposition to develop this kind of disease. But the fact that it becomes a chronic disease is attributed to certain changes in eating habits.

"Breast cancer is not a disease of ancestors, because the ancestors did not know the foods we eat today."³¹

In other words, breast cancer is activated by diet. Excessive consumption of sugar is often blamed. Thus the consumption of "red tea" known for its sweet taste causes disease in the body of a person. (Houndji A., 2017). Sauces cooked "the city way" are also considered to activate the disease. It is a term: sauces cooked "in the manner of the city" emblematic to give a cause to things that otherwise would not have any, and to express that these things must be to them to the fact that it is. It symbolizes the force or principle by virtue of which all things are, a force that cannot be modified and whose effects men can only suffer, or better: to live them" (Fainzang, 1986: 49).

The element cited, widely used by the women of the city, is "the Maggi cube". With changes in eating and culinary habits, the use of this condiment, which did not exist in the time of the ancestors, became widespread. To the extent that these aromatic broth cubes give more flavour, including a salty taste to food, it is the excess salt

²⁸ [Causes of breast cancer. https://www.cancer.be/cancers/cancer-types](https://www.cancer.be/cancers/cancer-types). Retrieved 2021-02-10

²⁹ Asta Marguerite :65 years widow Housewife at Douggoi. Interview on 07/02/2021

³⁰ Aminatou Nyassa : 65 years Housewife to lowol Say. Interview on 07/02/2021

³¹ Asta Marguerite :65 years widow Housewife in Douggoi. Interview on 07/02/2021

that is involved here, as above the excess sugar. The term "nutritional conservatism" is used to describe the relationship between breast cancer and dietary changes (Houndji A., 2017). As in the urban environment, "eating habits have largely changed, and this change is experienced as the product of external factors, not as the effect of deliberate choices". Another condiment is also mentioned as "awakening".

"Breast cancer is canned tomatoes, tomato flour; a bright red powder from neighboring countries. (Op. cit).

This condiment is often used by cooks to give a beautiful red colour to their sauces. Foods eaten "cold" are also considered to be able to activate the disease. And if the consumption of tomatoes in canned tomatoes promotes the disease, it is especially, according to farmers, cereal flour ground in the mill that would aggravate it. The explanation given is that this kind of flour would contain iron scrap from the grindstone, which could not be removed by the flour sieving operation that takes place before any preparation. "Millet milled in the mill gives disease. Like millet, iron or aluminum pots can activate cancer in the blood; because metal would become embedded in food. Thus, these different factors are all linked to the social change that society is experiencing.

"Breast cancer comes from what we eat. Before, this disease existed, but there were not a large number of cases. In the time of the ancestors, it was prepared in pots. Now the potters' business is over, women cook in iron pots so where does all this dirt go? As we get older, all that iron that has assembled in the belly turns into

cancer. This is the cause of the disease."³²

10. Heavy work and breast cancer

Working conditions, which have deteriorated since the time of the ancestors, are also mentioned as causes of cancer. Today, peasants would work much more than before. Commercial culture involves an intensification of work.

"Peasant women are the most affected by this disease, they work a lot, with the effort in the sun, the blood heats and awakens the disease."³³

"The main cause is the emission of the effort that promotes the localization of the tumor. Peasant women make more effort than the wives of civil servants and, as a result, they are much more affected by this disease. And then they are malnourished. Compared to the efforts made, they do not have enough calories to strengthen the muscles"³⁴

The aim of health promotion is to promote the quality of life and health of people in the world of work. To do this, changes in values and organizations are necessary while too often health promotion actions only target individual risk factors (tobacco, alcohol, obesity ...).

Conclusion

At the end of this research, it should be noted that breast cancer in Diamaré is subject to several forms of social representation. As a whole, they are built around negativity, fear, shame and assured death. Uncertainty and ambiguity also mark the representations of breast cancer in the Diamaré health facilities. These constructions are accentuated by the "imprecise" biomedical discourse around the disease. All in all, not all the actors interviewed link cancer to fate, even if the

³² Yamanock Batoura. 30 years Supervisor General. Interview on 07/02/2021

³³ Padouli Yacinthe: 39 years old major of the operating block father of two children. Interview on 07/02/2021

³⁴ Dipanda, INurse Major of surgery 42 years old father of 4 children. Interview on 07/02/2021

fear of the disease is almost always present. Indeed, many people, some patients and members of their entourage met in the various health facilities consider breast cancer as a disease like any other. The particularity of the patients and relatives in question is that they have a relatively high level of education and have access to other sources of information on the disease. Overall, the causes of cancer are very closely linked to civilization and modernization, especially to the modern diet. This apprehension is evident to all informants. Recall that cancer is also very closely related to the supernatural and spiritual in its causes, as an attempt to find an explanation for the disease. In short, it should be noted that cancer is a disease surrounded by complexity and such a character of pathology is a very evocative parameter that should not be neglected when talking about breast cancer, regardless of the society in question and the angle from which the disease is studied.

Despite the results it has achieved, this work cannot claim to have exhaustively identified the representations of breast cancer in Diamaré. The research was limited to people with breast cancer, i.e. patients, certain members of their entourage met in particular in the same health formats. This study would benefit from being extended to other segments of the population in order to make a possible comparison between the representations of people directly affected by the disease and others who are not. In addition, further research should also be carried out with a view to analyzing the interactions and relationships between patients, members of their entourage, and healthcare actors on the basis of the different perceptions recorded and to develop other reflections involving perceptions of cancer and the therapeutic itinerary of patients.

References

- Abondo-Ngono R. et al., (2015), Cartographie des acteurs de la médecine traditionnelle au Cameroun: cas de la région du centre, Les acteurs de la médecine

traditionnelle au Cameroun
Ethnopharmacologia, n°53, August 2015.

- Aimery G. et al., (2002), *Cancérologie* (2002), p.116-117.

- Aline Sarradon-Eck, (2009), "Cancer as an inscription of a biographical rupture in the body", Article published in the book: *Faire Face au Cancer. Image du corps, image de soi*, Florence Cousson-Gélie, Emmanuel Langlois, Marion Barrault (dir.), 2009. Hal-00463633, version 1 - 13 Mar 2010.

- American cancer society, 2014. Last Medical Review: June 12, 2014, source : <http://www.cancer.org/cancer/cancerbasics/thehistoryofcancer/index>

- Amognima Armelle T. A., (2014), Modesty and Exposure of the Female Body on Beaches: Case Study in Abidja. August 2022. DOI:[10.36347/sjahss.2022.v10i08.003](https://doi.org/10.36347/sjahss.2022.v10i08.003)

- ANAES: Breast cancer, text of recommendations. *Feuill Radiol* (2000);40:312-31.

- Andezian S., (1985), "New representations of health and disease: the dialectic between traditions and modernity", Université de Laval.

- Anne Vega, 2001. *"Carers/carers. Pour une approche anthropologique des soins infirmiers"*, Paris, Bruxelles, De Boeck Université, collection « Savoirs et santé », 2001, 160 p, 21,30 €, ISBN 2-8041-3810-0.

- Antoine Socpa, *Socio-Culture and HIV-AIDS in Cameroon*.

- Apac-Cameroun, (1994), "Community-based baseline study on sociocultural

factors of the spread and prevention of HIV/AIDS in Cameroon". Research report.

- Arnal B.H., (2009), Comment enhalter l'epidemic des cancers du sein et des récidives, Edition François Xavier de Guibert 2009.

- assets.cambridge.org/97805214/96322/excerpt/9780521496322_excerpt.pdf
www.cancer.org/acs/groups/cid/documents/webcontent/002048-pdf.

- Aurélie Guillouet. 2009 "Breast cancer: treatment with natural substances". Pharmaceutical sciences. 2009. HAL-01738990

- Backer (1993), Profiles of commitment, an empirical test. Journal Organisation behavior, 14, pp177-190. Vol2 , N°1, Printemps 1998.

- Barbier B. L. (2015), reflection on "sensitive listening in a group" Specificities, N ° 8, pp. 27-33

- Bayart J.-F., 1989. The State in Africa. Belly politics. Paris, Fayard.

- Beat Songue P., 1998, « Influence du milieu social sur la sexualité et les comportements reproductives des adolescents au Sud Cameroun », in Kuate-Defo, B. (dir.), *Sexualité reproductive pendant l'adolescence en Afrique. With a particular focus on Cameroon*, Quebec, Ediconseil Inc.

- Bemoux. P., (1986), la sociologie des organisations, ISBN2-02-008941-6.

- Blancette et al., (1985), L'entretien dans les sciences sociales, Paris Dumond.

- Blé Yoro M., (1994), La Représentation de la maladie chez les Bété Mémoire de DEA. es, University of Cocody Abidjan 1994.

- Blé Yoro M., (2002), Therapeutic pluralism and use of care in rural Ivoirien: socio-anthropological approach to therapeutic syncretism in Guibéroua, Republic of Côte d'Ivoire Single doctoral thesis. Uruversué Pans I , Panthéon Sorbonne, IEDES, Paris.2002.

- Breast cancer, "with early detection, we cure": <http://www.Breastcancer.org>

- Carricaburu. D and Menoret. M., (2004), sociology of health, institutions professions and disease, Paris Armand Colin

- CIRCUS : <http://www.depiarc.fr>

- Combessie, J-C., (1996), la méthode en sciences sociales, Paris, la découverte.

- Medical Dictionary MASSON III

- Fauconnet et Mauss, Grande Encyclopédie française. T xxx. Paris. 1901, p.173.

- Gontran A. et al., (2019), Ethnotherapy study, phytochemical and antiradical activities of *Agelaea pentagyna* (Lam) Baill and *Dialium dinklagei* Harms. Medicinal plants from Gabon Journal homepage: international journal of Advanced research article. <http://www.journalijar.com>.

- HAS, Breast Cancer Screening and Prevention 2015, p.3

- Humanitarian Need Overview (HNO) 2019.
- INS, (2015), Economic and Financial Data Bank 2015. 3rd Edition
- Lompo A.B., (2013), The low use of health care in Burkina Faso: the case of women in the northern region. Thesis for the Doctorate, Discipline: Sociology, University of Nantes. June 2013.
- Pegram, M.D., et al., (2005), Targeted therapy: Wave of the future. *J Clin Oncol*, 23 :1776–1781.
- Pierart A. et al., 2002, Antimony bioavailability: Knowledge and research perspectives for sustainable agricultures. February 2015, Project: [PhD research Journal of Hazardous Materials](#) 289, DOI:[10.1016/j.jhazmat.2015.02.011](#)
- Sarradon Aline (2004), Pour une anthropologie clinique: « grasping the meaning of the cancer experience ». Patrick Ben Soussan. Le cancer, approche psychodynamique chez l'adulte, ERES, pp.31-45, 2004. Hal-00463635f