

Cancer in Africa: The Case of Eastern Morocco

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Received date: Sep 13, 2016; Accepted date: Oct 18, 2016; Published date: Oct 20, 2016

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Abstract

This study was carried out on six-years cancer data from the Regional Cancer Centre of Oujda to determinate type of cancer and frequency in eastern Morocco through a screening study of 681 women in 2008 in the prefecture of Oujda Angads and also to estimate the frequencies of two major cervical and breast cancers and their prevalence.

Keywords: Cancer; Environment; Epidemiology; Statistics; Screening; Determinants; Risk factors; Africa; Morocco

Case of Eastern Morocco

In the Regional Cancer Centre of Oujda, a total sample of 6428 cases was analyzed between 2005 and 2010. Women were dominant with 4317 (67%) cases compared to men who represented 2111 (33%) cases. Probably, the largest proportion of women with cancer did not seem to be due to worse living conditions of women, but that is most likely to seek preventive and curative health services gender, much more than men, which often come when symptoms are greater and neoplasms are well advanced.

Among more than 37 types of cancers in the Eastern Region, in women breast cancers ranked first (49%), followed by cervical (16%), then colorectal and nasopharynx cancers, both with 4%. Among men, lung came first with 16%, but unlike other regions nasopharynx (12%) came second and not prostate (7%) as in the other data of the kingdom; nasopharynx was followed by colorectal cancer (11%). Most of these cancers occurred in both major cities of the East, namely Oujda and Nador and mainly concerned more than 80% disadvantaged and illiterate persons aged over 41 in general. The incidence of cancer is higher in adult midlife and the third age, is expected and similar to what has already been seen elsewhere in the world, mainly developed and underdeveloped countries, where life expectancy is greater and every time the largest group of third age.

Altogether many less cancers were noted in the southern cities. Several factors including socioeconomic, cultural, lifestyle, genetic and even environmental factors, were highlighted owing to their association with cancer. Socioeconomic status (SES) is often based on the income of a person's level of education, occupation and other factors, like where she lives. These factors are interrelated, so they do not act independently of each other. It is well established that the socioeconomic level is an important prognostic factor for many cancers.

The mains results found in the screening study, shows that patients with high social status were more susceptible to develop breast cancer whereas women with cervical cancer were poor, belonging to a class with a low marital status of widowed or divorced having been married at an early age. The majority of women were married (81%), poor (80%) and illiterate (66%). Breastfeeding women were less affected by breast cancer than women not breast-feeding. For cervical cancer, the difference was not statistically significant. Women using contraceptives were vulnerable to both breast and cervical cancer. For cervical cancer, over 15% of women with a family history were screened positive. No relationship was found between breast cancer and family history.

Taking into account regional particularities, we stress the importance of social determinants and risk factors and show that our results are consistent with those published by other researchers. Breast and cervical cancers constitute a real challenge in Morocco.

Social determinants of cancer in eastern Morocco are very similar to those that have been identified in the developing country where there are large social imbalances, many poor and few rich, migration of rural population to urban areas where there greater environmental pollution, low socioeconomic status and poor education in workers exposed to contaminants both environmental and labor, which together explain the higher incidence of cancer.

Lifestyles that encourage sedentary and overweight/obesity by eating rich in carbohydrates and saturated fats, which are associated with the development of malignancies, including prostate and colon cancer in men and breast in women highly processed foods.

Their socioeconomic burden can be reduced by early detection and treatment. The delayed diagnosis complicates the task both in terms of survival and cost of treatment. Consequently, Moroccan health authorities are urged to adopt preventive and cost effective strategies. The implementation of a program for the early detection of many cancers in the eastern region becomes a major emergency.