

ADAPTING THE GEORGIA CANCER PREVENTION PROGRAM C-CARE FOR THE SOUTH AFRICAN CONTEXT: A Culturally Sensitive Approach to Enhancing Cancer Care Education and Support

Authors

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Background

- **Rising Cancer Burden:** Cancer has become one of South Africa's leading causes of premature mortality, with more than 110,000 new cases and 64,000 deaths reported in 2022.
- Most are **detected at late stages**, reflecting inequities in awareness, early detection, and access to care—especially in rural and underserved populations.

Rationale

- **Evidence from c-CARE:** The Georgia Cancer Center's c-CARE programme has demonstrated success in improving cancer awareness and screening through community-based, culturally sensitive education in the U.S., offering a strong foundation for adaptation.
- **Contextual Necessity:** South Africa's (SA) diverse cultural, linguistic, spiritual, and health system landscape, coupled with the prominent role of traditional and faith-based leaders, demand localized cancer education aligned with SA's Primary Health Care (PHC) priorities.

Impact

- **Implementation Potential:** Adapting and contextualizing the c-CARE programme has the potential to enhance the relevance, acceptability, and sustainability of cancer awareness and education, while bridging global evidence with local realities to empower community health workers, traditional leaders, and communities in cancer prevention and care.

Project Aim

- This study aimed to adapt, contextualize, and translate the c-CARE programme, and educational content, for the South African context.

Methodology

Design: Qualitative participatory research using Card et al. (2011) seven-step intervention adaptation framework.

Data collection: Three Focus group discussions (FGDs) and stakeholder consultations (Department of Health, Traditional council, and Chaplains).

Study Sites: iLembe District (KwaZulu-Natal - rural) and Johannesburg (Gauteng - urban) South Africa.

Study population: Traditional Health Practitioners, Faith-based Leaders, and Community Health Workers

Focus areas: Programme adaptation (Cultural alignment, language translation, and health system alignment).

Partnerships: AFIA TAI (SA), Genius Quality (SA), Move for Transformation (SA) and Augusta University (USA)

Ethical Approval: Biomedical Research Ethics Committee (BREC) at the University of KwaZulu-Natal (BREC/00004890/2022)

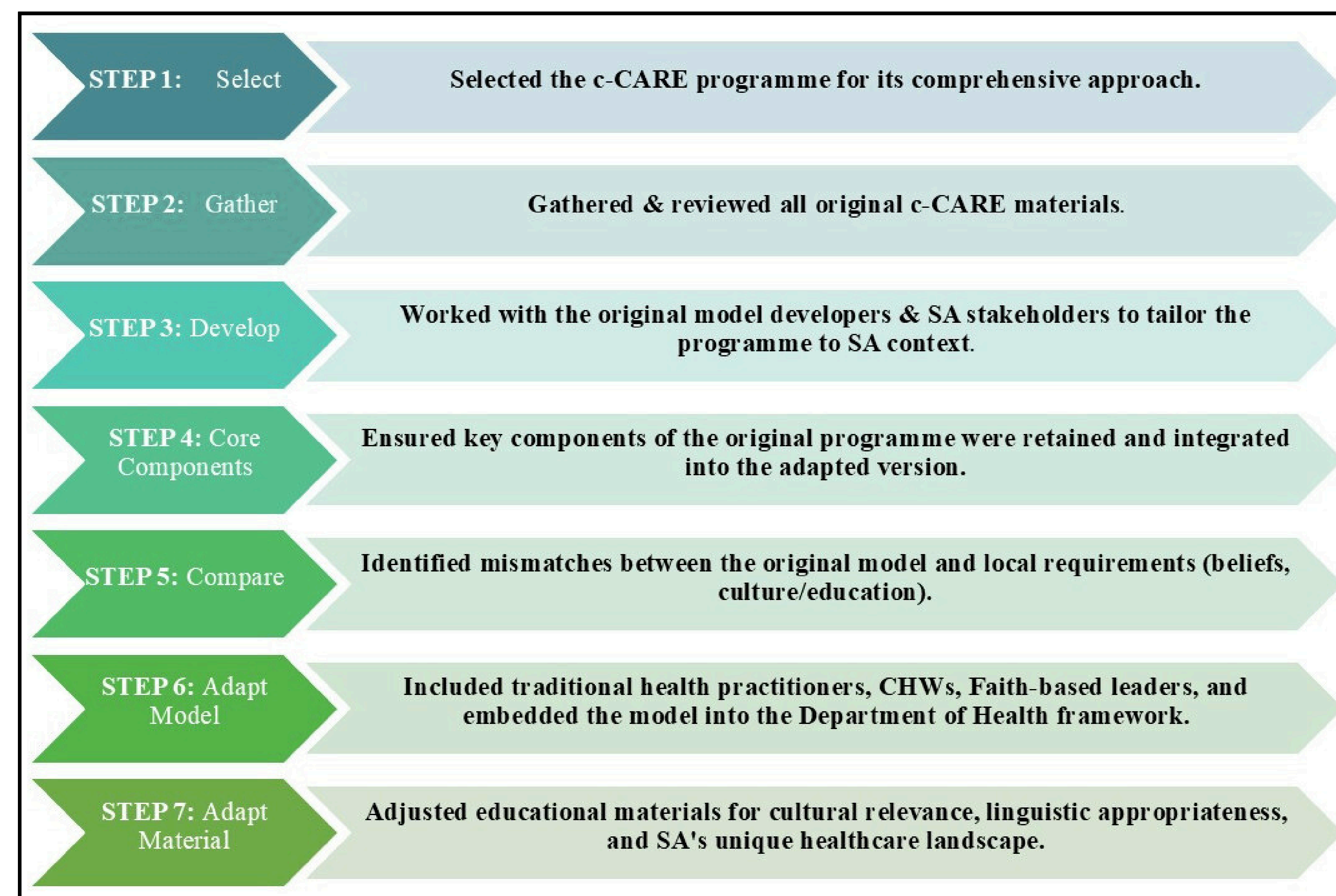


Figure 1: Application of Card et al. 2011 Intervention Adaptation Framework to the c-CARE Programme

Results

- Developed a culturally grounded and locally responsive curriculum aligned with South Africa's PHC priorities.
- Incorporated cultural and linguistic tailoring, and added spiritual care, introduction to palliative care, and mental health components.
- Focused on five cancers: cervical, breast, prostate, multiple myeloma, and lung.
- Introduced cervical cancer content and snuff (smokeless tobacco) to enhance contextual relevance.
- Pilot feedback highlighted improvements in content clarity, usability, and local resonance.
- FGDs revealed increased knowledge, confidence, and cultural alignment among participants.
- Identified ongoing needs for visual aids, indigenous language use, and simplified messaging.

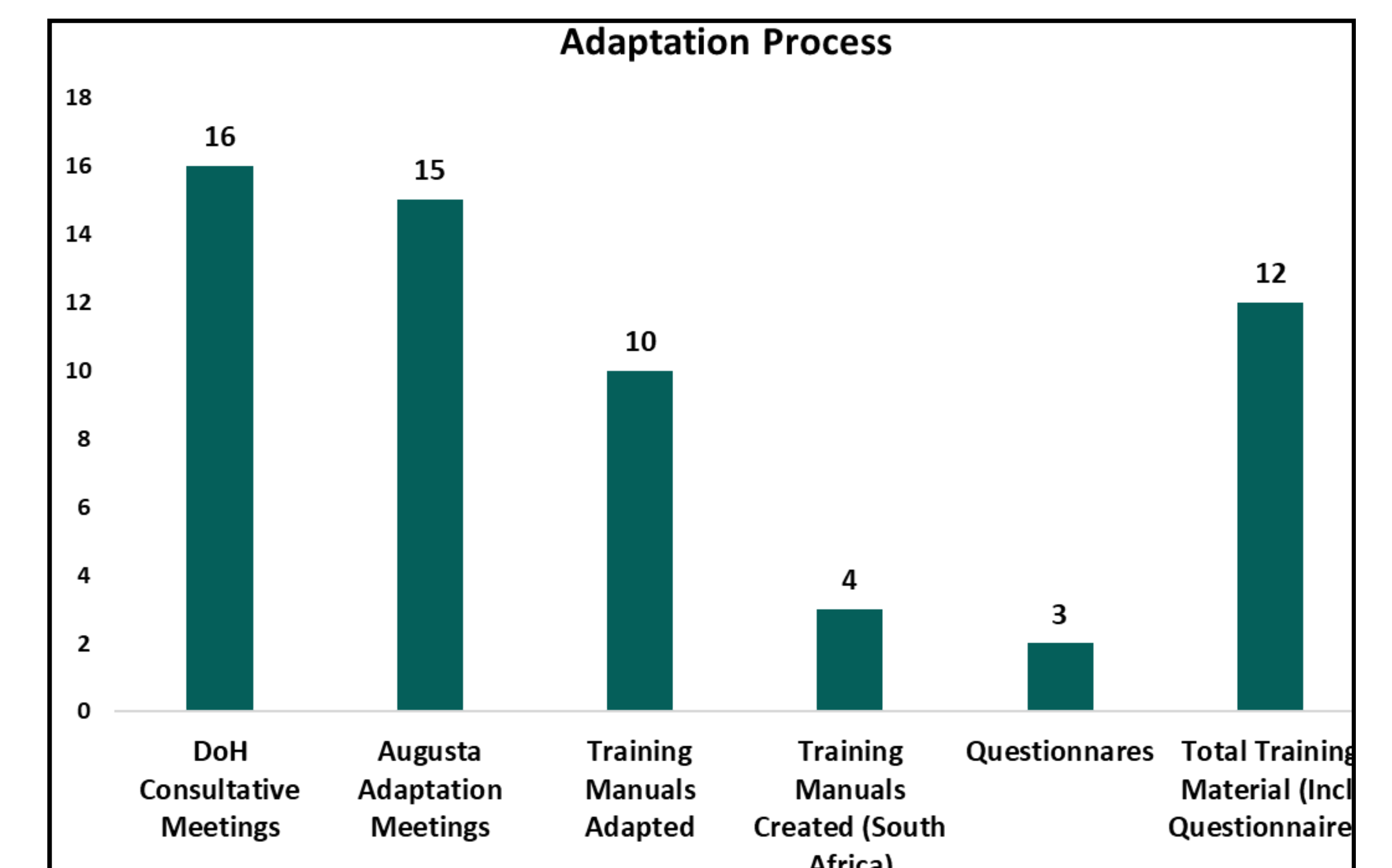


Figure 2: c-CARE Adaptation Process

Conclusion

- Culturally adapting cancer education amplifies local relevance and uptake
- The c-CARE adaptation demonstrates how community co-production bridges global evidence and local realities.
- This model offers a blueprint and a replicable framework for adapting cancer education programmes to LMICs settings.

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