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Cancer Prevalence among Caribbean People

Odeth Richardson

The macro, meso and micro contexts

To mark the dawn of independence, Jamaica adopted a new motto, 'Out of many, one people'. This was signed by the then Premier Sir Norman Manley and the cabinet leader of the opposition, Sir Alexander Bustamante and is now enshrined on our coat of arms. Jamaicans have contributed much on the world stage. They have excelled in the fields of music, sports, food and tourism. Industrially they mine and export bauxite and aluminium.

The Middle Passage

Jamaica, like all the Caribbean islands, was a slave colony. The Middle Passage is the voyage of enslaved Africans from Africa to the New World (Sharpe, 2009). History approximates that around 12.5 million people were transferred through the Middle Passage to the Americas (*Encyclopaedia Britannica*, n.d.). Mortality was high and it is estimated that around 15% of the enslaved died. The conditions under which the enslaved were transferred were poor. They were packed in close confinement and people were shackled to each other. Squalor and diseases were rife as the conditions on board the slave ships magnified this. Only the strong survived.

Some of the enslaved chose to end their lives by jumping overboard when they got the opportunity. Despite the horrific conditions, the enslaved drew on their culture, religion and faith to enable their survival. The Africans used the lessons and artefacts from the cultures they left behind to enhance their new life. Those who survived the Middle Passage and bush medicine/voodoo/obeah was accepted as part of their new life. These beliefs, rituals and customs are still evident today and passed down through generations (Bilby and Handler, 2004).

Cancer epidemiology in the Caribbean

The rate of cancer in the Caribbean has been rising exponentially, however, there remains limited research in this area. A review by Glasgow et al. (2022) indicates that cancer is the second leading cause of death in the Caribbean region. This is due to a lack of inclusive cancer interventions. Glasgow et al.'s (2022) review focused on several areas. These included

cancer prevention, patient education, data management and knowledge dissemination, screening and risk assessment and difficulty navigating services.

Cancer registry is not established in most Caribbean islands (Bray et al., 2018). This often leads to difficulty collecting and managing cancer information. A study in 2015 cited only 12 cancer registries in the region. Of the 12, only 4 could produce high quality cancer incidence information for the World Health Organization. The authors of the study noted this could have a significant impact on the ability of communities to control the disease as health promotion can be misaligned in the absence of good data (WHO, 2002).

Some UK perspectives

Research into cancer has been ongoing in the UK for a number of years. Health inequalities play a significant role in this area and highlight discrepancies between racial groups within the UK. Research suggests there are inequalities which lead to later diagnosis of certain types of cancers within specific groups. For example, according to Cancer Research UK (2022), there are variations across ethnic groups with breast cancer diagnosis with some groups being diagnosed at a later point.

A study published by BMJ Open highlights that Caribbean women were more likely to be diagnosed at a later stage in five types of cancers (Jack et al., 2014). These include breast, ovary, non-small cell lung cancer, uterine and colon cancers. African women were also diagnosed later in ovarian, uterine, colon and late stage breast cancers. For breast cancers, the survival rate for people diagnosed at a later stage shows a stark contrast between Black and White patients. The three-year survival rate is lower for South Asian women (89%) and Black women (85%) than for White women (91%).

Hot spot: NHS campaigns targeting the Afro-Caribbean community

Each year the national cancer patient experience survey runs a campaign to encourage people from Black, Asian and minorities background to share their experience through the surveys as well as feedback tools. Three short films were produced as a result. One is focused on bias, another on communication and the third focused on dignity. These films are used to share information across a wide group of stakeholders and to enhance learning.

The Kawa Model

I will use the Kawa Model to frame my topic for discussion. The Kawa Model (Iwama, 2006) was created by a team of occupational therapists in Japan, led by a Japanese-Canadian occupational therapy scholar Dr Michael Iwama, to enable occupational therapists everywhere to ‘just ask the client how they want to live their lives so that it is more meaningful to them, and look together with them at what they can do to achieve that’ (Teoh and Iwama, 2015).

Iwama, Thomson and Macdonald (2009) advocate that the Kawa Model uses a culturally responsive framework to tell personal stories. I chose this model as it supports the therapist to explore what matters to the patient in a culturally relevant context.

The model is divided into five main components as outlined below:

1. **River flow: life flow and priorities.** As therapists, it is important that one understands how individuals wish to live their lives. As outlined by Richardson in Robin et al. (2026, p. 117) where you will find the case study of Mrs S. Mrs S enjoyed social interaction and would often interact with friends and family regularly. Her faith was also important to her.
2. **River banks: environments.** As the nature of her illness progressed, her circle of friends and family support started to shrink and reduce. This often left her quite isolated. She lost her ability to interact with her religion as she was no longer able to attend church. Although her church family would visit, these visits became less frequent over time.
3. **Rocks: obstacles and challenges.** Mrs S had a number of challenges. She was diabetic and required insulin several times a day. She was on dialysis three times per week due to kidney failure. She had reduced vision, peripheral neuropathy and reduced mobility. Due to the peripheral neuropathy, she had reduced sensation in her legs and had frequent accidents with hot water scalding her feet as she could not feel the temperature. She had a reduced range of movement in both arms due to frequent re-siting of her dialysis port which then impacted on her ability to undertake ADLs.
4. **Driftwood: influencing factors vs spaces (opportunities for enhancing flow).** A number of factors are considered. Mrs S lived with her son and her second son lived close by. She had social support from two of her siblings although they lived some distance away. Her church members also offered sporadic support. Personal

characteristics included limited resilience. She found it difficult to challenge professionals and did not participate in her care. She had limited material assets and relied on a care package for support but this was not consistent as the carers sometimes did not attend. Her sons were unable to provide personal care support and so she did what she could to help herself.

5. **Spaces: opportunities for enhancing flow.** Frequent admissions were part of Mrs S's experience. She would be admitted regularly when she had a crisis or when she needed her dialysis port to be re-sited. Often her potassium levels were raised which necessitated admission to hospitals to reduce this. During each admission and discharge there were frequent opportunities for occupational therapy intervention that could support with enhancing flow. Most of these were missed. She was provided with a bath board, bath seat and commode as part of her occupational therapy intervention.

Occupational Gift

Caribbean gift to the reader: a poem by Odeth Richardson

Rhythms of Home

Roosters crowing before the crack of dawn
lizards croaking as they hang from the ceiling
cows mooing as they are led out to pasture
the laughter of children getting water from the canal.

Chicken trucks, brakes squeaking
ice cream bikes with their twinkling songs
party announcers, speakers blaring
friends excited for a night of fun.

Church bells ringing

Choirs singing

Preachers preaching

Drum corps playing

Friday evening, music thumping
sound systems reggae beat bumping
glasses in cabinets jingling and mingling
dancing feet nerve endings tingling.

Thunder rumbling heralds raindrops on tin roofs
rushing water as the river breaks its banks
cooing of pigeons as they prepare to rest
the distant chirp of crickets as they lull you to sleep.

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