

Socio-Cultural Perception and Treatment of Hepatitis in Mezam

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ABSTRACT

Hepatitis B is and remains a health problem worldwide having no age barrier or sexual affiliation. This viral infection caused by the hepatitis B Virus (HBV). HBV is transmitted through sexual intercourse, by exchange of saliva during kissing and to newborn babies of infected mothers. Hepatitis B has been misconstrued by the locals and communities within the Mezam area for other related health problems because of the symptoms. The focal point is the attack on the liver. To eradicate and keep this viral infection at bay entails some sound knowledge and comprehension of what Hepatitis B is, explore local perceptions and understanding of it, especially within the Mezam communities. Following a cross sectional study with a population of 50 informants chosen from 20 quarters. The research methods or techniques (qualitative and quantitative) were used to facilitate data collection and the cultural interpretative theory was used to analyze data. As a result, a large part of the population (80%) directly or indirectly concerned with Hepatitis B perceives this infection (HB) differently due to mainly the cost of modern medicine among other reasons they turn to seek traditional medicine for treatment, while 20% strictly belief on modern medicine and its effectiveness despite the cost. The study perceived that Hepatitis B is a viral infection that causes the inflammation of the liver and it is treatable by both traditional and modern medicines while modern medicine is the most effective.

KEYWORDS: *Socio-cultural, Perception, Treatment, Hepatitis B, Virus*

INTRODUCTION

The article presents the socio-cultural perception and treatment of Hepatitis B, an ethnographic approach based on biological and cultural similarities, nature, attitudes and practices in the Mezam. According to Jayne Taylor Hepatitis is an inflammation of the liver characterized by the presence of inflammatory cells in the tissue of the organ. The condition can be self-limiting or can progress to fibrosis and cirrhosis. It is acute when it lasts less than six months and chronic when it last longer. Worldwide most commonly caused by one of a group of hepatitis viruses, but it can be due to toxins (alcohol, certain medications, some industrial organic solvents and plants) (2019:178).

Statistics from the World Health Organization (WHO) indicates that more than 2,000 million people worldwide today have been infected with Hepatitis B Virus (HBV) at some time in their lives. Of this,

about 350million remain infected chronically and have become carriers of the virus. (All Africa.com and Yufeh, 2016).

Chronic Hepatitis B therefore leads to malaise, tiredness and weakness, occurrence of jaundice indicate advance liver damage, liver enlargement, extensive damaged of the liver leads to weight loss, swelling of the legs, accumulation of as cites (fluid in the peritoneal cavity), enlargement of veins in the esophagus walls that can cause life threatening bleeding, kidney dysfunction, abnormal menstruation, lungs scarring and inflammation of the thyroid gland. (Yamini, 2012).

In Europe, the United States of America and other industrialized countries, the infection is contracted primarily by susceptible young adults, most of who are infected with the virus during trips to countries

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with a high incidence of the infection or through contacts with infectious persons. This has also served as a guide for us to find out whether people in Mezam community suffer from these effects of travelling to other countries or cities within the country.

However, in developing countries, and in regions with poor hygiene standards, the perception of infection with the virus is silent, high and the illness is usually contracted in early childhood. As incomes rise and access to clear water increases, the perception of Hepatitis A virus (HAV) decreases. Such is not the case of the Mezam ethnographic area who suffers unclean and predominant shortage in water supply following a pilot study. Hepatitis A infection has no clinical signs and symptoms in over 90% of infected children and since the infection confers lifelong immunity, the disease is of no special significance to those infected early in life. (Encyclopedia of World Diseases).

According to Yufeh, (2010), some two million people in Cameroon suffer from Hepatitis. This information was released during activities that commemorate World Hepatitis Day on the 22nd of June, 2010. However, official statistics on the disease were disturbing; the prevalence rate for Hepatitis in Cameroon is 10% for type “B” and 13% for Hepatitis “C”. These figures classified Cameroon as a country with one of the highest prevalence rate in Africa.

Following the study on the knowledge, attitude and seropositive of Hepatitis B Virus among blood donors in the Bamenda Regional Hospital Blood bank, Cameroon, and the prevalence of Hepatitis B among blood donors in this blood service is in the high intermediate category. Overall, the level of knowledge on this infection among these blood donors is average. These findings suggest that health education on HBV infection should be provided to the public as a major strategy to curb the infection. (Moses Samje et al. 2021)

In the North West Region and particularly in Mezam, the people refer to it as “yellow fever”, which medically can be one of the symptoms or manifestation of Hepatitis B; this implies a misconception of the infection by this group of people. Some cultural people within Mezam namely; Bamendankwe call it *Injonghohl* meaning deadly spear that is shoot on a person that cannot be reversed, Ndongamantung call it *lyangl* that is exaggerated yellow fever, in Lamnso it is call *nkuml* describing a swollen stomach and the Mbouda call it *mpangl*. Notwithstanding, the growth of urban traditional medicine in this community and the high presence of biomedical centers dotted all over sometime serves as a means of management and

treatment of Hepatitis B. As well as, constraints as regard the socio-cultural perceptions the population presents towards its origin, causes, signs and symptoms and the various ways used in managing this infection.

Considering the perception and the factors determining the treatment of this disease, it focuses on influence by the world view which will be centered on internal or biological forces and external or cultural forces. Biologically, based on ideologies, ideas and affected persons, the intention of this study is to find out the established perception of the infection as a result, of the socio-cultural risk factors that come as a result of the growth of urban traditional medicine in order to understand the treatment of Hepatitis B within the Mezam cultural area.

LITERATURE REVIEW

This section focuses on existing literature on Hepatitis B. We have examined the phenomenon in view of what other writers have said about the infection. These ideas are addressed generally under sub-titles; understanding Hepatitis B, classification of hepatitis, treatment and management, social epidemiology, effects, and prevention of the viral infection.

Hepatitis B as seen above is an infection that causes an inflammation of the liver. Worth mentioning, the liver is the largest gland in the human body. It weighs approximately 1.36kg. It is reddish brown and is divided into four lobes of different sizes and lengths. It is also the largest internal organ (the largest organ is the skin). It is below the diaphragm on the right in the thoracic region of the abdomen. Blood reaches the liver through the hepatic artery and the portal vein. The portal vein carries blood containing digested food from the small intestine, while the hepatic artery carries oxygen-rich blood from the aorta. The liver is made up of thousands of lobules, each lobule consists of many hepatic cells – hepatic cells are the basic metabolic cells of the liver. Yamini (July 2012).

Unfortunately, this precious organ has suffered from neglect by individuals, local and international community and the medical scientific world. Many people suffer and die from infections that are preventable and curable. That is, Hepatitis B can heal “on its own” with no significant consequence, or it can progress to scarring of the liver. As seen above, acute Hepatitis B last less than six months while chronic Hepatitis B last longer.

With regards to the global policy report on the prevention and control of viral Hepatitis in World Health Organization member countries states that:

“The five viruses that cause infection of the liver are responsible for a widely prevalent and growing disease burden. No country is spared (rich or poor). These viruses are important and they cause infectious diseases in their own right. HAV and HEV are major food borne and waterborne infections which cause millions of cases of acute illness every year with several months sometimes needed for full recovery. But Viral Hepatitis also makes a substantial contribution to the burden of chronic diseases and the premature mortality they cause. Worldwide infections with HBV and HCV cause an estimated 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer. The availability of a vaccine that confers life-long protection against infection with HBV gives public health a rare opportunity to prevent a leading cause of cancer, especially in low and middle income countries. The significance of these challenges and opportunity was formally acknowledged in 2010, when the world health assembly adopted its first resolution on viral hepatitis. That resolution, which called for a comprehensive approach to prevention and control opened a new era of awareness about the magnitude of disease caused by viral hepatitis and the need for urgent action on several fronts. As attention to Viral Hepatitis B continue to build, so as recognition of the many strategies available for prevention and control in all resource settings. Control measures for viral hepatitis fit well with the current drive to strengthen health systems, especially as many measures touch on the fundamental capacities of a well-functioning health system. These includes; reaching every child with immunization programs that include Hepatitis B vaccine, protecting against mother-to-child transmission of the virus and ensuring safety of blood transfusion services, organ donation, and injection practices”. (Yamini, 2012).

In short, its understanding can be seen from the name, symptoms and signs, diagnosis and types: modes of transmission.

This will be examined based on the various causes, or mode of transmission of the disease or the infection and clinical manifestations. As a result, defining the different types of hepatitis, based on viral and non-viral hepatitis for a better comprehension. Also important, treatment and management will be based of viral and non-viral hepatitis.

According to Mattson 2009:2, it can be transmitted orally (A type), sexually (B type) through blood transfusion, contaminated syringe, (C type) caused by three Hepatitis Viruses, called Hepatitis A, B and C that caused most liver damage which can lead to injury or death.

However, Hepatitis can also be caused by alcohol and some other toxins (non-viral), certain medication such as paracetamol and ketoconazole, some industrial organic solvent such as white phosphorus, plants, other infections, autoimmune diseases and mushroom containing poisonous elements. Hepatitis B may occur with little or no symptoms. It often leads to jaundice, anorexia, malaise. It is acute when it is less than six months and chronic when it persists longer. Acute Hepatitis B has the following symptoms: muscle and joint aches, fever, nausea, vomiting, diarrhea, and headache. Specific symptoms include: loss of appetite, aversion to smoking among smokers, jaundice (yellowing of the eyes), abdominal discomfort, lymphadenopathy (enlargement of lymph nodes), hepatomegaly (swelling of the liver), and splenomegaly (swelling of the spleen). Equally, acute hepatitis is more likely to be asymptomatic in young children liver failure which leads to confusion and coma, and peripheral oedema.

However, embracing these, most people often neglects the situation; others relate it to a curse while others are stigmatized and some for high cost of treatment and management reasons are often confused where to seek treatment. Given the reason that the communities are made up of so many traditional healers who claim to treat the infection, so many patients still run to them after experiencing some constraints especially the cost in the medical sphere although which is more efficient as informants admitted. Thus, supporting the WHO statistics which reveal that, 80% of African population often resorts to traditional medicine. As a result, with the use of the WHO comprehensive approach, the people belief systems also have to be taken into consideration in order to seek lasting solutions for the endemic infection.

The broad social and environmental determinants of Viral Hepatitis B further call for improvement in housing sanitation, food and water safety. The fact that many infections are silent, causing no symptoms until there is irreversible damage to the liver, points to the urgent need for universal access to immunization, screening, diagnosis and antiviral therapy. As Hepatitis Viruses show great diversity in their prevalence and modes of transmission in different parts of the world, policies and strategies for prevention and control need to be tailored to the specific national or sub-national context. Based on the 2010 world health assembly resolution, that urged member states to generate reliable information as a foundation for building prevention and control measures which match the local epidemiological profile and health system capacities. This report is a

contribution to that objective. It sets a pace for the result of the survey conducted in mid-2012 by WHO and World Hepatitis Alliance. The survey aimed to gather country-specific baseline data on hepatitis policies in WHO member states in all six regions. Survey data also offer insight into conditions in specific countries that may have hindered past effort to achieve Hepatitis Policy Objectives. Gaps that need to be filled are identified as are specific areas of policy development where WHO assistance is needed. Such baseline data will serve as a solid benchmark, as countries supported by World Health Organization and its partners, seek to make the “silent” epidemic of Hepatitis B more visible and more manageable.

From the world statistics according to AllAfrica.com and Yufeh (2016) the situation in Cameroon is worrisome as national statistics reveals that the prevalence rate of hepatitis virus in the country stands at 11.9 percent with two million Cameroonians exposed to Hepatitis B Virus and 2000 infected with HCV. While government is making strides to reduce the cost in treating these deadly and costly viral infection, health experts say the population should be conscious against this infection. (The question is how the population can be made conscious, which shall be seen in subsequent chapters) A public health specialist in Yaounde, Dr Jude NGU Achidi, AllAfrica.com and Yufeh (2016) following an interview on the national TV station (stated that Hepatitis B and C were the most dangerous amongst the viral infections which greatly affected the liver causing cancer. While Hepatitis A is considered one of Cameroon’s major infectious diseases caused by; mobile-friendly-food or waterborne diseases; bacterial and protozoa diarrhea, typhoid fever and Hepatitis-A and the degree of risk is assessed to be very high as compared to the United States. These infectious diseases represent risks to US government personnel traveling to the specified country for a period of less than three years. The degree of risk is assessed by considering the foreign nature of these infections listed do not necessarily represent the total infection burden experienced by the local population. The risk to an individual traveler varies considerably by the specific location, visit duration, type of activities, type of accommodations, time of the year, and other factors. Consultation with a travel medicine physician is needed to evaluate individual risk and recommend appropriate preventive measures such as vaccines, thus creating awareness on the relevance to know the local diseases to international travellers. Diseases are organized into the following six exposure categories listed in typical descending order of risk: The sequence of exposure categories listed in

individual country entries may vary according to local conditions; Food or waterborne diseases acquired through eating or drinking on the local economy. In Cameroon Hepatitis A is listed first.

As a representation at all regional level as confirmed by Bayong, (30-11-2015) patients are referred to pilot hospitals (Yaoundé Central Hospital, Douala Regional Hospital and, University Teaching Hospital Yaounde, (CHU, CUSS) that deal with the diagnosis and treatment of Hepatitis B. Thus there is a great need that at all regional levels there should be a therapeutic committee involved in the management of this ailment as the state is struggling to form a “Generic Form” to sub vent the cost of pre-therapeutic examination BY 50%, (from 104000 to 52000frs). On the other hand, other measures still need to be put in place for the disease to be well known in the Mezam community and the Cameroonian society at large. Since most informants perceived Hepatitis B infection based on community diagnosis. As a result, in relation to a view shared by Hardon (1995:6) that in all human societies’ beliefs and practices relating to ill-health, are a central feature of cultural life. Although cultural beliefs and practices strongly influence people’s health, culture is by no means the only factor involved. Personal, educational and socio-economic factors all may influence illness and health. Moreover, culture is always heterogeneous and is never static. While medical anthropologists stress the importance of culture, they are also varied to avoid cultural stereotypes and victims blaming- that is, seeing the poor health of the population solely as the result of their culture. Stereotypes are negative attributions, often based upon dubious assumptions about a certain cultural group, according to Hardon (1995:6) therefore that may not be the case of Hepatitis B in the Mezam Community which we are studying.

In fact, during the commemorative activities on the 22 of June 2010 (World Hepatitis Day), officials said in spite of the high prevalence rate, close to 80% of Cameroonians are not aware of this viral infection. Being, more contagious than HIV, Hepatitis B can be transmitted by healthy carriers, who themselves are ignorant that they are infected. According to Bayong, (30-11-2015) the then Minister of Public Health Andre MAMA FOU DA emphasized on;

...”The vaccination of children, child-bearing women, medical personnel, and other preventive measures to curb the spread of viral hepatitis”.

This stands as motivation for us to carry out this study, taking Mezam as ethnographic area of study to come out with a cross section of the national prevalence referred to by some researchers above.

The commemoration took place at a time when there were concerns that Hepatitis B would become a public health hazard, if not checked. Activities to commemorate the 13th edition of World Hepatitis Day July 28 2021 with the theme, “*Hepatitis Cannot Wait*”, aimed at calling on people from across the world to take action and raise awareness of hepatitis because hepatitis can’t wait. Conveying the urgency of efforts needed to eliminate hepatitis as a public health threat by 2030. www.worldhepatitisday.org

THE RESEARCH PROBLEM

With regards to their perception, they give a different meaning to Hepatitis B. Also, therapeutic avenues especially modern medicine seem very costly to patients. While alternative medicines give a different perception and treatment for it, instead of treating Hepatitis B, they treat “yellow fever” which explains the silent spread of the infection. Due to lack of knowledge or ignorance about the deadly nature of this viral infection which is considered very dangerous as it has no boundary, or barriers. Therefore, explains the problem of the research.

On the other hand, considering the bio-medical approach, Hepatitis B is a viral infection which attacks and destroys the human organ called the “liver”. When it attacks the liver, it inflames it and gradually and slowly damages or destroys it. This inflammation of the liver is caused by a virus called Hepatitis B. Hepatitis B is therefore not an illness or a disease, but a viral infection which causes the inflammation of the liver. This infection is acquired or transmitted mostly via sexual intercourse amongst other means of transmission. That is, from the infected person to the uninfected person. This viral infection is not only dreadful but equally deadly. Hepatitis B is therefore a serious health problem with far reaching consequences especially on the infected as well as the affected and the uninfected. Lack of knowledge or ignorance about the deadly nature of this infection can be very dangerous as the infection has no boundaries nor barriers, no friends nor enemy. Hepatitis B is an infection neglected worldwide (WHO, 2002). This is because the ailment is non-communicable, especially when it is at the acute stage. At its chronic stage it presents more serious as it is contagious and infectious, as well as frightening whereby, patients and persons affected are occasionally avoided and stigmatized.

“According to worldwide infections with HBV and HCV cause an estimated 57% of cases of liver cirrhosis and 78% of cases of primary liver cancer”. (Yamini, 2012)

It is therefore imperative to keenly look at the face via a special study or a research work since following our

pilot study there exist no baseline information about the prevalence of the infection in the Mezam ethnographic area. Preventing and treating the inflammation of the liver caused by Hepatitis B Virus is not enough. Perception of what this “little monster” is sine qua non ushering this research. This approach will go a long way to better the knowledge, prevention and treatment of the spread of the virus. For this is significant in the efforts ‘to war it’ and why not eradicate or reduce the spread to the innocent and ignorant population of the Mezam community and even beyond.

RESEARCH QUESTIONS

The topic has a central and specific research questions.

Central Question

How is Hepatitis B perceived and what remedial efforts are often embraced by the various communities of Mezam in the North West Region of Cameroon.

Specific Question

How do the socio-cultural factors determine the treatment of Hepatitis B in this community?

RESEARCH OBJECTIVES

The research objectives shall also be looked at from two dimensions. That is, central and specific objectives.

Central objective

The main objective of this study is to seek the perception and treatment of Hepatitis B in the Mezam community

Specific objectives

The research is to demonstrate the perception and causes of Hepatitis B in Mezam cultural area.

To illustrate the major factors determining the therapeutic choices in Mezam.

To showcase the various therapies involved in the treatment of Hepatitis B infection

To look at the perception on individuals’ health, agricultural production level, diet quantity and quality, quality of education, level of social relation and level of economic activities carried out.

To showcase the input provided by local and international organizations in order to stop or limit the spread of Hepatitis B infection in the Mezam community.

THEORETICAL FRAMEWORK

The theoretical framework will help us know the scope of works used in order to come out with our results. The cultural interpretative theory will be used.

Cultural Interpretative theory

The roots of cultural interpretative theory, dates as far back as the 1970s. This approach aims at describing and interpreting aspects which are meaningful to natives. Interpretative such as Cliiffoid Geetz view culture as meaningful texts which natives constantly “read” and which the research must elaborate on. Geetz also advises the anthropologists or ethnographer to choose anything in a culture that is of interest, fill in details and elaborate to inform their readers about meanings in that culture. Meanings are carried by public symbolic forms, including words, for example, yellow fever and jaundice represents hepatitis according to the Mezam communities who lack a mother tongue appellation of the disease and symbolize the disease using its symptoms.

Interpretative approach also involves a cross-cultural understanding through dialogue between natives, anthropologists and readers, who are all parties to conservation. Cultural anthropology has been very important. One of the pioneers of the field, (Foster G, 1978:33) distinguishes three types of cultural studies as forming, the roots of contemporary medical anthropology, the study of primitive medicines, witchcraft and magic, studies of personality and human health in diverse settings and applied studies in international public health and planned community change programs. The concept of culture as discussed above still speaks of as a way of life that a particular group of people follow. Culture also means a unique characteristics of human beings in which the use and transmission of symbols, language, name and categories, rituals, rules and other learned behaviours play a very important role in the adaptation of our specie. Hence, cultural traits are shared, learned non-biological attributes, and in contrast to more biologically programmed genetic traits (MC ELroy and Townnsend, 1989:15).

The cross-cultural analysis dates as far back as 1870s. The cross-culturalists include; Edward Burnett Tylor, Louis Henry Morgan, William Graham Sumner, George P. Murdock, Alfred, Louis Kroeber, Harold E. Driver, Clellan Ford and David Levinson. In fact, cross-cultural survey is “a comparative statistical study in which the “tribe”, “society” or “culture” is taken as the unit and samples from a world-wide universe is studied to test hypotheses about the nature of society or culture” (Kottak 1991:221).The comparative approach also makes anthropology unique. That is, studies human nature, biological type, and different cultures, comparing and contrasting in order to build generalizations. Therefore, they study on the biological types in an effort to build human nature. In effect, the cross-cultural analysis will be

used as a scientific method to compare cultures in the Mezam communities with regards to the perception, treatment and management of Hepatitis B as well as the therapeutic measures taken to fight against the spread of this infection, for example, bio-medicine and ethno-medicine.

METHODOLOGY

Study Design.

A research design is constituted of a series of guides which orientates the researcher in the work. Before going to the field we did literature review, this was done by reading books which were related to this topic of research and other related documents were consulted. Therefore, we had to go to the field to explore and to collect primary data. We went twice to the field; first within the month of February 2013 and a pre-test was carried out. Meanwhile, in 2015 data collection kick started on the field. Our study design was purely exploratory, descriptive, explanatory, analytical and interpretative in nature. Explanatory research design was used for the verification of our hypotheses and to examine the relationships between the various variables. Meanwhile, other types of research designs were used for data collection, measurement and data analysis. There was equally the interpretation of data which was gotten from the field. This design was in order to get the causes, knowledge and the perception of HBV in Mezam. The study design was constituted of multitude of phases namely; sample, interview, techniques, field work and language procedures. All these were used for the gathering of data. It was equally used for data processing and analysis. With the help of our research methods, it was aimed at bringing out some of the dynamisms in the treatment which has occurred over time.

Study Area

This work was limited in space and time and it was within the frame work of medical anthropology. Thus, it is limited within the administrative boundary of Mezam in the North West Region of Cameroon.

Study Population

As a target population, a total of 50 informants were chosen from 10 quarters in three villages in Bamenda that make up a cross section of Mezam Division. These include; (6) medical personnel, (5) tradi-practitioners and (5) patients (4) administrative workers and the rest (20) were randomly selected and this was to know the prevalence and the perception of HBV in Mezam. A cross section of them was made up of males, and the rest were females. This gender repartition enabled us to gather enough data on which individuals of both sexes suffer differently from HBV.

Sample Technique

Our sampling size depended on the purpose of our research; the sampling techniques used were random sampling, purposive, judgmental, and snowball. First of all, the random sampling method was used to choose various quarters 'while purposive was used to choose conveniently categories of informants from the various quarters in Mezam. Secondly, a judgmental sampling was used, to bring out the purpose of an informant and to bring out the ways in which they will serve us in our research work. Also snowball sampling enabled us to identify the informants who were well knowledgeable on the topic of research.

Data analysis

The process of data analysis was already going on during and immediately after field work. The information was grouped under themes and sub-themes that are in relation to the research objective. The grouping was done with the help of a colour reference technique which enabled the researcher to sought out the information easily and put into correct form and appropriate objective. Data analysis was characterized with the use of quantitative and more of qualitative data.

RESULTS

The results are based on the findings arrived at following the end of the study, these included; knowledge of Hepatitis B, causes, cost, social profile, distribution and treatment of Hepatitis B as well as inadequate spread of information and location of patients within Mezam.

Knowledge of Hepatitis B

Hepatitis B is one of the most common non communicable viral infections which are transmitted through sexual intercourse or body fluids (blood, saliva and sweat) or through other viruses and non-viral causes in Mezam community following our findings during our field work. The study reveals that, 50% or more patients become aware of this infection during blood donation when diagnosed of Hepatitis B. According to Nkongnyuy Thomas (2020) in an interview with the researcher

"I and two of my father's apprentices discovered that we were infected of Hepatitis B when my father was sick and need blood and we went to donate blood in the regional hospital. This was after some tests were conducted and it was revealed to us that we were infected with Hepatitis B. Then later we were advised to go for control in the Baffoussam Regional Hospital which we were not financially able as such, we turn to local treatment around which is cheaper"

Causes of Hepatitis B

The classification of the causes of Hepatitis B was based on the therapeutic choice. Hence biomedicine laid emphasis on causes like; unprotected sexual intercourse, contaminated water and foods, infected body fluids (blood, sweat, saliva, and urine), mother to child infection of Hepatitis B, and the infection is treatable.

On the other hand, the local indigenes define it based on community diagnoses, that is some refer it to "yellow Fever", some diviners on their part perceive it as witch craft that needs ritual cleansing. According to the Nso perception of Hepatitis /nkum/ or swollen stomach, swollen legs, while the Mbamendankwe describe it as /athermeuh-the- chouh/ a shoot on either any part of the body like the leg, and rotten liver that cannot be reversed" thus, the various perception of Hepatitis in the Mezam community.

Cost of Hepatitis B

It is imperative to note that due the high cost of its diagnoses which according to Nkongnyuy (2020) in an interview revealed that;

"in order to monitor and evaluate the magnitude of the infection as we were referred to Baffoussam each of us was asked to prepared 170000frs, unlike 104000 which the state had been struggling to sub vent to 52000frsas seen in the literature above by Bayong (2015) as a result, this amount scared us as we were not financially able to afford treatment by bio-medicine, a majority, (more than 80%) of the patients turn to traditional or alternative therapies. According to Nkongnyuy still;

"I prefer buyig medication from Sisters of Saint Congregation at Foncha Street which cost 7000 FRS, my brothers and I have been taking and we believe it is getting better although we have not had the means to go for diagnoses again after treatment."

While 20% of the informants and some of those who make up the majority that use local herbs and traditional medicine did confirmed that modern medicine is the most effective to treat Hepatitis B. According to Njodzeka Janette (2020) in an interview with the researcher;

"I used Hepasor as treatment for Hepatitis B which cost 8000 FRS a bottle and I had used 3bottlestill diagnosis proved that I am free from the infection and also recommended it to so many patients I came across with as well as my son who is presently suffering from it and he is equally using it. Finding out where the medication can be found the informant revealed in the City Chemist Pharmacy"

Social profile, distribution and treatment of Hepatitis B

From all age groups of patients interviewed, out of 10, 5(50 %) manage themselves using modern medicine and still using local and foreign therapeutic measures (an aspect of mixed feeling, 3(30%) with traditional medicine, equally those patients who resort entirely around their homes to treat Hepatitis B are 2(20%) of patients, so, about (80%) of the patients' belief in traditional medicine although, with mixed feelings.

In addition 6 (60%) were male patients interviewed, 4(40%) females and in the two sexes 1 was a child.

Patients interviewed gave the impression that they go to church and believe in God. Those patients were 7 (70 %) catholic, 2(20%) Presbyterian, and 1 (10%), Baptist making a total of 10 (100 %) Christians and (0 %) Muslim.

Most of these patients included: 3 farmers (30%), 1 student (10 %), 2 carpenters (20%), 1 civil engineer (10%), 2 housewife (20%), and 1 civil servant (10%).

Equally, the ages of patients were also taken into consideration. 1(0%) from ages of 51 to 80 and above, while 8 (80 %) were from ages 21 to 50 years and 1 (10 %) were of 0 to 20 years. Following the above representation of the various variables in order to harmonized data analysis the quantitative analysis was presented to bring out the various variables as used which are best quantified for an apt analysis.

Most important, the study revealed that two families were observed to have more than two infected persons suffering from Hepatitis B. That is, in one we observed mother and son, and in another family father and three boys in the same house.

The classifications of the causes of Hepatitis B were based on the therapeutic choice. Hence biomedicine laid emphasis on unprotected sexual inters course, contaminated water and foods, infected body fluids (blood, sweat, saliva, and urine) mother to child transmission of Hepatitis B.

However, tradi-practitioners also classified based on patients complaints natural as well as divination of the problem which is invisible to diagnose (supernatural).

Hospital managed Hepatitis B based on treatment prevention to patients that can manage the infection. Whereas, traditional healers often use and give local concoction prepared specifically for prevention and protection from witches.

Management cost varied from one therapeutic choice to the other. In fact, according to most informants ;

modern hospitals operate on high cost and tend to scare patients from coming to them consequently, many of the patients interviewed reacted negatively on the management cost of hospital though they reacted by confirming that their treatment is the most effective.

Whereas traditional medication functions at low cost or even without patient's spending money. Thus, this is explains by the fact that, herbs are acquired freely from herbal gardens, as well as practitioners are fed from their activities since they are often controlled by the strong ethics of not receiving money from patients for instance, as affirmed by Viban Mayus (2019)

"When I am performing a ritual in the course of evoking divine spirits I do not collect money which is a strict principle that I keep as precepts from my father".

Acknowledging the fact that medical anthropology has grown in a distinct specialty of anthropology, following the writings of Arthur Kleinman (1980, 1982 and 1988) on communication between patients and health care providers have greatly influence medical anthropology. McELroy and Townsend (1989:16). Therefore, using this branch of anthropology in applying to the present work is very vital. The researcher has drawn inspiration from the idea of the above authors by summarizing that, the work has developed its own methodology and topical views including biomedical studies of Hepatitis-B, ethno medical studies of patients and local health concepts and healing practices.

Inadequate spread of information and location of Patients within Mezam

From our findings it was noticed that a majority of the population was not aware of the Hepatitis and its spread among infected to uninfected persons. Also with the presence of the regional hospital and its efforts to reduce the spread only those individuals who come in to donate blood used in transfusing on infected patients that some are infected with Hepatitis B.

Geographically most people are located far away from the hospital site that often demotivate them from consulting the biomedical system as a result the spread keeps on rising every day. In spite of the base line data like our present research reveals that Mezam chosen to serve as a pilot center by the government and with all provisions in building the center at Mile 5 Nkwen it was observed that work had stopped there since 2017 at the site as a result of the Anglophone crisis. Thus creating a loophole and wide spread of Hepatitis B infection and many other infections which the hospital would have played the role of reducing

its prevalence. Even though, other health units exist like the Cameroon Baptist Health Board (CBC) treat and refer patients to their main hospital at Bingo in Boyo Division. Following the geographical location of most patients far away from the hospital site, they are prompted to resort to traditional therapy. As such, this serves as solid bench mark as countries supported by WHO and its partners, seek to make the “silent epidemic” of viral Hepatitis B more visible and more manageable.

Also being in existence as one of the member state of the WHO at the level of the Annual Work Plan, there has been carrying out celebrations to commemorate the world hepatitis day (28 July), which WHO usually collaborate with the Ministries of Public Health to sponsor the celebration of this day. As such a national week has been set aside for this disease whereby, sensitization through press conferences is done, screening and sport work always characterize this week together with home base representatives of the WHO there is still need for enough sensitization especially from local TV and radio stations as well as the social media. As such, the two existing medical systems modern and traditional medicine are often actively involved in their various capacities to wage a war to this infection as informants revealed.

Social Impact of some Projects from Stakeholders

Like any research work, the realization of this had a plethora of effects on the social life of the Mezam ethnographic community like elsewhere in Cameroon or the world at large. Having discussed in the previous chapters the main reason is to salvage the health problems faced by the people of Mezam and its environs. Thus the realization of these projects has brought to an end if not reduced the occurrence of diseases and infections caused by poor quality water, waste disposal, people life styles, farming in prohibited environments like swampy environments especially during the dry seasons.

The initiation, execution and completion of water projects in varied ways greatly improved the health and sanitation of the population of the Mezam community. According to some informants waste disposal habits of the masses especially as far as human faecal deposits are concerned witnessed a great change. Such information holds that with the introduction of pipe borne water, people are able to connect water directly to their homes, hence reducing the gap of Hepatitis B infection and reinfection of Hepatitis B caused by other infections through faecal deposits. This is unlike the colonial days or some years back when water was made available in most cases, just to the houses of the colonial administrators. Thus, with the availability of pipe

borne water, there has been the introduction of the water system toilets, public toilets are constructed and there has been an increase in the number of people who make use of the water system toilets.

Furthermore, information gathered from most informants relate the fact that, people are educated and sensitized and sanction of 25.000 FRS on the value of water to man has slightly reduced waste disposal in streams. This goes to confirm what Ernestine kongla mentioned 2016 in an interview with the researcher, and in Bila (2012, pg 54). This was confirmed by most informants who have built along water ways within Mezam, some who do this act late in the night, or very early in the morning, while some respect their environment.

Unlike the period which education and sensitization was made as well as sanctions levied on an individual if caught throwing wastes in the streams or forbidden areas since this was common leading to contamination and resulting to infections especially Hepatitis B a point in question which many people are ignorant of.

In the same light of health benefits from the above stakeholders there has been the erection of health structures and the extension of existing ones thanks to the water projects. It should be noted that health structures like the Bamenda referral hospital located at mile 5 which is still under construction, the Bambili centres, PMI (Centre Medical d'arrondissement de Nkwen, CMA) mile 3 Nkwen, have extended and expanded their services partly as a result of good quality water available in the community which is a solution to the spread of infections among other diseases in the Mezam community, Even though some informants considered the source of water as forage which is not good for consumption but to clean the environment and washing of clothing's. As a matter of fact, no health institution would successfully operate without good and quality water available in its laboratories and other areas of health unit. People are able to carry water with ease and without contamination.

In short, most of the management structures, together with the health units greatly contribute to education of the masses on how water should be used sustainably. An example of such a management is the Bambili Water Authority (BWA) which is assigned with the responsibility of distributing water to the entire community. Equally, community efforts in the supply of portable water equally acted as a booster to some communities. While it is the case in areas like Bambui and Bambili, mile 5 Nkwen and mile 6 Nkwen communities felt the need to put up such

community spirit in the supply of such public amenities.

According to the quarter head of (Mafigha 2012) in an interview;

“Such is the case of the water project in Nkwen which now serves the people a great deal.”

As far as social ramifications are concerned, all is not well. This is in line with the fact that no development comes without destruction. To this effect according to some informants sanction given to people who dispose waste in streams is too much for them (25000FRS). While some of them find the trash cans located too far from their homes they prefer to throw waste in the streams or along gutter ways usually in the night without knowing consequences of health that await them.

Equally as revealed by informants, most people prefer carrying out farming in marshy or swampy areas during the dry season. Ignorant of the presence of fresh river snails that inhabit the marshy lands which they prefer to cultivate according to them. As a result, much still need to be done as far as sensitizing the population about the disadvantage of farming in marshy or swampy areas is concerned. Although it has often led to confrontation as there is a lot of resentment in relation to the request to move elsewhere. Informants prefer farming in marshy lands or felt they would continue farming than the compensations that probably may never come. Since they have to abandon houses, farm lands and other property in which they claimed to have invested much.

Inaccessibility of Diagnose

As a limitation of government in the fight against Hepatitis -B in Cameroon and Mezam community particularly, to this research work, the question is why only these selected groups of ministries for diagnosis and vaccination campaign programs, (Bayong November 2015) for some informants during our research admitted to have had such opportunities. Whereas, some of our informants retorted that, they shy away from such actions relating to Hepatitis B diagnosis with reason that it is government target to kill Cameroonians, hence politicizing Hepatitis- B diagnosis. This explain the fact that, with campaigns organized related to epidemics it is not always completely successful especially with some groups of pregnant women and children at the age of vaccination as a given group are often hesitant to carry out these campaigns and prefer staying back home and can only visit the hospital when they experience counter effects of not receiving organized group vaccines.

Equally, there is the tendency that only the viral Hepatitis- B is stressed on meanwhile, according to informants non-viral Hepatitis- B particularly alcohol related hepatitis should be greatly taken care of. To the informants, Hepatitis- B is most at time aggravated by the consumption of alcohol. Therefore the population should be advised to consume moderately and those infected should stop its consumption.

Lack of Collaboration between Traditional Medicine and Modern Medicine

As revealed by Bayong, (November, 2015) in an interview with the researcher there is no collaboration between ministry of public health and tradi-practitioners. Although there is a service of traditional medicine in the ministry, but there is no proof from traditional medicine; as such they do not collaborate with the ministry, as a result,

“If they want their work to be valorized, then they could proof it”.

As the informant re-iterates,

“It is at risk working with tradi-practitioners”.

The question posed before meeting tradi-practitioners by the researcher was, *“why is it a risk working with tradi-practitioners.”*

In fact, almost all respondents complain the issue of diagnosis by tradi-practitioners which they are not very well specialized on, as a result, although they complained about the cost by modern therapy, they prefer modern medical diagnosis for its proficiency. Hence, most of the informants admitted that, they often start with medical examinations or diagnosis then, switch to traditional medicine for its treatment since traditional therapy is cheaper.

Also most informants revealed that although they seek traditional therapy, they are most at times scared about the various herbal medicines prescribe for them to take. As a result, this often leads patients to aggravated stage where the situation cannot be reversed, thus creating; panic, depression, and cancer as most informants admitted.

In addition, based on our observation, most tradi-practitioners are often presenting dirty and shabby looking at the dresses they put on and the environment they practice. As a result, these often pull back most patients who end up not finishing their treatment, therefore, leading the patients to the decelerating stage which most of them often end up dying.

Equally important, it was observed that tradi-practitioners and herbal centers are not well co-

ordinated and organize under one or more setting(s) like in modern therapy that are organized under different health units. As we observed, tradi-practitioners are mostly located in the quarters, some without sign-post directing the location of their sites most often mislead patients. In order to know where a tradi-practitioner can be found is only through discussion and description where one could locate them. This scattered settlement of Tradi-practitioners, builds an attitude of reluctance as most informants revealed. Thus making it very risky as some quarters now in Bamenda are “no go zones” (scary or endangered quarters) to the inhabitants of Mezam not living in those quarters.

DISCUSSION

Following the relationship that exist between the results and hypothesis, theory and similar studies From the above socio-cultural perceptions Hepatitis B according to most patients knowledge in the study, they refer to Hepatitis Based on community diagnosis (yellow fever, it is caused by in-hygienic conditions of dirty water and contaminated food as well as dirty environment) medical personnel refer to Hepatitis B as a viral infection that attacks the liver caused through viral transmission from an infected person to an uninfected person and tradi-practitioners give it a different perception, referring it to witch craft The impact of the infection on the social life of the patient is represented differently whereby, some patients were observed being in isolation while some not well taken care of by their care givers and relatives as well as poor public relations of thick description of eyes as “yellow eyes, */nkum/* in Lamnso refers to a swollen stomach, swollen legs, */athermeuh-the- chouh/* in Mbamendankwe refers to a shoot on either any part of the body like the leg, and rotten liver that cannot be reversed” thus, the various perceptions of Hepatitis in the Mezam community. However, this is contrary to the bio-medical perception that lay emphasis on unprotected sexual inters course, contaminated water and foods, infected body fluids (blood, sweat, saliva, and urine) mother to child transmission of Hepatitis B.

Based on the cultural interpretative theory Hepatitis B can be classified under two groups; Bio-medicine and ethno-medicine (Natural and Unnatural) illness based on their perceptions of the causes of the infection. Causality beliefs can well be used to differentiate the different medical systems, that is, traditional medical systems from bio-medical system or traditional (non-western) medical system; the personalistic and the naturalistic etiologies of illness. This is because in the traditional model of health the perception of health is extricable bound up with religion, morality and the

supernatural, so that natural versus unnatural are closely allied with good versus evil or Godly versus ungodly. Naturalistic Causality explains illness in terms of natural forces or conditions such as cold, heat, dampness, etc. Natural events take place in the world as God made it and as He intended it to be. Natural illness could come about as failure to take care of self (body) or by sinful behavior (failure to take care of soul) in which case illness is seen as divine punishment.

Personalistic Causality allows little room for chance. It accounts for the etiology of the so-called unnatural illness which cannot be explained using the ordinary laws of nature. It explains the cause of a disease or infection to be due to an active and purposive intervention of an agent who may be a human (a witch or wizard); a nonhuman (ancestral spirit) or a supernatural being such as a deity; (Foster 1976). This is usually termed the work of a devil. This is based on the belief that a being with extraordinary power can influence the natural course of events and cause illness in people.

Also, emotional disturbance such as fear, envy and shame or grief as well as sigma are attributed to evil spiritual forces. The sick person is usually seen as a victim. Such illnesses are believed that they cannot be cured by orthodox bio-medicine but traditional medicine or through divine intervention. Such belief is common where life is seen as a challenge and the world as hostile, where God or ancestral spirit my strike you down for sinning or an envious neighbor may bewitch you through dark magic,(Tata 2021). Such health beliefs leave all members in the community suspicious of each other, friendship is fragile and relationships are brittle and even family members are not to be trusted. The traditional model of health is largely based on the personalistic etiology of disease or illness.

Culturally, being described as an open secret, tradi-practitioners have been heard of how they refer patient to hospital for treatment. But they are two uncompromising therapeutic choices, in this respect, traditional African culture and Christian Western culture, whereas, traditional medicine is suffering from invaders by false doctors. In effect, the cross-cultural analysis will be used as a scientific method to compare cultures in the Mezam communities with regards to the perception, treatment and management of Hepatitis B as well as the therapeutic measures taken to fight against the spread of this infection, for example, bio-medicine and ethno-medicine.

Economically, the impact of Hepatitis B is also felt on this domain directly or indirectly, it has been observed and confirmed by informants that there had

been a drop in their health condition in level of production, low quality and quantity in diet as well as productivity in the general economic life of the Mezam community. Meanwhile measures of good education and counseling should be given to patients in hospitals, schools, churches and tradi-practitioning centers as well as empowerment centers like women empowerment center. Also including outreach programs should be made in neighboring communities as informants proposed. Developed the cultural ecology paradigm (pattern) and introduced the idea of the culture core (the features of a society that are most closely related to subsistence activities and economic arrangements. The culture core also includes political, religious, and social patterns that are connected to (or in relationship with) such arrangements. (Linfield et al, 2008:53).

Socio-politically, following the results of inadequate spread of information and inaccessibility of patients to treatment centers, local and national broad casting programs are made on Hepatitis B as well as international center for health. For the national program, information, education and communication (IEC) as labeled in the program 3.3(2002) for promoting health in Cameroon are government efforts towards health. Equally, the program national de promotion de la medicine traditionnelle et de plantes medicinales (08-10 mars 2007) contributes to the international promotion of traditional medicine coupled with the WHO that defines and promote quality health care, in terms of professional performance, use of resources, risk management and patient satisfaction(Linfield et al, 2008:53).

Therefore, if this control measures and health capacities like the building of the pilot center in Mile 5 Nkwen could be achieved the spread of Hepatitis B will not be alarming per say. According to the World Health Assembly Resolution (2010) urged members to generate reliable information as a foundation for building, generate and control measures that match the local epidemiological profile and health system capacities. This report is a contribution to that objective which sets out the result of the survey conducted in mid-2012 by WHO and World Hepatitis Alliance according Yufeh (August 2012),

CONCLUSION

Given the fact that most diseases are paid enough attention be it at the national or international level, the WHO has been playing a very important role in the fight against the high prevalence of hepatitis B. Cameroon having home base representatives throw more light to the fact that the disease is considered endemic and needs to be controlled. On vision 2020, with more impetus to the fight against formerly

neglected tropical diseases, the former Minister of Public Health Andre Mama Fouda signed a frame work agreement with non-governmental and developmental organization, NEDs. The signing ceremony was held on 9th February 2010 at the Public Health Ministry with Sight Savers International, International Eye Foundation, Yaounde initiative foundation, carter center and perspective. According to Mama Fouda, what we have done is more than a signature. It is a commitment which illustrates the government's determination to work more than ever to improve health status of Cameroonians The UN convention coming into force is an historic moment in time for human rights as by ratifying the treaty, countries are under a legal obligation to create a feeling of an inclusive society for all members, it can be somewhat sincere hope that this will really start to end discrimination and the exclusion of disable people everywhere. Yufeh (August 2012)

Although traditional medicine is contributing high in terms of treatment of Hepatitis B, government had recognized the importance of alternative medicine and gave an administrative status to tradi-practitioners. This has given them the right to register and celebrate the international day of traditional medicine. During the year 31 / 08/2009 it was celebrated with theme traditional medicine and patient's safety.

Also, emphases were drowned on the fact that if tradi-practitioners can be more collaborative within their association as a result, this will break the prejudices they suffer in society and thus give credibility to their efforts. Equally they should deceased from mal practices, while government promised the creation of traditional medicine centers in the near future.

Education makes a difference in everyone's life, but it makes a much greater difference in the lives of those who live in ignorance about Hepatitis B infection. Conclusively, according to the research findings Hepatitis B can be treated definitively and treatment is available in almost all Regional Hospitals in Cameroon as a clarion call people are advised to get tested for Hepatitis B, be vaccinated against it if found negative, and get treated if positive. (Njume, 2021)

In a nut shell, the work has developed its own methodology and topical views including biomedical studies of Hepatitis B, ethno medical studies of patients and local health concepts and healing practices.

PERSPECTIVES

For success to be fully attained in the eradication of Hepatitis B, as can be noticed more research was

done mostly in the Nkwen meanwhile, most of those areas that were not well felt like Mankon, and the rest of the Mezam environs. As a result, other avenues could be exploited such as making a comparative study of the spread of the infection with other infections like HIV and AIDs, COVID19 in the same area or some regions of the country, A study of Hepatitis B awareness and comparative study among 14 to 50 years old people, An epidemiological study of Hepatitis B and its “cost”.

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