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Cancer: A Medical Anthropological Study on Peoples' Understanding and Therapy Management Process

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ABSTRACT

The aim of my research is to explore the people's reaction about cancer ailment/disease in Bangladesh. This study also explore the critical look of general-people those who are sufferer with this deadly disease & beside other members those who suffered economically, mentally & sometimes with the medicalization process. Qualitative data among different cancer patients show that the majority of patients were deprived from health care facilities just because of the low economic capacity. In a nutshell I tried to see the cancer disease from the social, cultural and economic context.

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Introduction

The cancer is one of the most challenging conditions for contemporary society and science. Although, the constant progress in medical science, it is still a deadly disease surrounded by numerous stereotypes and popular images. In searching for answer for the source of this, Cancer disease is emphasize genetic factor together with age, lifestyle, stimulants, stress and broad number of "civilization factors". Thus, it is clear that cancer is not only a medical phenomenon but also a complex social problem, a drama-taking place in social and cultural scene.

Cancer has extensive implications; it is covering economic challenges, individual struggle and other actions. Cancer have explored and discussed in numerous anthropological contexts. It takes place in micro and macro context in family and society. Thus, a crucial context for understanding cancer is its social implications. In my study, I tried to unveil of understand the meaning of the disease from a multidimensional sight by the using of anthropological point of view. I also try to focus treatments & therapy seeking process.

Statement of Problem

The human body in health and illness is the point of departure for research in this field, which includes both historical and cross-cultural studies of representation in connection with the body. Health & illness is overlapping concepts, which exist along a continuum. One end of the continuum has dominated by health, a positive state of physical, mental and social well-being that varies over time. The other end of the continuum has dominated by illness, which produces signs, symptoms and disabilities. Biomedical technology play important roles in protecting human health but we also know that disease is the outcome of the combination of biological, genetics, social, environmental, cultural & economic factors.

We know medical anthropology examines that human health and well-being and these two socially and culturally constituted in comparative and transnational contexts and the ways in which culture influences the experience of illness. Therefore, in the context of cancer, anthropologists can play an important role to remove different kinds of depression of cancer patients & families because all desires not only related to the patient's body but also has close connection with family, society and culture. I strongly believe this study may help to change traditional idea about human disease.

Broad Objective of the Study

To observe the impact of cancer treatment cost, in health seeking behavior of people

Specific Objectives

- To Understand The different social experiences of cancer patients
- To identify the nature of struggle that cancer patients face to encounter high cost of cancer treatment
- To assess how patients see the different steps of cancer treatments in hospitals
- To understand the diagnostic dilemmas of patients

Cancer Background

People were concerned about cancers since ancient times. Cancer pathogen grows up when cells in a part of the body start to grow out of control than this over control of cells several different parts of the body has affected by cancer (American Cancer Society, 2014). The disease was first called cancer by Greek physician Hippocrates (460-370 BC). He is considered the "Father of Medicine." In Greek, this means a crab. The description was names after the crab because the finger-like spreading projections from a cancer called to mind the shape of a crab. Later Roman physician, Celsus (28-50 BC) translated the Greek term into cancer, the Latin word for crab. It was Galen (130-200 AD), another Roman physician, who used the term oncos (Greek for swelling) to describe tumors. Oncos is the root word for oncology or study of cancers. (American Cancer Society, 2014)

Some of the earliest evidence of cancer is found among fossilized bone tumors in human mummies in ancient Egypt. Bony skull destruction as seen in cancer of the head and neck has found, too. It

describes 8 cases of tumors or ulcers of the breast that were treated by cauterization with a tool called the fire drill. The description adds that there is not treatment for the condition (Encyclopedia). During the beginning of the 15th Century, scientists developed greater understanding of the workings of human body and its disease processes. Autopsies, done by Harvey (1628), led to an understanding of the circulation of blood through the heart and body. Giovanni Morgagni of Padua in 1761 regularized autopsies to find the cause of diseases. This laid the foundation for the study of cancer as well. It was Scottish surgeon John Hunter (1728−1793), who suggested that some cancers might be curing by surgery. It was nearly a century, later that development of anesthesia prompted regular surgery for "movable" cancers that had not spread to other organs. (Mandal, 2012).

Cancer Scenario in Bangladesh

Cancer is the sixth leading cause of death in Bangladesh (BBS, 2008), predicted that cancer as a non-communicable disease would become one of the major causes of human casualties by the year 2020 in Bangladesh. International Agency for Research on Cancer (IARC) has projected that death from cancer in Bangladesh was 7.5 % in 2005 and it would be increase up to 13 % in 2030. IARC has been projected (2002) the death from 10 leading cancer in females are mouth and oro-pharyngeal, cervical, breast, esophageal, ovarian, lung cancer, lymphoma, stomach, liver, colo-rectal cancer and in males are mouth and oro-pharyngeal, lung cancer, esophageal, lymphoma, stomach, bladder, liver cancer, leukemia, colo-rectal and prostate cancer.

Anthropological Concern about Cancer

Otto von Mering (1970:272) contends that the emergence of the Medical Anthropology dates to the late 1800s, when Rudolf Virchow, a renowned pathologist; often regarded as father of the social medicine, because of his interest in this ways in which the distribution of health & disease mirror the distribution wealth & power, helped establish the first anthropological professional society in Berlin. Rudolf Virchow, often called the founder of cellular pathology, founded the basis for pathologic study of cancers under the microscope. Virchow correlated microscopic pathology to illness. He also developed study of tissues that taken out after surgery. The pathologist could also tell the surgeon whether the operation had completely removed the cancer. (M. Singer & H. Baer, 2011).

Literature Review

In case of conducting the present research, some of the books, writings as well as articles have search and review. These are directly connective to the study. These works are discussing briefly in below.

Social support among cancer patients

Social support and its effect on cancer patient's adjustment to diagnosis treatment, and long-term survival have been studying extensively. C. B. Wortman (1984: 2339-2360) pointed out that even through studies have found perceived support to be associated with positive outcomes, such an improved emotional adjustment or better coping, generally these states have been co-relational and have not provided evidence of a causal relationship between support and adjustment. Rather, social support has emerged as a predictor of adjustment. It is also one of core reason of my research interest.

Although most of the empirical studies have focused on the effects of receiving support, some attention has also been giving to factor that impede an individual's ability to mobilize and effectively use social support. Factors that determine support include prognosis, chronicity of illness, pain, location and type of symptoms, culture and environmental influence and characteristics of the provider (Dimaro & Hayes, 1981). The attention has also been giving to patient's psychological resources and the effect individual functioning on the availability of social support as well as the effectiveness of this support in mitigating symptoms of distress and enhancing emotional adjustment. (*Schmale*, A.H, 1981)

Ell, Hamovitch, Mantell (1989) used a multivariate approach to study the respective contributions of a sense of personal control and social support resources on the psychological outcome of cancer patients. They concluded copying mechanism than social support but that well-being is further enhancing by social resources.

Cultural interpretations of Cancer pain

People make sense of their cancer symptoms in different ways and act according to their cultural beliefs – how we respond to illness is. Zborowski (1950s) argued that pain was viewed differently amongst ethnic groups when he conducted a study in a New York hospital looking at patients, doctors, nurses and parents of children. In Old-Americans (by birth) responded with stoicism, Irish patients denied their pain, Italian patients were concerned about getting pain relief and Jewish patients focused upon what the pain meant in terms of their future health

Cultural representations of health and illness

How illnesses are described and understood? It is varies on significantly across the culture. Many languages do not contain a word to describe cancer yet this does not indicate that it does not exist (Dein 2006). Helman argues that "some diseases, especially those that are difficult to treat, explain and control become symbols for more general anxieties that people have some conditions become more than just diseases, they become metaphors and as a result become stigmatised."

In this research study, I tried to see how different people explain cancer disease in different way. In urban area people's view is different from rural people about the cancer diseases. But after knowing the severity of cancer they did separate cancer from other diseases. For the study of cultural representation of illness Dein, Helman and Sontag's ideas help me to represent different cultural representation of health and illness.

Illness metaphors

Illness as Metaphor is a 1978 book by Susan Sontag. In the West, cancer is perceived as an uncontrollable, invasive and shameful disease and these views affect both, health seeking behaviour, with patients fearful of a cancer diagnosis. Cancer is still often used as an adjective in the media to describe an array of problems such as drug abuse, immigration and crime.

Culture and Cancer Illness

Medical anthropologists demonstrated that there are no universal categories of illness across all cultures. In Aboriginal culture notions of longing for, crying for and being sick for their country has exactly the same symptom base as depression (Vicary & Westerman 2004). Cultural context can influence the incidence of mental ill-health, those who exist in a culture that promotes resilience-producing characteristics are much more likely to be able to cope with stress and therefore less likely to experience mental ill-health. Different cultures encourage certain personality types such as hardiness, ego strength, optimism and humour. Mental health problems are heavily socially influenced; feelings such as despair and hopelessness are located in individual brains, but are also related to patterns of interaction with families, communities and indeed wider society. (Marsella- 2007)

In my study, I have seen the different patients, who are affected in cancer, they do not do not explain the disease same way, and they were explained it from their own cultural context.

Breast Cancer and Social views

Rahim identifies some social factors responsible for the rapid increase of the breast cancer incident. To him, in Bangladesh people come for treatment only at an advance stage when it becomes difficult to manage the deadly disease like cancer. This is particularly true for the rural women (Rahim, 1986). Breast cancer is the second common cancer among women of Bangladesh. There is no accruable data on breast cancer in Bangladesh.

Loon and others (1994) in their article, "socio-economic status and breast cancer incident: a prospective cohort study" they want to gain insight into the relation between socio-economic status and in a prospective study on the relationship between lifestyle and breast cancer. They measured socio-economic status by means of highest level of education attained and occupational history, two of the recommended measures of socio-economic status. According to them recent investigations, that indicated a positive relation between breast cancer socio-economic statuses.

Theoretical Perspectives

A series of anthropological studies have shown that symptoms should not just viewed as individual responses to the onset of illness that people may

recognize if they have the right kind of knowledge. Rather, symptom experiences embedded within social and cultural processes that determine how and when bodily sensations interpreted as symptoms of a specific illness (Alonzo 1979, Kleinman 1980, Zola 1973, Broberger Tishelman & von 2005). Symptom experiences should be understand as a part of a collective activity that makes the ailing body sensible in terms of cultural practices and meanings (Alonzo 1979, Hay-2008, Kleinman-1980). The act of interpreting bodily sensations is therefore not linear in the sense that it is only a matter of recognizing these sensations as symptoms of potential illness. Overall, my research suggests that we should think of bodily experience and culture as in a continuous feedback relationship.

This is exemplifying in the Angelo Alonzo's studies on symptom experiences. Central to Alonzo's theory is that the process of symptom interpretation not only involves perceptual recvognition. Symptoms should not merely be viewed as physical realities to be recognized, but rather as something that emerges from the interaction of individual bodily sensations and the processes of **"**social objectification or selection, interpretation and evaluation**".** (Alonzo, 1984)

Anthropologists have always been concerned with questions of connections between people, most clearly demonstrated by the central disciplinary concept of kinship. In studies of care-seeking and how people navigate in mainly plural health systems (Janzen & Leslie 1978, Kleinman 1980, Young & Garro 1981). Medical Anthropologists studying care-seeking have studied the role of social relations, framed variously as lay referral systems (Mechanic, 1978), therapy management groups (Janzen, 1987), healing relationships (Kleinman, 1980), or more broadly as 'family and significant others' (Alonzo, 1986). Some studies place focus on the importance of social relations both in the healing process and in navigating between healing options. This focus on social relations is in many ways summarized in the psychiatrist and anthropologist Arthur Kleinman's portrayal of the health care sectors.

Kleinman identified three overlapping and related sectors

1. Popular Sector
2. Professional Sector
3. Folk Sector

(1)Popular Sector: The 'popular sector' refers to the largest part of the activities and social processes that take place around illness and health.

(2) Professional Sector: The 'professional sector' relates to the organized and authorized health professions.

(3) Folk Sector: The 'folk sector' includes therapists who do not have an officially sanctioned position, but who, nevertheless, are acknowledged as healers and often offer treatments that are rooted in other knowledge traditions than the treatments represented in the professional sector.

From an anthropological perspective, the question regarding care-seeking and social relations is, thus, not so much an issue of whether social relations are of important for care-seeking decisions, but more how and why they contribute to decision taken. We know the Bangladesh is developing country; there are most people live in under poverty line. For this reason when these people were affected with the diseases than they are going to different sector of medical system. In addition, it has different reason, such as lack of sufficient owner of land, property, economic ability etc. I was going for data collection in different hospital at Dhaka City. I asked different patients, where they treat at the preliminary stage of cancer disease, most of patients say they treated Homeopathy, Folk and Ayurveda. For this reason, I tried to see from Kleinman's theoretical perception. This helped me to data analysis of my cancer study.

Research Methodology

There are various kinds of Research Methods available in the social science. Each of those methods has its own special strength & weakness. Certain concepts are more appropriately studying by some methods than by others. In case of my data collection, I used Qualitative Methods. Following

was the main techniques of my data collection:- Structured Interview, Informal Interview, Case Study Method, Observational Data, Tape Recorder**.** I also used some secondary data sources to strengthen rationale of this study.

Cancer as Human Suffering

Cancer and It's Meaning:

In social and cultural context, few diseases viewed as chronic. People absorb and radiate the personalities and social conditions of those who experience symptoms and treatments. Only the few illnesses, however carry such cultural salience that that they become icon of times. Like cancer in the first half of the American century, and like tuberculosis in Europe. That kind of diseases has carried different kinds of human meaning. Listen to the words of persons with cancer and others affected by our society's reaction to this syndrome:-

Case Study

Asma Islam is a 36-year-old woman. She is a primary school teacher. She came from Tangail district. She has five family members. She is an esophagus cancer patient. Her cancer first-time identified with the endoscopy test, in Islami Bank Hospital, Motijheel in Dhaka. Then, she admitted in Delta Hospital under the Oncology Department. Before the identifying her cancer disease, she was suffering with the different diseases, such as fever, retch and sometimes asphyxia. For this reason, she did take different kinds of treatment, such as biomedicine and homeopathy. When I asked her how she is now than she remained silent for 30/40 seconds and answer that… She has severely depressed. Because, her husband was job less. She is only earning member of her family. Now, she admitted in that Hospital. Her daily average treatment cost was almost 10,000tk. For this reason, she was distrustful that, after five or six month later how her family will bear her treatment cost.

Case Study

Al-amin is a twenty-three years old 4th year college student. He is suffering with blood cancer. He has admitted at Ahsania Mission Cancer Hospital. I asked him, 'what is your condition now?' He told me, "I don't know my life expectancy is going to be, but I certainly know that the condition has improved." He is the elder son of his family. My father is a local businessperson. Before identify his blood cancer, he had been suffering with different disease. He has taken treatment in different local medical care. He had spent at list 200000tk to treat his disease. Before treat in Ahsania Mission Cancer Hospital, was harassed in different hospital by doctors & by different brokers. According to- Al-Amin… "It is painful experience for me."

In first case study, Asma Islam's viewed from the perspective of economic suffering; her cancer disease broke her family's financial base. Therefore, it was distressful for her. In that case, it was a financial problem for her family and her own self. In second case study, Al-Amin is a blood cancer patient. He had spent lot of money to identify his cancer, because, before the identifying his cancer, he was suffering with different disease (Fever, Retch, etc.). Therefore, from the Al-Amin perspective, it was doctorial and brokers harassments, and overall it was psychological & economic deprivation for him and for his family.

Cancer Suffering Compounded by Inappropriate use of Medical Resources

The majority of all medical-care costs for cancer patients are generating by acute inpatient care. In many ways, however, infection of cancer is more like a chronic disease. Based on population rate ably, there is little medical facility for cancer patient. We know the cancer treatment is too much expensive in Bangladesh. There are many populations in this country live under poverty line and each year lot of cancer patient died without treatment. According to- International Age Rating Coalition worldwide 91,300 people is dying from cancer per year. (IARC, 2012)

Case Study

Doctor M. Mukitul Huda is a consultant of Oncology Department at Delta Hospital. I have discussed with him, about current cancer situation in Bangladesh. He informed me about some important issues on cancer. According to him, there is no available medical facility of cancer in Bangladesh. Our country also lacks of Cancer

Consultants. For those reason, most of cancer patients can't identify there cancer in right time and most of patients were not concern about their health. Most of cancer patients came to their hospital at the serious moment of their cancer disease. Only for this reason, most of cancer patients failed to cure. He also added that, cancer treatment cost is still very higher than other diseases, so in that case, most of poor people cannot bear their treatment cost and one time they drops out from hospital without completing treatment.

Cancer is a Social suffering

In medical anthropology, the term suffering is far from a narrow individual experience. Indeed much suffering in the world today is intimately connected to change in the global capitalist economic system as these are played out and leave their effects on local physical and social settings and the people who inhabit them, including sparking rebellions against subjugation, some of which inflict considerable sufferings of their own (Winkelman 2009). Medical anthropology use the term "social suffering" (Kleinman 1997) to link individual experience of pain and distress to the wider social events and structural conditions that often are the ultimate sources of human misery. Social suffering in other word refers to the immediate personal experience of broad human problems caused by the cruel exercise of political and economic power. (Kleinman, 1997).

Case Study

Robiul Islam is a fifty years old, lung cancer patient. He has six family members. He has identified his cancer in Dhaka Medical Collage Hospital. He was a chain-smoker, and his belief, this smoking is main reason of his cancer. He was a daily-laborer. He admitted at this hospital at list four months ago. However, he cannot get enough medical facilities. His condition is going to serious day by day. I did seen, the doctors and nurses were not concern about Robiul as like other patients. Robiul is financially incapable that's why he was not able to treat his cancer in private hospital. When I asked him, why not he goes to the private hospital he answer me, "I know the private hospital give me better services than this hospital but I am not able to treat in other hospital"

Social Construction of Illness

The social construction of illness is a major research perspective in medical anthropology. First, some illness are particularly embedded with cultural meaning- which is not directly derived from the nature of the condition – that shapes how society response to those afflicts and influences the experience of that illness, secondly, all illnesses are socially constructed at the experimental level, based on how individuals come to understand and live with their illness. Thirdly, medical knowledge about illness and disease is not necessarily given by nature but is constructed and developed by claims-makers and interested parties. I address central policy implications of each of these findings and discuss fruitful directions for policy-relevant research in a social constructionist tradition. Social constructionism provides an important counterpoint to medicine's largely deterministic approaches to disease and illness, and it can help us broaden policy deliberations and decisions.

- Social Construction
- Illness
- Medical Knowledge
- Health Policy

In the last 50 years, the social construction of illness has become a major research arena in the subfield of Medical Anthropology and it has made significant contribution to our understanding of illness from the social point of view. The cultural meaning of illness, the experience as socially constructed, and medical knowledge as socially constructed. Social construction is a conceptual framework that emphasizes the cultural and historical aspects of phenomena widely thought to be exclusively natural. The emphasis is on how meanings of phenomena do not necessarily in here in the phenomena themselves but develop through interaction in a social context. Put another way, social constructionism examines how individuals and groups contribute to producing perceived social reality and knowledge. (Berger & Luckman, 1966)

A social constructionist approach to illness is rooted in the widely recognized conceptual distinction between diseases (the biological condition) and illness (the social meaning of the condition) although there are criticisms and limitations of this

distinction; it is nevertheless an exceedingly useful conceptual tool. In contrast to the medical model, which assumes the diseases are universal and invariant to time or place, social constructionists emphasize, how the meaning and experience of illness were shape by cultural and social systems. (Timmermans & Haas, 2008)

In short, illness is not simply present in nature, waiting to have discovered by scientists or physicians. As notes, "Illness is a social designation, by no means giving in the nature of medical fact" There are, of course, bio-physiological bodily conditions or naturally occurring events, but these are not ipso facto illnesses. Neither are they ipso-facto disease. The disease side of the disease/illness conceptual distinction is also ripe for social constructionist analysis, insofar as what gets labeled a disease or qualifies as biological is often socially negotiated. (Gusfield-1967) .

Case Study: Five

30 years old housewife Amina Begum came from Kishorgonj district. She is a breast cancer patient. Two years back, she went to Kishorgonj district hospital for treatment, doctor gave her some medical test, after getting her medical report, doctor told her that she had a tumor in her breast and suggested for operation. However, her husband was not interested for operation and they came back. Within four month she felt sick, than she again came to doctor. After some medical test, doctor suggests her to go at Dhaka. Then, they came in popular diagnostic center in Dhaka. After few medical tests, doctor identified her abnormal condition of breasts, and predicted Amina's breast cancer. Amina's family even her husband consider that message negatively and blaming her in different ways. She was very disappointed to his husband's family and some kin members. She always faced social stigma, taunt, and sometimes the exclusion from the society. Sometimes, she tried to convince her family members but they did not listen to her. However, she got support from her own mother.

Cultural Interpretations of Cancer in My Study

During my field-work in different hospital at Dhaka City I had been observed different people perceptions about cancer pain, specifically doctors & nurses interpretations, patients families explanation about cancer pain and so others. I also try to explain cancer disease in different way. Such as-

- Some people are saying, it is a physical and mental pain for patients
- Some patients and his/her families explain this cancer disease to relate economic pain/deprivation.
- Some patient's children told, it is a mental pain for his and for family members.
- Some other opines that, it is an economic pain for their because of poverty.

According to Zborowski's argue: - the pain was viewed differently, therefore, in my case the pain has been explained differently among cancer patients, family members, doctors and nurses.

Therapy Management

Much literature of Medical Anthropology on 'cancer ailment' discusses the role social relations are playing in mediating care seeking, and it has been shown that social relations are important 'Triggers' of care-seeking that may reduce Cancer. Their role in care-seeking decisions, however, remains a 'black box'. We know only little about the processes by which they unfold and how they trigger care-seeking.

The analysis of the present study is based on semi-structured interviews with family members of cancer patients at Delta Hospital in Dhaka; by drawing on John M. Janzen's classic concept of "therapy management" I describe how notions of social risk and gender mediate responses to potential illness and care-seeking decisions. The main argument of the is that the decision of when to seek care were establish in a social process of negotiation, which illustrates these social relations, cannot simply be regarded as ready-made structures with distinct functions.

A Framework for Understanding Social Relations and Care-seeking

Anthropologists have always been concerned with questions of connections between people, most clearly demonstrated by the central disciplinary

concept of kinship. In studies of care-seeking and how people navigate in mainly plural health systems (Choi, 2008, Garro, 1998; Holroyd, 2002; Janzen and Leslie, 1978; Kleinman, 1980). Medical anthropologists studying care-seeking have examined the role of social relations, framed variously as lay referral systems (Mechanic, 1978), therapy management groups (Janzen and Leslie, 1978), healing relationships (Kleinman, 1980) or more broadly as 'family and significant others'. (Alonzo, 1986; Hay, 2008; Holroyd, 2002)

Such studies place focus on the importance of social relations both in the healing process and in navigating between healing options. This focus on social relations is in many ways excellently summarized in the psychiatrist and anthropologist Arthur Kleinman's portrayal of the health care sectors and the processes at stake in what he depicted as 'the popular sector' and its role as prime mediator between the other sectors of the health care system. According to Kleinman, the popular sector, which is the nonprofessional layperson arena, is equally the primary and most important location for perceiving and experiencing symptoms, valuating diseases, sanctioning a particular kind of sick role and in deciding what to do about it.

The constellation of individuals who partake in the therapy management process named 'the therapy management group'. "The therapy management group coalesces whenever an individual becomes ill or is confronted with overwhelming problems. Various maternal and paternal kinsmen, occasionally their friends and associates, rally for the purpose of sifting information, lending moral support, making decisions, and arranging details of therapeutic consultation. The therapy managing group thus exercises a brokerage function between the sufferer and the specialist." (Janzen, 1987; Janzen and Leslie, 1978)

Janzen's original analysis of therapy management presented as a new and critical angle on the social context of decisions. Many studies have since applied the concept of therapy management focusing on 'survival strategies' among the poor in third world countries, and the idea of social relations and community as important resources for poor people is central for the concept. Studying therapy management involves a focus on social processes and interaction (Janzen and Leslie, 1978). This naturally places restraints on the interview method, and I applied a series of strategies to reduce some of these limitations. The first strategy was to invite family members to participate in the interview. In this way, we gained better access to the social negotiations triggered by the illness episode. In addition, during the interview we were able to observe family interaction related to the illness episode. (Bossart, 2003; Nichter, 2002)

In my monograph, I want to bring the concept into an understanding of care seeking in the context of a Bangladesh in order to understand the social processes of negotiation. Anthropologist Mark Nicther who argues that, therapy management may have apply as an analytical concept inviting "analyses of transactions that are at once influenced by cultural values, social roles, power relations, and economic circumstances that influence the way illness is responded to in context over time". (M. Nicther, 2002)

Case Study

Nur e Alom is a student of Dhaka University. His sister was a uterus cancer patient. I asked him about his experience of his sister cancer. He answer me like this "You know, we are third world under development country people, the cancer treatment cost is very high which demolish our financial basement of the family." He also says 'this was the painful for his sister's physical and mental." Healthcare seeking for cancer patient are not good and enough. Two months ago, his sister died. In context of Nur e Alom's family, his family was helpful to his sister. After identified his sister's cancer they went for biomedicine, however, later on, family's decision she were treated in Ayurveda healing system.

7.3.Social Risk and Therapy Management

In this section, I will mention the case of Abdul Matin (50). He is a local businessperson. He has three children, but now he lives alone with his wife. He is still very active. This interview took place after 14 days of his diagnosis of lung cancer. When I asked him, how was he? He had noticed me of the first signs of his illness, Matin said that he had been

suffered with lung cancer from long time; His feeling was like that… 'It was heavy' and losing his breath.

- I asked him, what he thought the symptoms intended he said:

"I have been smoking for twenty years. I figured it was just because of the cigarettes. And that it was time to quit!, I am not very good for this illness mess. It disgusts me and sometimes I get embarrassed when meeting people those who are ill".

- I also asked him; how your wife supports you?

"My wife was very concerned about the coughing. In addition, well, this might be a little shameful, but sometimes, when I was coughing a lot, my stomach muscles would go into a pain. That would sometimes make me vomit and my wife got worried. She told me to go to the doctor, and kept asking when I will go to the doctor."

According Matin argument, his two sons and other kin relative doesn't support him. "So it is shameful for me to tell others". He told about his disease doctors and his some close kin members. They will probably feel uncomfortable by seeing me. – Perhaps change directions. Then he would rather that nobody knows about it. He will hide it as long as he can.

Limitation of the Study

I had some limitations in this research. It has much reason, such as- it is more sensitive and lethal disease than others. Hospital administration, doctors and nurses sometimes tried to avoid me. There was no population based cancer registry available in Bangladesh and that's why the accurate cancer increasing rate was not possible to give. Qualitative research calls for long term, in depth research but lack of time was another major problem of my study. In some cases, respondents were physically weak and were in painful condition so they were not willing to talk.

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