

Original article

UDC 81'42

doi: 10.17223/19986645/95/6

Cancer journalism in Nigeria: A discursive linguistic perspective

Alexandra V. Nagornaya¹, James Ch. Nwankwo²

^{1, 2} National Research University Higher School of Economics, Moscow, Russian Federation

¹ anagornaya@hse.ru

² jamescul36@gmail.com

Abstract. The article explores the phenomenon of cancer journalism and traces its development in modern Nigeria. Cancer journalism is defined as a subtype of medical journalism that covers a wide range of issues related to oncological diseases with a special focus on their social implications. In this article, cancer journalism is also presented as a discursive practice which is a key determinant in forming and developing a robust public cancer discourse. The need for this type of discourse is particularly acute in developing countries where cancer mortality rates are the highest, largely due to the low rank of oncological diseases on the healthcare agenda and general invisibility of cancer as a major health threat. The article discusses the main goals of cancer journalism and controversies around it, mentioning severe shortages of medically competent professionals, possibility of conceptual distortions and fraud, a disproportionate representation of different types of cancer, an uneven representation of the cancer continuum (prevention – detection – treatment – survivorship – end-of-life care), use of different frames and a number of recent discursive trends, such as the case approach to cancer coverage. It highlights the need for considering the local sociocultural context and argues for the "adopt and adapt" principle when it comes to replicating western journalistic practices. It further looks into the peculiarities of the Nigerian culture, which preclude an uncritical adoption of western trends. Chief among them is African medical pluralism, which implies a therapeutic synergy of western biomedicine, traditional healing, and religion and which renders a purely scientific approach followed by western cancer journalism unproductive. Other factors include cancer fatalism, common perception of cancer as a white man's disease, ageism in cancer care, and cultural unacceptability of some treatment protocols. The article presents an analysis of a sample of 173 articles from three major Nigerian newspapers (*The Vanguard*, *The Nation*, and *The Punch*) dated 2023. The goal of the analysis is to reveal the following features: (1) the general framing of cancer with a further focus on the main conceptual nodes; (2) relevance of the Nigerian sociocultural context for the representation of cancer; (3) representation of the cancer continuum; (4) adoption of the common western discursive patterns (the use of the case approach and replication of common metaphors). The analysis revealed a striking preponderance of the politico-economic framing with a special emphasis on the exorbitant cost of cancer treatment; a high relevance of the African medical pluralism for the representation of cancer, which is especially evident in *The Nation* sample; prevalence of prevention, detection and treatment in cancer coverage with almost a complete lack of survivorship and end-of-life care; an evident tendency to follow western patterns of cancer coverage, especially when it comes to the use of metaphors.

Keywords: cancer discourse, discursive practice, medical journalism, cancer journalism, Nigerian newspapers

For citation: Nagornaya, A.V. & Nwankwo, J.Ch. (2025) Cancer journalism in Nigeria: A discursive linguistic perspective. *Vestnik Tomskogo gosudarstvennogo universiteta. Filologiya – Tomsk State University Journal of Philology*. 95. pp. 108–131. doi: 10.17223/19986645/95/6

Introduction

Cancer has long transcended biomedical boundaries to become a major social issue worldwide. Its social dimensions are both numerous and various. The most obvious of them is the toll that cancer takes on the population of the world, killing people, annihilating the future of millions of families and becoming an insupportable economic burden for dozens of already struggling economies. According to the recent WHO estimates, cancer accounts for one in six deaths, which translates into the annual loss of 10 million human lives, almost 100,000 of them children's [1].

These statistics, harrowing as they are, do not reveal the gravity of cancer as a social issue unless we factor in geopolitics. Global surveys reveal glaring socio-economic disparities. Thus, the greatest increase in cancer morbidity is seen in developing countries [2. P. 1]. Of particular concern is the situation in Africa, where both cancer incidence and cancer mortality are expected to rise 2.4 times by the year 2050 [3]. This exponential increase stems both from population growth and structural deficiencies, such as substandard quality of healthcare and limited access to health facilities. Suffice it to say that in Sub-Saharan Africa the mortality-to-incidence ratio is estimated at 70 per cent, while in the USA this figure stands at 38 per cent [4]. However, one should not disregard poor public cancer awareness and cancer literacy which lead to failure in seeking timely medical help. While a lot of cancers are now preventable and treatable, with early medical interventions allowing for a decent quality of life even in the worst-case scenarios, late presentation or lack of thereof precludes any positive outcomes.

In this situation, raising cancer awareness becomes one of the top priorities of the current social agenda, especially considering the recent democratization tendencies in Africa [5] and the need to meet the UN sustainability goals pertaining to good health and well-being and reducing inequalities [6].

A key determinant in the success of this social policy is comprehensive coverage of cancer in the mass media. Of particular value are newspapers (printed and digital) which are traditionally regarded as the most reliable source of information, especially when it comes to popularizing scientific knowledge [7]. The importance of cancer coverage and public demand for it in the western countries have engendered a special subgenre of medical journalism, which is dubbed "cancer journalism" and which is gradually becoming part of the African mediascape. In the subsequent sections we intend to disclose the concept of cancer journalism and reveal the main trends in its development in the Federal Republic of Nigeria, the biggest country of Africa, which is highly representative of both sociocultural attitudes to cancer and typical patterns of constructing its public discourse.

Cancer journalism: Issues and controversies

Cancer journalism, as the name suggests, implies covering a wide range of cancer relates issues in the mass media. Its goals include providing the public with scientifically sound data about the nature of cancer; informing them about available forms of diagnostics and treatment; instructing them about possible ways of cancer prevention by promoting some types of health-seeking behavior and discouraging potentially dangerous lifestyle choices; fighting stigmatization of cancer and advocating the rights of cancer patients; monitoring the actions of governmental bodies responsible for the quality of cancer research and care; spurring and sustaining cancer activism and some others.

Both oncologists and media experts note that cancer journalism is booming nowadays [8]. Articles about cancer constitute the biggest proportion of medical content in the press. Research shows that they enjoy a vast popularity regardless of the presence or absence of a cancer diagnosis in a particular reader [9]. Briggs and Hallin quite aptly call this type of content "hypodermic injections of knowledge into the minds of ignorant laypersons" [10. P. 7]. However, articles about cancer are of considerable interest and value to medical professionals as well. According to two independent surveys conducted in the USA, 60 per cent of medical researchers and 90 per cent of medical practitioners use the mass media as a source of professionally relevant news and often learn about major discoveries in their field from the press [11. P. xv].

Being part of medical journalism, cancer journalism follows its main principles and shares its limitations and shortcomings. As regards principles, it conforms to the standards of responsible journalism, which means, among other things, that it should be free of manipulations and prejudice. Responsible journalism implies gathering information from reliable sources, its thorough verification and presentation in a form that does not harm the audience and does not lead to negative consequences [12]. These requirements, however, are not easy to follow as there are quite a few conceptual, communicational, and professional barriers that cancer journalists commonly confront.

The first of these barriers is the journalists' cancer competence. Reporting on oncological issues ideally calls for a medical qualification. Indeed, some major western media companies employ medical professionals [13] to ensure the high quality of journalistic content. Even in this case, there emerge a number of problems. Firstly, it is difficult to combine medicine and journalism as professional activities, especially considering tight journalistic deadlines. Secondly, medical professionals usually have very narrow specializations and tend to follow only those innovations that pertain to their own field of expertise. Acting as journalists, they are very likely to stick to their usual agenda, ignoring other relevant issues. Thirdly, as professionals they usually have a very definite theoretical and practical stance on the issues they discuss, which might impede objective coverage [14, 15]. Finally, the language conventions the medical community adheres to are very different from those followed by journalists, who target a large audience of laypersons. Converting terminologically dense medical narratives into reader-friendly

articles without losing their scientific relevance is no easy task which requires a talent few medical professionals possess. In developing countries, involvement of medical professionals into cancer journalism is rendered almost impossible by severe shortages of oncological workforce, a situation which Nigeria is very illustrative of. A 2023 estimate shows that this country, whose population is 213 million, only has about 70 clinical oncologists who have to provide care for 124.815 cancer patients [16]. The situation is exacerbated by lack of well-formed public discourses of cancer and traditions of cancer journalism.

In most cases, cancer issues are reported by the so-called generalists – journalists who write on all possible topics. This situation threatens the quality of cancer content in several distinct ways. To begin with, it is common practice for generalists to draw data from research papers. However, it has been observed that they do not have a full understanding of medical issues and do not cope well with statistics. As a result, they tend to select the content which is easiest to comprehend, but which does not necessarily reflect the real state of things and truly important medical breakthroughs [17]. This conceptual deficiency is perhaps more relevant to western countries, where both the general level of cancer literacy and demand for scientifically sound and accurate data are much higher. African cancer journalism is still in its infancy, focusing on the more general issues in order to facilitate public discussions of cancer. However, even at this basic level there may occur conceptual distortions which will result in misleading the readership. A much more daunting prospect, though, is the use of unscrupulous sources that have a vested interest in getting some data published and volunteer to provide information: researchers who strive to get more public visibility in order to get governmental funding or international grants, practitioners who claim to have invented efficient and universal treatment for cancer, pharmacists who have allegedly invented a new super-drug, quackers who offer a magic bullet solution, etc. [15]. Such situations are not unheard of in the western world, too [18]. In the developing countries, critical assessment of information is badly impeded by inaccessibility of knowledge, scarcity of professionals who could be consulted, and high deference to learned people. Another factor that cannot be ruled out is corruption, which Nigeria, for instance, is notorious of [19]. Generalists, as has been noted, are incapable of thorough cancer reporting, because instead of investigating their subject they just "retail it" [15. P. 279], in most cases metaphorically, but sometimes literally.

Another important barrier is posed by the so-called follow-the-leader principle that journalism is largely guided by [15. P. 278]. Stories published by major newspapers tend to set the agenda for minor ones. At the same time, the discursive conventions these stories are based on are adopted by smaller news outlets. This process has now transcended national boundaries to become global due to the rapid development of communication technologies.

This situation is seen as a barrier, rather than a facilitating factor, for two reasons.

Firstly, it may prevent local cancer journalists from focusing on the issues that are most relevant to their own country, giving undue visibility to less important ones. For instance, the distribution between the types of cancer that affect the population differs from area to area. Thus, AIDS-related Kaposi's sarcoma, which ranks very

high in Sub-Saharan Africa [20], is practically invisible to western journalists. At the same time, in western countries disproportionately much attention is paid to breast cancer, leukemia and brain cancer, which does not reflect the spread of respective diseases and forms distorted cancer alertness in the population [21].

Secondly, uncritical adoption of discursive conventions may lead to undesirable illocutionary effects or total communicative failures. Perhaps the most illustrative example here is the unwavering optimism that Batt calls "the hallmark of cancer reportage" in the West [15. P. 275]. It has been observed that western readers prefer the cancer news that incites hope and faith in success in the observable future. As a result, cancer journalism is quickly evolving into an optimistic story of "continued advances and periodic breakthroughs" [15. P. 286]. This approach may be extremely harmful in the African context, where cancer help is substandard and excessive optimism will inevitably lead to unrealistic expectations and loss of trust in the healthcare system. It goes without saying that optimism sells better, but it is a bad mobilizer in emergencies, and cancer mortality in Sub-Saharan Africa is definitely a large-scale humanitarian crisis. "Lulling people into complacency" [22] is both counterproductive and socially irresponsible.

Another controversial discursive adoption are the types of framing that western journalists typically rely on. Research suggests that the most common are medical, politico-economic and lifestyle frames [23]. Within the medical frame, cancer is presented as a purely biological phenomenon, with a distinct focus on scientific data. While it is of considerable value when it comes to dismantling numerous cancer myths and fighting stereotypes, it may be communicatively inefficient in societies with low levels of general medical literacy. Politico-economic frames present cancer as an event which is rooted in social inequality. It is obvious that it is ideologically charged, and in situations of social instability its use can exacerbate societal tension. The lifestyle frame links cancer with bad habits. It is undoubtedly helpful in promoting healthier lifestyle choices. However, it has been proved to provoke victim blaming and to disregard the bigger picture: pursuing an unhealthy lifestyle is not always a matter of personal choice. Poor dieting, exposure to environmental and professional risk factors, a sedentary lifestyle, as well as consumption of harmful substances, are often rooted in socio-economic realities and local cultural practices. Even more questionable is the use of well-established specific metaphorical frames, presenting cancer as war, journey or quest, whose entrenchment in western public discourses was the result of a complex interplay between political, economic, social and cultural factors which lose relevance and force in the African context [21].

An issue which is specific to cancer journalism only is a balanced media presentation of the so-called cancer continuum, or cancer care continuum. This continuum covers all the stages of cancer development and monitoring: prevention, detection, treatment, survivorship and end-of-life care [24].

Large-scale research conducted in 2012 on the basis of more than 5,000 articles from 50 major American newspapers [25] revealed that cancer journalists focus primarily on treatment, while the other parts of the continuum are badly underrepresented. Researchers believe that the prevalence of information about treatment

shapes the public view of cancer as something inevitable [25. P. 40], while a more even coverage could represent this disease as just a probable event in a person's life, which can be avoided and whose consequences can be mitigated with timely diagnostics and proper treatment. In the African context, a more active presentation of the left side of the continuum, which includes prevention and detection, becomes a key determinant in the success of the cancer awareness policy.

With the rise of cancer journalism, it is becoming increasingly clear that this sphere is not only socially significant, but professionally interesting as well. To quote a special journalists' guide, "cancer is a topic that offers endless opportunities for rich and varied journalism" [26. P. 7]. The endlessness of opportunities is accounted for by a multitude of factors. Among them are: the diversity of cancer as a biological phenomenon; unceasing development of cancer research with new data constantly appearing; multiple perspectives on cancer from the political, economic, social, cultural, environmental and other standpoints; the possibility of using different frames, combining them and inventing new ones, and many others. A very noticeable trend in western cancer journalism nowadays is the use of the case approach, when the story of an individual patient serves as a backdrop against which certain generalizations are made. Another visible trend is reporting on celebrity cancer, very often with interviews from the afflicted individuals themselves.

The diversity of western cancer journalism is both impressive and inspiring. However, its practices, no matter how promising they might seem, should not be adopted uncritically, even by the multiple English-medium newspapers that circulate in Sub-Saharan Africa. These practices largely reflect the western medical paradigm and are part of a rather well-developed public cancer discourse, which has been forming since at least the 1970s. It should always be remembered that there is a "no-size-fits-all" form of cancer journalism, and blind replication of discursive patterns with no regard to the local sociocultural context "will inevitably result in ideological, epistemic, and perhaps ethical conflicts" [27. P. 123].

The sociocultural context for cancer journalism in Nigeria

Nigeria, as has been mentioned before, is highly representative of the situation with cancer in Sub-Saharan Africa.

To begin with, cancer does not rank high on the healthcare agenda. With limited resources and more urgent health threats, the main emphasis is laid on nutritional, parasitic and infectious diseases [28. P. 210]. Neonatal disorders are another major concern as they are the number one cause of death in Nigeria [29]. Virulent tropical diseases and infant mortality completely overshadow cancer, turning the latter into a blind spot in the public consciousness and discursive space. Statistics, however, demonstrate the need for much closer attention to cancer which kills approximately 72,000 people annually [30]. Even those types of cancer which are now successfully treated in the West pose a mortal threat to Nigerians. For instance, the 5-year survival rate for breast cancer is a dismal 10 per cent, while in the USA it exceeds 85 per cent [31. P. 22].

Insufficient attention to cancer can be partly explained by lack of public pressure. Nigerians, like many other Africans, have a very peculiar attitude to cancer which stems from some features of the local culture.

The situation in Sub-Saharan Africa is commonly described as "medical pluralism". The term itself was introduced by Charles Leslie in the 1970s to refer to the "diverse healing modalities" [28. P. 1] that Africans rely on to restore their health. These include seeking professional help in hospitals, using self-medication, praying, consulting traditional healers and diviners, and even scarification. It should be stressed that medical pluralism does not imply that Africans choose one of the available options. On the contrary, they use them all together, demonstrating remarkable flexibility. To emphasize this simultaneity, some medical anthropologists prefer the term "therapeutic continuum" [28. P. 4], or even "therapeutic eclecticism" [28. P. 2].

Modern biomedicine is not rejected. Moreover, it is regarded as a sign of civilization and its vital role in fighting tropical diseases is widely acknowledged [32. P. 1]. However, when it comes to cancer, there emerge a number of issues. Paradoxically, cancer is largely seen as a "disease of white people" [33. P. 30]. Linguistic evidence suggests that in some indigenous languages of Nigeria (e.g. Igbo) there is no common term for cancer. Different words are used depending on the localization of cancer and its symptoms [33. P. 29]. Using the English word "cancer" out of necessity, Nigerians do not fully relate to its meaning and, as a result, largely perceive it as something foreign. It has been observed that there is a widely spread idea that professional (western) medical treatment for cancer can only help white people [33. P. 30]. Moreover, very modest achievements of local official medicine further strengthen doubts in its efficacy and make people seek help from traditional healers. The latter have several distinct advantages over medical professionals. They are more available, affordable and culturally acceptable, as they only charge a minimal fee and have the same beliefs and values as their patients. Of particular importance is the shared African metaphysics, which recognizes the role of harmony with the spirit world, especially with the patient's ancestors that have to be properly respected and appeased. Healers share a widely spread belief that cancer is not necessarily generated by the body, but may be caused by malevolent outside forces. Thus, there is well-documented evidence that the Yoruba, who live in Western Nigeria, believe that the disease can be sent upon them by enemies, witchcraft, sorcery, gods and ancestors, with special terms for each type of causation [34. P. 35]. According to Omonzejele, from an African perspective, disease "goes beyond organic and tissue malfunctions"; it is "intricately linked to one's destiny and ancestral spirit" [27. P. 121]. Unlike medical professionals, traditional healers use a holistic approach, treating not only the body, but the soul and spirit as well. Moreover, they do not practice surgery, which Nigerians dread [35. P. 253]. Finally, they speak the same language as the people who seek their help, while medical professionals not only use incomprehensible jargon, but switch to English, the lingua franca of the country, which might create a sociocultural and communication barrier [28. P. 12].

It is not surprising then that in a 2022 survey 65 per cent of cancer patients in Nigeria reported consulting traditional healers and using the so-called complementary (mostly herbal) medicine [35. P. 252]. Among them are truly affluent

people who visit healers and diviners and make the necessary sacrifices before they go to Europe for the most up-to-date cancer treatment [27. P. 122].

A particularly intriguing manifestation of therapeutic eclecticism is that these traditional practices do not seem to clash with Christianity and Islam, two dominant religions in Nigeria. Some scholars have observed that recognition of lesser deities is largely ignored as minor heresy [28. P. 11].

Thus, Nigerians, like many other Africans, choose "therapeutic synergy" [28. P. 221], combining elements of traditional and modern medical practices. Efforts to eliminate traditional and religious rites have proved futile, only causing misunderstanding and alienation. This fact is of utmost importance for cancer journalism, as aggressive promotion of biomedical views of cancer will never achieve the desired result. Nowadays, Nigerian cancer patients admit that they turn to western medicine only after they have made sure that traditional practices have not helped improve their condition [36].

Timely presentation, as is well known, is crucial for efficient treatment. That is why cancer journalists should invest most effort into encouraging people to seek professional medical help as soon as possible, rather than into discrediting indigenous healing practices. Cancer patients should be allowed to pursue any spiritual activity as long as they find it empowering, comforting and dignifying and as long as it does not stand in the way of scientifically sound assistance. Traditional and modern medicine should not be regarded and explicitly presented as mutually exclusive [28. P. 1]. Moreover, experts believe that the success of cancer awareness campaigns largely depends on the support of religious organizations [37. P. 14, 17].

What really calls for active journalistic intervention is fighting the widely-spread cancer fatalism [34. P. 36]. Just like the westerners only fifty years ago, Africans perceive cancer diagnosis as a death sentence. Not only does it affect the morale of the afflicted, but it prevents people from using the available screening options, as the tests only seem to herald inevitable death and people largely prefer to remain unaware [33. P. 30–31]. The same factor impedes promotion of cancer prevention, as people do not truly believe that the inevitable can be averted.

Equally important are journalistic efforts to fight prejudices concerning certain medical protocols. Research shows that many forms of surgery are culturally unacceptable in Africa. Among them are abdominoperineal resections followed by stomas, which are the most common surgical procedures for rectal cancers. It has been revealed that suicide rates dramatically increase in patients with stomas [37. P. 15]. Another unacceptable surgical intervention is mastectomy, which commonly leads to women being abandoned by their husbands [38]. Cancer patients face a dilemma: they can either break a cultural taboo and get a chance of survival or stick to the traditional mindset and die. In this situation, journalists can play a key role in legitimizing, "naturalizing" both cancer and types of cancer treatment and thus "ecologizing" public cancer discourse [21. P. 76–85].

Another major paradigm shift that cancer journalism can facilitate is fighting ageism in Nigerian cancer care. Specialists cite concerns over discrimination of older cancer patients, especially women, in healthcare, linking it to the common view that the society should prioritize the health needs of people of reproductive

age [31. P. 22]. The situation is exacerbated by low life expectancy (55 years in Nigeria), which leads to no expectations of reaching advanced age and a rather unclear view of a healthy lifespan [39. P. 42]. Cancer journalism can both contribute to reconceptualizing healthcare policy in order to address the needs of older people and promote the idea of quality of life, which is crucial to contemporary western culture and which is nicely encapsulated in the phrase "add life to their days, rather than days to their lives" [28. P. 221].

To sum up, developing cancer journalism in Nigeria is crucial as cancer is a badly underrecognized health threat. Western cancer journalism can serve as a reference point, providing examples of both well-tested and innovative discursive strategies and tactics, but their blind replication may result in a dismal failure of the cancer awareness initiative. Like all other health education efforts, cancer journalism should be "tailored to fit popular health culture in such a way as to facilitate better medical care" [40. P. 141–142].

Reporting on cancer in Nigerian newspapers

It would be an exaggeration to say that cancer journalism is a visible part of the modern Nigerian mediascape. Like all other forms of medical journalism, it is still in a nascent state. Lack of a strong journalistic practice in this crucial area stems from a number of factors. Chief among them is lack of public interest in medical issues, which can be explained by low levels of general health literacy [41. P. 66–70], multiple cultural taboos and a relatively low rank of health in the system of traditional values. Unpopularity of health issues serves as a major demotivating factor both for journalists and newspapers owners. The former confess that they find health reporting boring [42], while the latter are reluctant to give valuable newspaper space to the content which will not appeal to the readership and will never bring any advertisement revenue. It is noteworthy that all Nigerian newspapers are private enterprises, and the degree to which medical issues are covered largely depends on the views and preferences of the owners, rather than on their real importance and social significance.

Another relevant factor is lack of professionals who are capable of writing on medical topics. According to a 2019 study [42], journalists are employed randomly, regardless of their educational background, with only about half of them having degrees in science, while the other half are qualified in Arts and Social Sciences. The situation is exacerbated by inaccessibility of medical data [41], which is explained both by scarcity of relevant information and restrictions imposed by the government. As regards cancer, there are only six registries in Nigeria, and even health officials do not have a clear idea of the respective morbidity and mortality rates. It is not surprising, therefore, that Nigerian health journalism is constantly criticized for being "misleading, inaccurate, or speculative" [43. P. 13].

However, the situation is likely to change in the near future. The need for robust medical journalism has been articulated by healthcare experts and media specialists. What put this need into sharp relief was the COVID-19 pandemic, which was not satisfactorily covered in the Nigerian media. It has been emphasized that failure in this vital area prevented the citizens from taking adequate precautions

and seeking medical assistance [44]. Medical journalism is increasingly presented as a strategically important discursive practice which is essentially an "interface between the public, government agencies and health professionals" [41. P. 15]. Strategically, its main goal is to set the health agenda, which implies assigning relative importance to different medical issues and bringing to the limelight threats which are largely disregarded, cancer being the number one of them.

As regards tactics, they seem to depend on the particular health issue that journalists cover. Nigerian cancer journalism, as a currently emerging practice, is supposed to pursue the following goals:

(1) raising public awareness of cancer, which means presenting it as a major health hazard and giving it prominence among other diseases;

(2) enhancing cancer literacy, which implies explaining the biological nature of cancer, dispelling popular myths and misconceptions, discussing risk factors, encouraging early presentation and active cooperation with medical professionals;

(3) informing the public of the available detection and treatment opportunities, which presupposes advertising health facilities that provide the necessary services, explaining the essence of medical interventions, fighting stereotypes pertaining to certain procedures, counteracting the above-mentioned cancer fatalism;

(4) advocating the rights of cancer patients, holding the government accountable for providing the necessary services, publicizing the government's efforts to fight cancer [45. P. 32];

(5) informing the public of important cancer initiatives, such as cancer awareness days, marathons, festivals, etc., promoting cancer activism;

(6) establishing powerful role models [45. P. 33] by providing positive examples of cancer survivors, cancer activists, enthusiastic medical professionals;

(7) contributing to the formation of a robust cancer discourse, which means creating a comfortable discursive space for a free discussion of a multitude of cancer-related issues.

We are pleased to note that despite all the challenges and controversies that face Nigerian cancer journalism, some important strides have already been made. Nigerian journalist Omolabake Fasogbon was shortlisted for the 2019–2020 Cancer Journalism Award for her article "Cervical Cancer: How Government Gambles with Women's Rights to Reproductive Health" [46]. This event can be seen as a landmark in Nigerian cancer journalism, because it both gives global visibility to the local reporting efforts and motivates other journalists to specialize in this area.

The main features of Nigerian cancer journalism as a discursive practice

To reveal the main features of Nigerian cancer journalism as a type of discursive practice, we made a sample of articles from three major newspapers: *The Vanguard*, *The Nation* and *The Punch*. The choice of the newspapers is accounted for by their popularity, wide circulations and availability online. The articles cover the year 2023, and were selected thematically by the key word "cancer", regardless of the section of the newspaper they were published in. The total number of

the articles retrieved is 173 (*The Vanguard* – 97, *The Nation* – 52, *The Punch* – 24). The sample was analyzed manually to reveal the following features: (1) the general framing of cancer (medical, politico-economic, lifestyle frames (*see above*)) with a further focus on the main conceptual nodes; (2) relevance of the Nigerian sociocultural context for the representation of cancer; (3) representation of the cancer continuum; (4) adoption of the common western discursive patterns (the use of the case approach and replication of common metaphors). We also compare the approaches to cancer coverage followed by each of the newspapers under study.

When analyzing framing, it should be taken into account that depending on the aim, genre, and sometimes length of the article, the journalist may consistently work within one frame or opt for a combination of frames to achieve a more comprehensive coverage of the issue. The results of the analysis are presented in Table 1. We must note that due to the overlapping of the frames, the same article may be referred to more than one group. That is why the total provided in the table may exceed 100%.

Table 1

Types of frames used in articles on cancer

	Medical frame	Politico-economic frame	Lifestyle frame
<i>The Vanguard</i>	42 (43.3%)	57 (58.8%)	12 (12.4%)
<i>The Nation</i>	17 (32.7%)	32 (61.5%)	4 (7.7%)
<i>The Punch</i>	10 (41.7%)	12 (50.0%)	5 (20.8%)
Total:	69 (39.9%)	101 (58.4%)	21 (12.1%)

As can be seen from the table, the most relevant framing is the politico-economic one. Its preponderance can be explained by the need to spur the government to re-strategize their healthcare policies in order to accommodate the needs of cancer patients. A particularly important strategic angle is raising public awareness of cancer, which is explicitly mentioned in the sample 184 times. Interestingly, alongside the traditional term "awareness", this concept is represented with the terms "sensitise / sensitisation", which we did not find in contexts of this type in American cancer journalism [21]. These terms are used 17 times in the sample, which gives them visibility and makes Nigerian cancer journalism linguistically distinct from its American counterpart. Another interesting term used for the same purpose is "enlightenment", which occurs 12 times, highlighting the role of dissemination of knowledge. The main means of promoting cancer awareness, as presented in the sample, is running special campaigns, which are mentioned 40 times. Among them are not only World Cancer Days, but local initiatives, like the Smearathon and the Smearit Walk, mentioned in *The Vanguard* and aimed at raising cervical cancer awareness, and the Cycology Cycling Club initiative, also featured in *The Vanguard* and targeting prostate and ovarian cancer. The main goal of cancer sensitization, as presented in the sample, is to empower people, the words "empower" and "empowerment" being used 21 times.

It must be noted that although journalists acknowledge the importance of political will in tackling the cancer situation in Nigeria, they never directly blame

the federal government for inactivity. On the contrary, they primarily focus on the advances, featuring inaugurations of hospitals and introduction of new prevention and treatment protocols. In a number of cases, the need to develop Nigerian cancer care is put into the global political context with an explicit reference to the UN Sustainable Development Goals, which helps to highlight the importance of the task and the strive to be progressive.

Another relevant political angle is the severe understaffing in Nigerian oncology and brain drain, also referred to as the "japa" movement. The articles reflect the governmental initiatives to train more oncologists and motivate them to stay in the country, thus "enhancing the talent pool of medical professionals" (*The Vanguard*. 30.08.2023).

A visible political issue in the sample is advocating the rights of cancer patients, which is mentioned 25 times. Cancer advocacy is presented as the main driver of policy change and the main instrument of improving cancer control in Nigeria (*The Vanguard*. 28.06.2023).

As regards the economic angle, it is all the more prominent, as lack of financial resources is consistently presented as the main obstacle to cancer care development. On the one hand, journalists lament unavailability of health insurance, which would cover cancer treatment and which is largely the responsibility of governmental bodies. On the other hand, they focus on the financial toll that cancer takes on individual patients and their families. The exorbitant cost of cancer treatment is mentioned in a vast majority of articles throughout the sample. The word "cost" alone is mentioned 69 times, followed by "burden", which occurs 55 times. However, there are more dramatic descriptions. Cancer is referred to as an "impoverishing disorder", which is "prohibitively costly" and "depletes life savings" (*The Vanguard*. 25.01.2023). Moreover, it is represented as an important risk factor in losing the social status as a result of poverty (*The Vanguard*. 25.06.2023). It is not surprising, therefore, that cancer journalists not only promote more proactive health-seeking behaviors, but urge Nigerians to reconsider their financial priorities. Thus, instead of investing into "aso-ebi", traditional Yoruba ceremonial clothing, the readers are strongly advised to save for health needs and emergencies (*The Vanguard*. 19.02.2023). The general idea is encapsulated in the sentence "If you have money without good health, you have nothing" (*The Nation*. 26.10.2023).

The wide-spread inability to pay for cancer treatment brings to the fore the important concept of cancer disparities, alternatively referred to as "cancer gaps" or "cancer inequity / inequality". The concept is the most relevant to *The Vanguard*, which mentions it 39 times out of the total 48 in the sample. It should be noted, though, that "cancer gap" is a multidimensional concept, which includes a limited access not only to cancer treatment, but to information and health education.

Second in importance is the medical framing, which helps to present cancer and its treatment from a scientific perspective. Close attention to the biological nature of cancer is explained both by low levels of medical literacy and the need to dispel popular myths, misconceptions, and insinuations, as well as counteract

stigmatization of cancer patients. A noticeable attempt is made to "naturalize" cancer, presenting it as just one disease among many, cf.: *"A disease is a disease, what is the difference between malaria and cancer?"* (*The Vanguard*. 22.11.2023). Particularly prominent in this part of the sample is the topic of vaccination against cervical and breast cancer, which is the focus of 16 out of 69 articles. This seemingly disproportionate attention is accounted for by the fact that cervical cancer, which is a major health threat in Nigeria, is preventable, but the local population is often apprehensive about vaccinations and needs to be instructed about their biological mechanism and benefits. Nigerian newspapers, as it turns out, do not shun more ethnically specific topics, for instance, people who have to fight the double stigma of albinism and cancer (*The Punch*. 18.06.2023). Thus, newspapers play a crucial role in educating people about a proper attitude to cancer.

The least represented type of framing is the lifestyle frame, within which, predictably, cancer journalists instruct the readership about food to be avoided and to be preferred, professional risk factors and benefits of healthy habits.

As was mentioned above, Nigeria is known for following the principles of medical pluralism. The degree to which this common cultural attitude is reflected in the Nigerian media is important, since it shows to what extent cancer journalism is adapted to the cognitive and communicative needs and habits of the local people.

When analyzing the material for explicit references to traditional medicine and religious rites, we discovered that this angle is truly relevant only to *The Nation*. Traditional Nigerian medicine is the main focus of 7 articles. It is mentioned 34 times and is represented with the words "herbal" (n=16), "traditional" (n=6), "natural" (n=5), "alternative" (n=3), "complementary" (n=1), "practitioner" (n=2) and "agbo" (n=1). The latter, being an indigenous term for traditional medicine, is particularly interesting, as it reflects the local culture and gives a distinct ethnic touch to the narrative, "localizing" the problem and facilitating understanding. Another intriguing point is 21 mentions of chakra medicine, which all occur in the same article and are not included in the previous count as they obviously reflect an adopted cultural and medical practice. However, they are still worth mentioning as further testimony to the fact that Nigerians are open to alternative solutions and are always ready to expand the already vast therapeutic continuum.

It is noteworthy that the newspaper appears to be a platform for a free discussion of the benefits and drawbacks of traditional medicine against the backdrop of western oncology. Two articles in *The Nation* sample follow the debate format, presenting opposite views. What merits special attention is the focus on the need for a more holistic approach to healing, which reflects traditional medical practices without explicitly mentioning them. In one case it is expressed through a vivid, albeit not very original, metaphor: *Alternative medicine believes that every disease has a root cause or root causes and that the cure of disease, therefore, is not achieved by eliminating the flowering and fruiting parts, the symptoms. This is like cutting the aerial parts of a flourishing field of stubborn grass and leaving the roots in the soil. It would in time regrow* (*The Nation*. 07.09.2023).

Another thing that should not escape notice is the mention of witchcraft and witch doctors (*The Nation*. 09.09.2023), which reflects a popular African superstition that cancer can be inflicted upon a person through black magic. The article takes an explicitly critical stance towards this old myth, delegating the task of dispelling it to an authority, the Deputy Governor of Adamawa State, Professor Kaletapwa Farauta. Notably, the need to fight superstitions, misconceptions and myths is mentioned 5 times, while traditional medicine is generally presented in a complimentary way, with only one critical remark, which unites it with self-medication as bad health choices: "*I repeat, avoid self-medication or agbo*" (*The Nation*. 26.10.2023).

The Nation is also the most prominent when it comes to the presentation of the religious sector of the therapeutic continuum. It fully acknowledges the role of faith in surviving cancer, highlighting it in 11 out of 52 articles. Lexical units directly associated with religion are mentioned 97 times (spirit/spiritual – 47, God – 23, religion/religious – 11, Allah – 4, Christian – 4, faith – 4, Muslim – 3, prayerful – 1). What is particularly notable is the role ascribed to religious leaders in raising cancer awareness in Nigeria and promoting cancer prevention and early detection. Especially illustrative in this respect is the article "Cervical Cancer: FG to Introduce HPV Vaccines for Women" (by Lara Adejoro, 17.10.2023), which underscores the importance of both Christian and Muslim leaders in fighting prejudices concerning vaccination and instructing people about a healthier lifestyle. A valuable piece of evidence is a quote from Faisal Shuaib, a high-ranking health official, who speaks of the "pivotal role" of religious leaders in disseminating scientifically sound information and thus "encouraging preventive practice". Religious leaders are called "spiritual guides" who can become "advocates of life" and "guardians of health". Only in one article religion is presented as a "hurdle", which may prevent people from embracing vaccination. In the others, medicine and religion are reconciled, which fully corresponds to the idea of medical pluralism. This reconciliation is most aptly expressed in the article "How We're Tackling Cancer Scourge by NLCC" by Chinyere Okoroafor (16.02.2023): "*You can believe God and still go to the doctor because it is God that gives the doctor the wisdom to know what to do, going to see a doctor does not negate your faith*".

Thus, *The Nation* comprehensively covers African medical pluralism demonstrating the multiple ways of combining different health-seeking approaches.

As regards *The Vanguard*, it strongly preferences official modern medicine, while traditional medicine is mentioned in passing, and in a rather elusive manner: "*traditional healing centres*" (*The Vanguard*. 16.05.2023). However, the article "Pharmhealth Charity to Release Movie on Cervical Cancer, Titled 'Survivor'" by Ayo Onikoyi (10.09.2023) describes a cancer initiative aimed at discrediting indigenous healing practices. In the movie, which is about to be shot, the protagonist suffers from a dishonest herbalist, who gives her the wrong cancer diagnosis and triggers a series of most unfortunate events. By placing this type of content, the newspaper indirectly expresses a rather negative view of traditional practices. Neither is the newspaper very welcoming to religious ideas. Only one article, which largely mirrors the above-mentioned article by Lara Adejoro from *The Nation*,

acknowledges the role that religious leaders can play in raising cancer awareness and promoting cancer literacy. However, the journalist includes other quotes from official speeches, which give the article a slightly different perspective. Noting the importance of religious leaders, the article primarily focuses on the prospects of contemporary healthcare, presenting the latter as integral rather than pluralistic, cf.: *"As we navigate the complexities of modern healthcare, we find ourselves standing at a crossroads of tradition and innovation. The convergence of faith and science holds immense promise. We must recognize the healing power of modern medicine without forgetting the healing touch of compassion that you, our religious leaders, so beautifully embody"* (The Nation. 29.08.2023).

Another interesting angle is that religion is presented as a driver of the new health policy rather than its determinant or an equally important conceptual part, cf.: *Together, we can harness the power of faith to drive positive health-seeking behaviours and contribute to the well-being of our nation* (The Nation. 29.08.2023).

Thus, *The Vanguard* is not very representative of medical pluralism, which is an important part of *The Nation*. As for *The Punch*, the therapeutic continuum is reduced to official medicine only.

As was noted in the section on the sociocultural context for cancer journalism, Africans largely share cancer fatalism. The newspaper that is most illustrative of this tradition is *The Punch*. It presents cancer as a mortal threat, with no attempt to question this attitude. Moreover, the fatal character of cancer is explicitly presented as a "fact" (*"the fact that cancer is deadly"*), while the cancer diagnosis is referred to as *"a direct death sentence"* (The Punch. 19.06.2023). The situation in Nigeria is described in distinctly pessimistic tones: *Nigeria's cancer cases are characterised by a high case-fatality ratio* (ibid.). The message is reinforced by a high occurrence of the word "death", which appears 25 times in a 24-article sample and is used in the headlines 3 times, which makes it all the more prominent. *The Vanguard* does not evade the mortality issue, mentioning death 112 times ("death", "deadly", "deadliest", "mortality") in a 97-article sample, and using the word "death" five times in the headlines. However, it strongly opposes cancer fatalism, constantly reminding the readers that cancer is not necessarily a death sentence, provided they seek medical assistance and follow the necessary prescriptions, cf.: *having bone cancer is not a death sentence* (The Vanguard. 01.08. 2023), *the perception of a death sentence is often applicable to patients that present late in hospitals* (The Vanguard. 25.06.2023), *Cancer is not a death sentence once detected early* (The Vanguard. 19.02.2023). The collocation "death sentence" occurs in *The Vanguard* sample 15 times, but it never presents cancer patients as doomed, always giving them hope. *The Nation* is close to *The Vanguard* in its discursive tactics. It admits that cancer poses a major health threat, mentioning death 67 times in a 52-article sample, but it never gives death extra visibility by putting the respective word in the strong position of the headline and always tones down the idea of doom, cf.: *the diagnosis of cancer when caught early is not necessarily a death sentence and people need to be aware of that* (The Nation. 04.05.2023).

It might seem that *The Vanguard* and *The Nation* deliberately avoid excessive alarmism and refrain from using shock tactics. However, when they switch the focus from what happens to people to what the disease does to them, they do not hesitate to describe it as something that kills, or, even more precisely, "a killer disease". It is particularly interesting that the relative frequency of this type of reference is practically the same in all the three newspapers (*The Punch* – 6, *The Vanguard* – 17, *The Nation* – 13). Another notable reference to cancer is the word "scourge", which, however, is used only in *The Vanguard* (n=18) and *The Nation* (n=7). A similar situation is observed with the word "threat", which occurs twice in *The Vanguard* and *The Nation* samples, but is absent in *The Punch*.

Finally, we would like to point out that journalists make a vigorous effort to dispel the popular myth that cancer is a white man's disease. They do not only provide local cancer statistics, but focus more closely on the threats that are most relevant to Nigerians. Thus, in *The Vanguard* sample 7 articles out of 97 remind the readers that African males are genetically predisposed to prostate cancer. *The Nation* follows suit, but contains less material on the topic (3 articles out of 52). However, it is much more straightforward in localizing the cancer threat, referring to some of its types as "endemic": *Cervical cancer (endemic in African women) and prostate cancer (endemic in African men) should really challenge African medical scientists. (The Nation. 15.02.202).*

The Nation is the only newspaper that does not only provide global statistics of cancer incidence and mortality, but lays special emphasis on the universality of cancer as a health hazard: *cancer has no respect for class, religion or race (The Nation. 28.09.2023).* This approach seems productive as it contributes to understanding the reality of cancer threat.

One of the most relevant topics within cancer journalism is representation of the cancer continuum. Ideally, all the five parts of it – prevention, detection, treatment, survivorship and end-of-life care – should be covered equally. However, this perfect balance is never observed in real journalistic practices. The main factors that influence the distribution of coverage are the condition of the healthcare system, the priorities of the healthcare policy and the degree to which cancer discourse is developed. For instance, if oncology is badly underdeveloped, survivorship will hardly be presented in the media. At the same time, if the healthcare system is unable to offer adequate help, the main emphasis will be laid on prevention. If the end-of-life phase is surrounded by various cultural and communicative taboos, it will be closed to public discussion and, consequently, to cancer journalism. Conversely, by analyzing the distribution of newspaper content across the five sectors of the cancer continuum we can reveal gaps not only in the discursive practice, but in the state of the healthcare system as well.

Before we present the data based on our sample, we must note that the logic of journalistic coverage does not always follow the "one article – one sector of the cancer continuum" principle. On the contrary, articles quite often present several sectors, for instance, discussing prevention, detection and treatment in a logical sequence. Due to such overlaps, the statistical count we are going to present will

not make up a total of 100 % in each case. The numbers of articles that cover respective sectors of the cancer continuum are presented in Table 2.

Table 2
Representation of the cancer continuum in Nigerian press

	Prevention	Detection	Treatment	Survivorship	End-of-life care
<i>The Vanguard</i>	32 (33.0%)	49 (50.5%)	28 (28.9%)	6 (6.2%)	4 (4.1%)
<i>The Nation</i>	18 (34.6%)	22 (42.3%)	16 (30.8%)	6 (11.5%)	6 (11.5%)
<i>The Punch</i>	17 (70.8%)	3 (12.5%)	7 (29.2%)	0 (0.0%)	0 (0.0%)

As can be seen from the table, *The Vanguard* and *The Nation* cover all the cancer continuum, with a preponderance of the first three sectors, while *The Punch* completely ignores survivorship and end-of-life care. Our previous research based on a sample from *The New York Times* dated January 1 – June 30, 2023 [21. P. 104–105] suggests that this kind of distribution more or less follows the western trend. There is an important difference, however. Representation of prevention in the western press is seen as an important development in cancer journalism, as twenty years ago the most attention was focused on treatment, which contributed to the public perception of the disease as something inevitable [25]. Nigerian cancer journalism, which is much younger, may seem as a very up-to-date practice, which follows the most recent western trends. However, if we take into account the socioeconomic and sociocultural contexts of cancer coverage, we will have to admit that focus on prevention is accounted for by very different factors. Chief of them are unavailability and unaffordability of cancer treatment services, which logically leads to the focus on preventing the disease in order to relieve the continually mentioned cancer burden. This perspective is most explicitly outlined in *The Nation*, where prevention is straightforwardly called "*the most pragmatic way of fighting cancer*" (*The Nation*. 15.02.2023). The prevalence of the prevention sector is particularly striking in *The Punch*. Another factor that makes prevention so prominent is the importance of traditional medicine, which is believed to be potent in strengthening the body against the threat of cancer. The newspaper that most actively promotes these ideas is *The Nation*. Finally, the sample enables us to trace the emergence of the idea of responsibility for your own health, which has been shaping in the west since the 1970s and now dominates European and American health discourses. This ideology has become known as healthism and alongside promoting a more conscious and responsible attitude to personal physical and mental well-being often breeds victim blaming [47, 48], which might have a certain appeal in the situation when medical assistance is unsatisfactory. The idea is most relevant to *The Vanguard*, which introduces the concept of "*health-seeking behaviour*", mentions people "*taking control of their own health*" twice and is notable for a copious use of the trendy term "*empowerment*" (cf: *to empower women to be proactive about their health; empowering individuals to take charge of their well-being*). It can also be found in *The Nation*, however, to a much lesser extent (cf.: *the project seeks to empower women and girls to make high quality sexual and reproductive health choices*).

While *The Punch* unequivocally prioritizes prevention, *The Vanguard* and *The Nation* primarily focus on detection, explaining the importance of an early diagnosis for efficient treatment and a positive outcome. What merits attention here is the frequent use of collocations "early detection/detected early" and "early presentation" (73 in *The Vanguard* and 24 in *The Nation*). Not only is the need for timely medical assistance clearly explained, but the very visibility of these collocations helps to convey the respective message very strongly. Even *The Punch*, which largely defocuses detection, uses these collocations 4 times.

The treatment sector of the cancer continuum is much more prominent than one could have expected considering the low level of oncological help in Nigeria. An interesting explanation for this phenomenon can be found in *The Nation*. Quoting Dr. Adewole, the journalist sets the goal of "changing the narrative of cancer treatment" and notes that this narrative is already changing (*The Nation*. 04.05.2023). The change is that cancer is presented as treatable, especially if detected early. On the other hand, more treatment opportunities seem to be available now, with some most up-to-date techniques (for instance, laparoscopy for prostate cancer) and state-of-the-art equipment. Notably, *The Vanguard* and *The Nation* actively promote the idea of a "reverse medical tourism", implying that patients who used to seek cancer care in Europe and the USA can come back to Nigeria, which can now offer many of the same services at a much lower price. Moreover, Nigeria can attract cancer patients from other African countries and cater for their therapeutic needs. An interesting point here is that all the three newspapers have almost the same percentage of articles that cover treatment.

The survivorship sector is badly underrepresented, which is not surprising again considering a severe shortage of positive outcomes of cancer treatment in Nigeria. It should be pointed out that out of the 12 articles 2 deal with celebrity cancer, which resonates with the western trend of giving inspiring examples of famous people successfully coping with their cancer experience.

The end-of-life care sector is hardly covered at all, which also resonates with the global cancer journalism practice. For the time being, this is the least popular topic due to multiple taboos surrounding death and lack of positivity, which is an important feature of cancer coverage, as stated above. In our sample, out of the 10 articles covering this sector, 7 are actually stories about death from cancer, 3 of them featuring celebrities.

When describing the coverage of the cancer continuum, scholars typically miss a point which is extremely relevant in the discursive perspective. As stated above, an article may cover several sectors of the continuum, and the analysis of typical combinations of sectors may be very revealing in terms of how cancer discourse is organized.

We have discovered the following combinations:

- (1) prevention + detection (n=15: *The Vanguard* – 8, *The Nation* – 6; *The Punch* – 1);
- (2) detection + treatment (n=11: *The Vanguard* – 7; *The Nation* – 3; *The Punch* – 1);
- (3) prevention + treatment (n=5: *The Vanguard* – 2; *The Nation* – 2; *The Punch* – 1);
- (4) prevention + detection + treatment (n=2: *The Nation*);
- (5) detection + end-of-life care (n=1: *The Nation*).

As can be seen, in most cases, combinations are formed between the adjacent sectors of the continuum (73.7%). It seems logical, as the sectors naturally map onto the stages of cancer experience and imply a gradual progression from one to another. It is noteworthy that most of the combinations are found in *The Vanguard*, which generally leans to the medical view of cancer and is the most consistent in presenting it. We tend to believe that such logical combinations are beneficial for the readers as they prompt a certain algorithm of actions and help to establish cause-and-effect relationships between them. What draws attention is an absolute lack of the survivorship sector, which should be expected in combination with the treatment sector. Unfortunately, it reflects the real state of things: treatment does not guarantee a good therapeutic outcome considering the substandard condition of oncological help and the general reluctance to undergo the full cycle of treatment due to financial constraints. However, combining these two sectors in cancer journalism may engender a more positive attitude to medical interventions and motivate people to be more consistent in their pursuit of health. A combination of all the five sectors seems unlikely, as it calls for a thorough investigative journalism, which is almost non-existent in Nigeria [42] and precludes a narrow focus on the issue the journalist intends to discuss.

Our last research objective was to trace the use of some discursive patterns typical of contemporary western cancer journalism. One of the most relevant trends nowadays is the use of the case approach, when the story of an individual cancer patient simultaneously serves as an illustration and a background against which general issues of cancer care are discussed [21. P. 106–109]. Its popularity in the west primarily stems from the long tradition of destigmatizing and naturalizing cancer, which, in its turn, gave rise to the so-called "coming out" practice [49. P. 7, 32], when a celebrity gives publicity to their cancer diagnosis. In the Nigerian context, the case approach seems problematic considering the widely acknowledged stigma surrounding this disease and grounded lack of optimism as to the fate of the patient. However, the analysis of our sample revealed 36 articles that focus on individual cancer patients (*The Vanguard* – 16, *The Nation* – 14, *The Punch* – 6), which is an astonishingly high number. 21 of the patients are celebrities (politicians, actors, musicians, university professors), who see it as their mission to "*share their resolve not to fear death*" (*The Punch*. 17.10.2023) and thus contribute to raising public awareness of cancer. Common people, however, prefer to stay anonymous, like the patient who agreed to give an interview about his prostate surgery, but refused to show his face or give his name (*The Nation*. 31.08.2023). In another case, a woman willingly shared her story but insisted on taking a pseudonym (*The Vanguard*. 03.08.2023).

However, in certain cases anonymity is not an option. Five of the articles in the sample present stories of patients who face extreme financial difficulties and cannot start or continue their treatment. These articles are actually an appeal for money and are largely devoid of the illustrative force typical of the case approach. These are heartbreaking examples of the hardships Nigerians face in an attempt to undergo proper treatment. For them, newspapers become the last resort, and they are ready to sacrifice their privacy and to risk being stigmatized.

Of particular interest to us is the use of typically western metaphors in Nigerian cancer journalism. Those include, first of all, war and journey metaphors that permeate cancer discourses in the west and are a subject of great controversy [50]. Both metaphors are important landmarks in the evolution of the western cancer discourse. The war metaphor was widely introduced into public discourses in the 1970s and played a crucial role in raising public cancer awareness, spurring the governments to prioritize cancer help, and mobilizing healthcare professionals to do more research into cancer. The journey metaphor is a recent discursive innovation. It took off in the 2010s and became possible due to visible progress in oncology, which turns cancer into a chronic disease rather than a short-term and deadly one. The emergence of these metaphors and their circulation in cancer discourse are predetermined by a range of historical, socioeconomic, scientific, cultural and other factors, which are specific to the western world [21] and should be alien to Africa. However, the transnational character of cancer, which usually means an unprecedented exchange of medical information, technologies and patients all over the world [2. P. 2], inevitably entails an equally unprecedented exchange of discursive means of its presentation, including metaphors. Our sample has yielded 99 instantiations of the war metaphor presented in Table 3.

Much more surprising, though, is the use of the journey metaphor, which is too meditative to match the Nigerian context, where cancer experience is first and foremost associated with stress, and the prospect of long remission is vague. The sample contains 14 journey metaphors (*The Vanguard* – 8, *The Nation* – 6; "journey" – 13, "roller-coaster" – 1).

It is noteworthy that the war metaphor not only outnumbers the journey metaphor, but gets extra visibility by being used in the strong position of the headline twice, both times in *The Nation* and both times describing a global celebrity (Sebastien Haller and Martina Navratilova). Perhaps it is explained by the fact that the journalist borrowed the content from some western news outlet together with the original headline. Nevertheless, such discursive endeavors play a pivotal role in promoting metaphors in new sociocultural contexts.

Table 3

War metaphors in Nigerian articles on cancer

Verbal representation	The Vanguard	The Nation	The Punch
battle/battling	13	14	8
combat	3	4	0
conquer	4	2	0
defeat	2	2	0
fight	26	13	0
struggle	3	1	0
warrior	4	0	0
Total:	55	36	8

Another interesting fact is that journalists are not necessarily consistent in their metaphorical conceptualizations of cancer, sometimes using both metaphors in

the same context, cf.: *I need to mention that over the course of 28 years, our journey has been a roller coaster. Throughout this time, we have taken on a pivotal role in the fight against breast cancer in Nigeria* (The Vanguard. 08.10.2023). This proximity of genetically different metaphors is quite common in western cancer discourses. It can be explained by the fact that due to long and frequent use, they have partly lost their metaphorical "flavor" and are now perceived as normative and equally valid ways of referring to cancer experience. Nigerian journalists probably adopted the pattern uncritically, because there are no natural linguistic prerequisites for mixing the two metaphors.

Thus, the sample suggests that Nigerian cancer journalism to a certain extent follows western trends.

Conclusion

Cancer journalism plays a crucial role in raising public awareness of oncological diseases and instructing people about how to deal with them. It is all the more important in the countries where the level of general medical competence is low and professional oncological help is substandard. Furthermore, cancer journalism is instrumental in spurring the government to restructure their healthcare policies and pay due attention to cancer care. Finally, it is the main driver of forming a robust public cancer discourse, which is scientifically sound, culturally sensitive and respectful of people's psychological needs. Of particular importance is the goal to fight mystification of cancer and stigmatization of cancer patients. Striving to achieve this lofty goal, journalists can follow some discursive strategies and tactics which have proved their efficiency in other countries, where cancer journalism is a well-formed practice. However, these global trends should not be followed blindly. Cancer journalists should be guided by the "adopt and adapt" principle, always taking into consideration the local sociocultural context. On the one hand, it will enable them to target cancer issues which are more relevant to their own country (certain types of cancer, particularly endemic ones, harmful environmental and professional factors and ways of eliminating them, the most important preventative measures, promotion of accessible forms of professional medical help, the need to change some healthcare policies, etc.). On the other hand, adaptation will help them to avoid misunderstanding and alienation, gently and tactfully shifting public perception of cancer in the necessary direction. This is a task that requires not only professionalism, but high moral principles, which will help journalists to remain unbiased, incorruptible, and socially responsible in their efforts to counteract the toll that cancer takes on their society.

References

1. WHO. (2021) *WHO and St. Jude to dramatically increase global access to childhood cancer medicines*. [Online] Available from: <https://www.who.int/news/item/13-12-2021-who-and-st.-jude-to-dramatically-increase-global-access-to-childhood-cancer-medicines> (Accessed: 07.04.2024)
2. Mathews, H.F., Burke, N.J. & Kampriani, E. (eds) (2015) *Anthropologies of Cancer in Transnational World*. New York: Routledge.

3. IARC. (2024) *Cancer tomorrow*. [Online] Available from: <https://gco.iarc.who.int/tomorrow/en> (Accessed: 07.04.2024).
4. Aju, M. (2018) Global survey of clinical oncology workforce. *Journal of Global Oncology*. 4. [Online] Available from: <https://ascopubs.org/doi/full/10.1200/JGO.17.00188> (Accessed: 07.04.2024).
5. Taylor, I. (2018) *African Politics: A Very Short Introduction*. Oxford: Oxford University Press.
6. United Nations. (2024) *The 17 goals*. [Online] Available from: <https://sdgs.un.org/goals> (Accessed: 07.04.2024).
7. Lloyd, L., Kechagias, D. & Skiena, S. (2005) Lydia: A system for large-scale news analysis. In: *String Processing and Information Retrieval (SPIRE 2005)*. Lecture Notes in Computer Science. 3772. Berlin: Springer. pp. 167–178. doi: 10.1007/11575832_18
8. Schattner, E. (2023) *From Whispers to Shouts: The Ways We Talk About Cancer*. New York: Columbia University Press.
9. Viswanath, K., Breen, N., Meissner, H. et al. (2006) Cancer knowledge and disparities in the information age. *Journal of Health Communication*. 11 (Suppl 1). pp. 1–17.
10. Briggs, C.L. & Hallin, D.C. (2016) *Making Health Public: How News Coverage Is Remaking Media, Medicine, and Contemporary Life*. London: Routledge.
11. Levi, R. (2001) *Medical Journalism: Exposing Fact, Fiction, Fraud*. Hoboken: Wiley-Blackwell.
12. Bennett.edu.in. (2024) *What is responsible journalism? How does Bennett University help to make you a responsible journalist?* [Online] Available from: <https://www.bennett.edu.in/media-center/blog/what-is-responsible-journalism-how-does-bennett-university-help-to-make-you-a-responsible-journalist/> (Accessed: 07.04.2024).
13. Press.farm. (2024) Who are the top healthcare journalists and experts – 2024 list. [Online] Available from: <https://press.farm/top-healthcare-journalists/> (Accessed: 07.04.2024).
14. Foss, K.A. (2020) *Constructing the Outbreak: Epidemics in Media & Collective Memory*. Amherst: University of Massachusetts Press.
15. Batt, C. (1994) *Patient No More: The Politics of Breast Cancer*. North Melbourne: Spinifex Press.
16. Chidebe, R.C.W., Orjiakor, T.C., Nwamaka, L. et al. (2023) Brain drain in cancer care: The shrinking clinical oncology workforce in Nigeria. *JCO Global Oncology*. 9. doi: 10.1200/GO.23.00257
17. Selvaraj, S., Borkar, D.S. & Prasad, V. (2014) Media coverage of medical journals: Do the best articles make the news? *PLoS One*. 9: e85355. [Online] Available from: <https://doi.org/10.1371/journal.pone.0085355> (Accessed: 07.04.2024).
18. Buiatti, E., Arniani, S., Verdecchia, A. et al. (1999) Results from a historical survey of the survival of cancer patients given Di Bella multitherapy. *Cancer*. 86 (10). pp. 2143–2149. doi: 10.1002/(SICI)1097-0142(19991115)86:10<2143::AID-CNCR37>3.0.CO;2-5
19. World Justice Project. [Online] Available from: <https://worldjusticeproject.org/news-year-impact-transparent-nigeria-corruption> (Accessed: 07.04.2024).
20. National Cancer Institute. [Online] Available from: <https://www.cancer.gov/news-events/cancer-currents-blog/2020/kaposi-sarcoma-aids-paclitaxel-clinical-trial> (Accessed: 07.04.2024).
21. Nagornaya, A.V. (2023) *Onkodiskurs: Formatsii, formy, formaty* [Oncodiscourse: Formations, Forms, and Formats]. Moscow: LENAND.
22. Mulcahey, T. (2024) *10 tips for journalists covering COVID-19*. [Online] Available from: <https://ijnet.org/en/story/10-tips-journalists-covering-covid-19> (Accessed: 07.04.2024).
23. Brown, P., Zavestoski, S.M., McCormick, S. et al. (2001) Print media coverage of environmental causation of breast cancer. *Sociology of Health and Illness*. 23 (6). pp. 747–775.
24. National Cancer Institute. [Online] Available from: <http://cancercontrol.cancer.gov/od/continuum.html> (Accessed: 07.04.2024).

25. Jensen, J.D., Moriarty, C.M., Hurley, R.J. & Stryker, J.E. (2012) Making sense of cancer news coverage trends: a comparison of three comprehensive content analyses. *Comunicação e Sociedade*. Número especial. pp. 39–55.
26. Wagstaff, A. (2014) *Making Sense of Cancer: A Journalist's Guide*. Milan: European School of Oncology.
27. Omonzejele, P.F. (2008) African concepts of health, disease, and treatment: An ethical enquiry. *Explore*. 4 (2). pp. 120–126.
28. Olsen, W.C., Sargent, C. & Stroeken, K. (eds) (2017) *African Medical Pluralism*. Bloomington: Indiana University Press.
29. Statista.com. (2019) *Main causes of death in Nigeria 2019*. [Online] Available from: <https://www.statista.com/statistics/1122916/main-causes-of-death-and-disability-in-nigeria> (Accessed: 07.04.2024).
30. Fatiregun, O.A., Bakare, O., Ayeni, S. et al. (2020) 10-Year mortality pattern among cancer patients in Lagos State University Teaching Hospital, Ikeja, Lagos. *Frontiers in Oncology*. 10. doi: 10.3389/fonc.2020.573036
31. Osaro, E. (2016) *Breast Cancer in Nigeria: Diagnosis, Management and Challenges*. Bloomington: AuthorHouse.
32. Baronov, D. (2008) *The African Transformation of Western Medicine and the Dynamics of Global Cultural Exchange*. Philadelphia: Temple University Press.
33. Moore, R.J. & Spiegel, D. (eds) (2004) *Cancer, Culture and Communication*. New York: Kluwer Academic.
34. Amzat, J. & Razum, O. (2014) *Medical Sociology in Africa*. Cham: Springer.
35. Silbermann, M. & Berger, A. (2022) *Global Perspectives in Cancer Care: Religion, Spirituality and Cultural Diversity in Health and Healing*. Oxford: Oxford University Press.
36. Asuzu, C.C., Elumelu, K.T., Asuzu, M.C. et al. (2017) A pilot study of cancer patient's use of traditional healers in the radiotherapy department, University College Hospital. *Psycho-Oncology*. 26. pp. 369–376.
37. Adedeji, O.A. (ed.) (2017) *Cancer in Sub-Saharan Africa*. Cham: Springer.
38. Odigie, V.I., Tanaka, R., Yusufu, L.M.D. et al. (2010) Psychosocial effects of mastectomy on married African women in Northwestern Nigeria. *Psycho-Oncology*. 19 (8). pp. 893–897. doi: 10.1002/pon.1675
39. Hillier, D. (ed.) (2006) *Communicating Health Risks to the Public: A Global Perspective*. New York: Routledge.
40. Nichter, M. (1989) *Anthropology and International Health: South Asian Case Studies*. New York: Springer.
41. Bello, S.M. (2015) *Newspaper Coverage of Health Issues in Nigeria: The Frequency of Reporting Malaria, HIV/AIDS and Polio and the Effect of Seeking Health Information on the Health Behaviours of Newspaper Readers*. PhD Thesis. University of Canterbury.
42. Oso, L., Adeniran, R. & Arrowolo, O. (2019) The challenges and implications of health journalism practice in Nigerian newspapers. In: *Mass Media in Nigeria: Research, Theories and Practice*. Kuru: NIPSS. pp. 115–140.
43. Durojaiye, F. (2013) *Development Journalism: Principles and Issues*. Lagos: Sprinter Books.
44. Dambatta, S.N. (2024) *A call for medical journalism*. [Online] Available from: <https://blueprint.ng/a-call-for-medical-journalism/> (Accessed: 07.04.2024).
45. Eze, N.C. & Okafor, E.C. (2024) Pressing matters: Analyzing world cancer day coverage in Nigerian newspapers. *Michigan International Journal of Marketing, New Media and Communication*. 12 (1). pp. 29–48.
46. *Cancerworld*. [Online] Available from: https://cancerworld.net/cj_award/2019-2020/ (Accessed: 07.04.2024).
47. Crawford, R. (1980) Healthism and the medicalization of everyday life. *International Journal of Health Services*. 10 (3). pp. 365–388.

48. Skrabanek, P. (1994) *The Death of Humane Medicine and the Rise of Coercive Healthism*. Suffolk: Social Affairs Unit.

49. Frank, A. (2013) *The Wounded Storyteller: Body, Illness & Ethics*. Chicago: University of Chicago Press.

50. Nagornaya, A. & Nwankwo, J. (2023) Metaphor as a means of representing first-hand cancer experience in English teen sick-lit. *Science Journal of Volgograd State University. Linguistics*. 22 (4). pp. 86–100.

Information about the authors:

A.V. Nagornaya, Dr. Sci. (Philology), professor, National Research University Higher School of Economics (Moscow, Russian Federation). E-mail: anagornaya@hse.ru

J.Ch. Nwankwo, postgraduate student, National Research University Higher School of Economics (Moscow, Russian Federation). E-mail: jamescul36@gmail.com

The authors declare no conflicts of interests.

Информация об авторах:

Нагорная А.В. – д-р филол. наук, профессор Школы иностранных языков Национального исследовательского университета «Высшая школа экономики» (Москва, Россия). E-mail: anagornaya@hse.ru

Нванкво Джеймс Чайк – аспирант Школы филологии Национального исследовательского университета «Высшая школа экономики» (Москва, Россия). E-mail: jamescul36@gmail.com

Авторы заявляют об отсутствии конфликта интересов.

*The article was submitted 10.04.2024;
approved after reviewing 11.07.2024; accepted for publication 19.05.2025.*

*Статья поступила в редакцию 10.04.2024;
одобрена после рецензирования 11.07.2024; принята к публикации 19.05.2025.*