

Address Cancer Awareness among Rural Women: A Case Study of Morogoro Rural District

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Abstract- The paper aims at establishing strategies for improving access to, and use of information on cancer by women in Morogoro Rural District for addressing cancer. Specific objectives were to: assess the status of cancer awareness among women in Morogoro Rural District, identify challenges encountered by rural women when accessing information on cancer and to recommend strategies that will enhance dissemination and use of information on cancer. Social survey method was used for conducting this study. The data were collected from a total of 100 respondents through questionnaires, interviews, focus group discussions and observations. The respondents were drawn from four villages of two wards of the study area. The findings revealed that cancer is still not well known by rural women. The findings indicated that rural women faced many challenges on access and use information on cancer. They had limited access to information on cancer namely: unawareness about cancer disease, levels of illiteracy, lack of time, limited sources of information, and unavailability of proper places at which information could be accessed. The study recommended that in order to deal with the problem of illiteracy adult education programmes should be organized. On the other hand the study recommends that several media be used for disseminating information so that information can be accessed conveniently by different stakeholders according to their preferences. On top of that, health workers in collaboration with other stakeholders, should be encouraged to diversify ways of disseminating health information. The government should also set aside budget for dissemination of information on cancer as is the case for other diseases such as malaria and HIV/AIDS.

Index Terms- Cancer awareness; rural women; information need; information dissemination; sources of information

I. INTRODUCTION

Cancer is defined by WHO (2011) as a “large group of diseases that can affect any part of the body” and by the Medical Dictionary (2010) as “a large group of almost 100 diseases” whose “two main characteristics are uncontrolled growth of the cells in the human body and the ability of these cells to migrate from the original site and spread to distant sites” and “if the spread is not controlled, can result in death. It is a critical global issue that affects all people regardless of their sex, age, economic status or nationality. According to the World Health Organization (2010) and Ocean Road Cancer Institute (2010) reports, cancer is among the leading killer diseases in the world, particularly in developing countries like Tanzania, and is the second most common cause of death worldwide after

cardiovascular disease (IAEA, 2006). The estimation of the WHO (2010) and The International Agency for Research on Cancer (2010) shows that by 2020, seventy percent (70%) of all cancer cases will be in developing countries. More than 70% of all cancer deaths occurred in low and middle-income countries and that deaths from cancer worldwide are projected to continue to rise to over 11 million in 2030 (WHO 2011).

Tanzania, like other developing countries has many patients living in rural areas suffering from cancer. According to Cancer Care Africa (2007), based on the Ocean Road Cancer Institute’s (in Dar es Salaam) estimates, each year there are over 20,000 new patients with cancer in Tanzania. Most of them, particularly women, have no hope for getting information relating to cancer.

1.1 Cancer Awareness at Global Level

According to Wikipedia Encyclopedia (2011) WHO and the International Agency for Research on Cancer, the specialized cancer agency of WHO, collaborates with other United Nations organizations and partners in the areas of international cancer prevention, detection, and treatment at global level. World Cancer Day is marked on 4th February every year to raise awareness of cancer (Wikipedia Encyclopedia, 2011). The World Cancer Campaign was initiated by the International Union against Cancer (UICC) in 2005 in response to the Charter of Paris of 2000 and since 2006 UICC has been coordinating the activities of the Day at the global level. The campaign emphasizes that 40 percent of cancers can be prevented through these healthy behaviors:

- Provide a smoke-free environment for children
- Be physically active, eat a balanced, healthy diet, and avoid obesity
- Learn about vaccines for virus-related liver and cervical cancers
- Avoid over-exposure to the sun

The worldwide average for infection-related cancers is about 22 per cent; in Africa, the figures are much higher: 40 per cent of cases in women and 30 per cent in men (Kagashe, 2011). The fact that 40 percent of cancers can be prevented and yet it is the second most common cause of death worldwide attests that the level of cancer awareness is still very low worldwide, particularly in developing countries.

1.2 Cancer Awareness in Tanzania

According to Dr Ngoma (2011), the Executive Director of Ocean Road Cancer Institute (2011) as quoted by The Citizen newspaper reporter, Beatus Kagashe, about 40,000 people are detected with different kinds of cancer every year, out of whom

30,000 die for lack of proper treatment or late detection of the disease. This was attributed mainly to lack of awareness among Tanzanians about cancer (rural women belong to the underserved group thus more likely to be unaware of cancer than men). According to Ngoma, most of the patients go to hospitals at the last stage of the disease. He lamented that despite the fact that cancer is killing many people than malaria, tuberculosis and HIV/Aids; the allocation of funds to combat cancer is very little. Treatment is mainly done through well wishers.

1.3 Importance of Information to Rural Women

Information is a very important asset to any individual to make any development in life (Mchombu, 2000; Jiyane, 2002). Moreover, he noted that one cannot have knowledge about various issues unless she/he gets information regarding that matter from the reliable source, arguing that information equips a person with power, the power to choose and to act in an informed manner. It empowers people towards actions that can transform lives and allows for a great sense of independence (Mchombu, 2000).

Women need information because it provides a context and a reason for gathering together to discuss problems and seek solutions (Jiyane, 2002). It also helps them to improve their health status and hence their development. According to Luanda (2007) and Ndenje (2003), information is an important resource that contributes to the development of a nation. It is a key commodity for the progress of a society. It is also noted by Olorunda and Oyelude (2003) that information has become a strategic resource, a commodity and the foundation of every activity in human life. It increases the capacity to see things from a broader perspective hence to become more knowledgeable. In addition to that, information has a major part to play in the improvement of health issues, particularly the rural women in handling cancer issues. If well informed about health issues, rural women will be in a better position to know the symptoms, causes and effects of diseases (Wathen, and Harris, 2006), including cancer and where to seek treatment. This will help them to improve their health status, hence prevent deaths associated with cancer.

Access to information for the under-served is generally problematic in many sectors. For instance, Ndenje (2003) in her study about *Information Needs of Women in Small Scale Business* noted that sources of information were unreliable. This phenomenon was also noted by Kreps (2005) on *Disseminating Relevant Health Information to Underserved Audience*. As seen in the above example, access to health information in general and cancer in particular to rural women is critical. One can imagine if one coming from the urban setting (as illustrated in the example above) is not aware of symptoms of cancer, what the situation would be in rural settings. Thus, it is clear that women in Tanzania require access to information on cancer. This is only possible when one is information literate, knows the sources of information to consult, knows information needs and aware of the constraints faced in sourcing for information required to combat health problems, including that of cancer.

Appropriate information plays a critical role in addressing societal problems, including health problems. For decades now, cancer has been one of the most difficult and fatal diseases in the world (Ngoma, 2006; WHO, 2010). Chilimo (2002) in her study

on *Accessibility and Use of Nutrition Information in Addressing Under-five Child Malnutrition in Morogoro Urban* noted that the awareness of malnutrition on the part of mothers and the Maternal and Child Health clinics' staff and the general public was poor mainly because of lack of information. This Paper therefore undertaken in order to contribute towards an understanding of:

- Cancer awareness to women in Morogoro Rural District
- Challenges encountered by rural women when accessing information relating to cancer,
- Recommend strategies that will enhance dissemination and use of information on cancer.

II. METHODOLOGY

The study was carried out in Morogoro Rural District. It composed only women who were selected from two wards out of twenty five wards of Morogoro rural District. The area was selected as a case study due to the fact that, so far no study has been done on access to, and use of health information in this area. The researcher decided to conduct this study because of the important role played by information in dealing with health issues. Strategies for enhancing access to and use of information are very important for rural women in dealing with their own health and that of their respective families. In addition, rural women are the most disadvantaged and neglected group in accessing and using information, especially information on health issues because they are economically disadvantaged, thus unable to purchase channels used to disseminate information such as television, radio and newspapers. The challenges they faced include illiteracy, poor infrastructure and lack of informal sources of information like libraries/information centers.

The researcher used multi-stage technique to select a sample size of the study. This was done through multi-stage sampling. This is a probability type of sampling for selecting geographical location (Adam 2008). At the beginning the researcher identified all the wards of Morogoro Rural District. Out of these districts Mikese and Kiroka wards were purposively selected.

The second stage involved the selection of four villages, two villages from Mikese ward and two from Kiroka wards. The selection of the villages was done randomly. This is a probability sampling whereby all members in the population have equal chance of being selected to form a sample (Adam 2008; Kothari, 2008). From Kiroka ward, Kiroka and Kiziwa villages were selected randomly and Mikese Station as well as Lubungo village was selected from Mikese ward.

The third stage involved the selection of women from the four villages. With the help of village leaders the stratified sampling was undertaken to ensure that women of different ages and levels of education were included in the study. From each village a proportionate sample was drawn in order to give equal chance of participation in the study to all study population.

The total sample size was 100 respondents. The sample distribution was as follows: 38 women were from Kiroka village, 27 from Kiziwa, 21 from Lubungo and 14 from Mikese village. Respondents for interviews and focus group discussion were purposively selected, while rural women were selected randomly.

As defined by Adam (2008), purposive sampling is a decision with regard to which element should be included or excluded in the sample size. The researcher used a combination of both primary and secondary methods for collecting information. Primary data were gathered using interviews observation, focused group discussion and questionnaires while secondary data were collected through library search and documentary evidence such as journals, books, published articles, and the Internet.

III. FINDINGS AND DISCUSSION

The researcher conducted an analysis on strategy to improve access and use of information on cancer by rural women so as to find out ways of improving the accessibility and the use of information on cancer to rural women is clear and well understood to the targeted group.

3.1 Cancer Awareness

For anyone to become knowledgeable, on the existing matters, access of information relating to that matter is the key factor. Therefore, in order for rural women to become aware about cancer issues there is a need for them to have access and use of information relating to cancer.

The researcher used open -ended questions to find out what does rural women know about cancer. The respondents were

asked to indicate whether or not they were aware of cancer as indicated in figure 1 below.

The findings indicate that 74 (74%) have never heard of cancer, 21 (21%) had heard of the disease while 5 (5%) did not respond to the question.

This implies that most of rural women are most likely to be badly affected by this kind of disease due to their ignorance. The reason might be that health service providers were not disseminating cancer information to rural women, or it might be that rural women are not interested in looking for information relating to cancer, or maybe the information about cancer is not as available in their areas as those of other diseases. This can be proved by written report by Dr Twalib Ngoma (2011), the Executive Director of Ocean Road Cancer Institute (2011) as quoted by The Citizen newspaper reporter, Beatus Kagashe, which indicated that about 40,000 people are detected with different kinds of cancer every year, out of whom 30,000 die for lack of proper treatment or late detection of the disease. This was attributed mainly to lack of awareness among Tanzanians about cancer (rural women belong to the underserved group thus more likely to be unaware of cancer than men).

In order to alleviate the problem there is a need for the government to employ health workers who are committed and competent as regards health issues so as to disseminate health information to women in rural areas. In addition, the government should invest money in rural areas so as to improve the environment to enable health experts to stay longer.

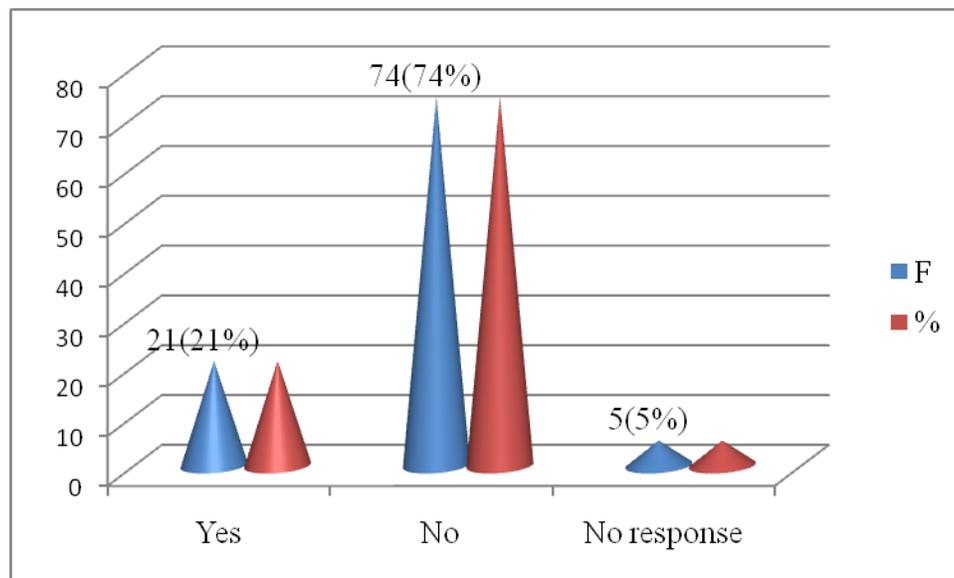


Figure 1: Cancer Awareness
 Source: Field Data 2011.

3.2 Rural Women's Perception of Cancer

Respondents were asked to express the knowledge they have on the matters with regard to cancer disease. The researcher's intention was to capture rural women's opinion about cancer disease. The findings indicated that 36 (36%) knew nothing about cancer, 28 (28%) responded that it is a killer disease, associated with the punishment from God, 26 (26%) indicated that cancer is a disease which has no treatment and 10 (10%)

indicated that it is just a disease which attacks various parts of the body.

The findings revealed that cancer is still not well known by rural women. During the focus group discussions it was noted that skin cancer, which was referred to as *donda ndugu* (a wound that does not heal like other wounds) was fairly well known. The only symptom described was its persistence nature and that it cannot be treated through 'modern medicines'. They also mentioned breast cancer. But respondents were not quite sure of

what it was like. Information on breast cancer was acquired from friends and relatives and MEWATA campaigns. However, none of them had benefited from MEWATA breast cancer screening services. This observation is supported by Ngoma's (2011)

observation regarding cancer awareness in Tanzania and the reasons he gave for low level of cancer awareness in the country.

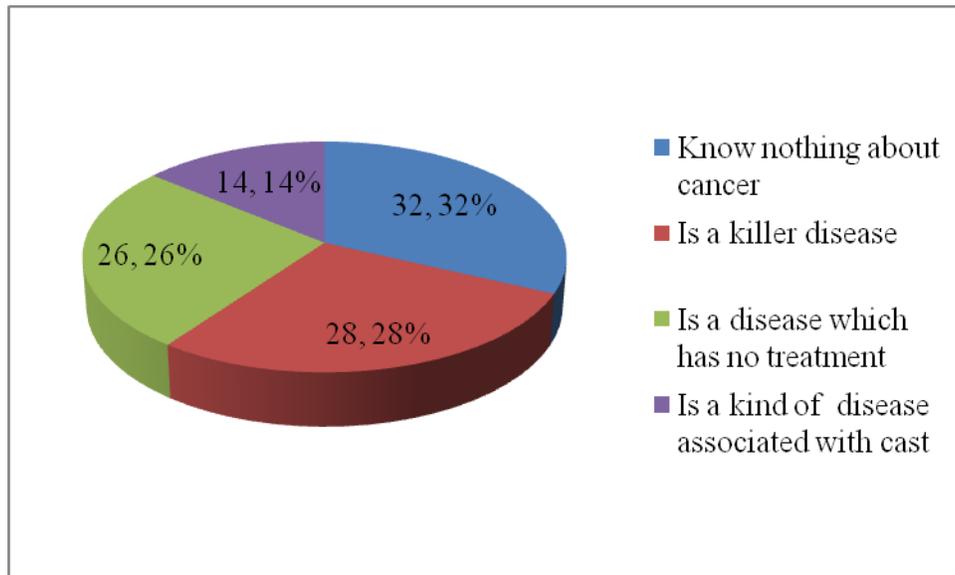


Figure 2: Women's Perception of Cancer
Source: Field Data 2011-----

3.4 Rural Women's Knowledge about Cancer

The researcher wanted to capture the knowledge that rural women have about cancer: cancer symptoms, effects of cancer, how to do self examination and where to seek treatment for cancer. As shown in Figure 3 below 31 (31%) did not respond to the question, 30 (30%) knew where to seek treatment, 20 (20%) effect of cancer, 10 (10%) how to do self examination and 9 (9%) knew cancer symptoms. As there is only one referral

hospital for cancer it is not surprising to have 30% of the respondents knowing where to go for treatment (and obviously since the name of the hospital is associated with cancer possibility of people knowing it is higher); but it is also possible that treatment is locally sought since cancer was considered not treatable by 'modern medicine'. Probing questions during the focus group discussions indicated that women's understanding of cancer is very limited and were skeptical about it being treatable using 'modern hospitals' if early diagnosis is made.

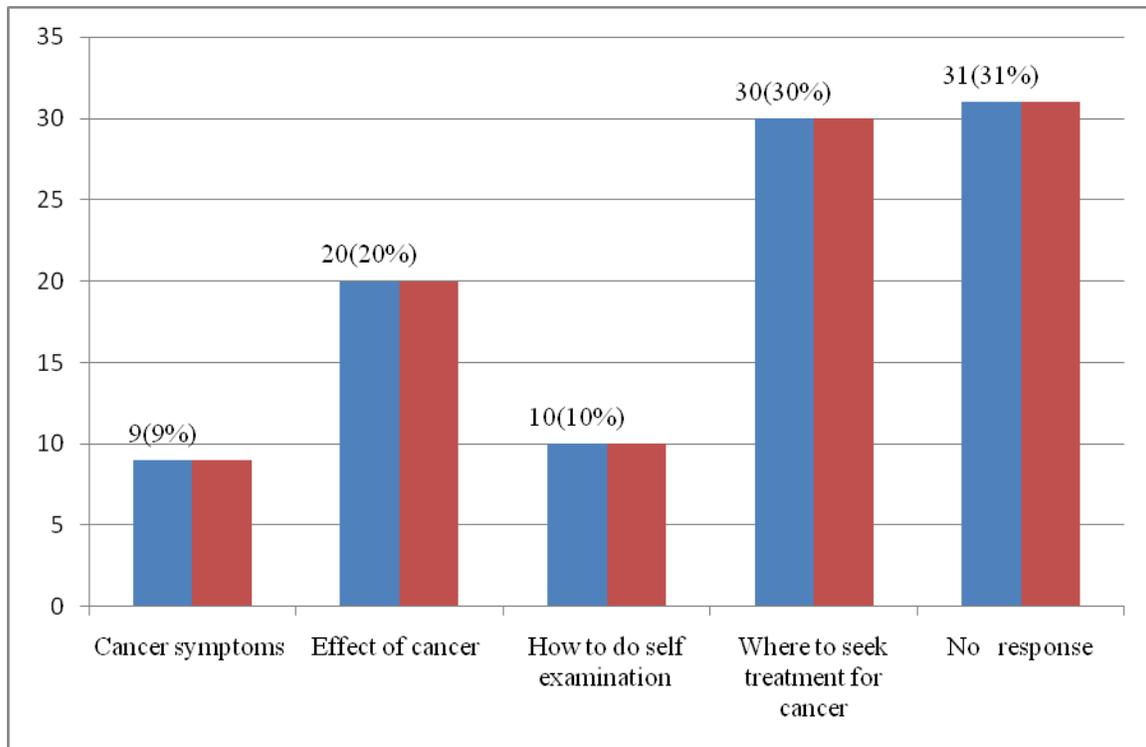


Figure 3: Rural Women's Knowledge about Cancer
Source: Field Data 2011

3.6 Challenges Faced in Accessing Cancer Information

Rural women worldwide are active information seekers, particularly in the context of managing health information for themselves and their families as noted by Wathen and Harris (2006) in Canada and Abu-Bakar (2009) in Malaysia. Wathen and Harris (2006) testify this:

“There are unique challenges and enablers to health information

Seeking for women living in rural areas, including the role of formal, informal and ICT-based information intermediaries, the availability to women of required literacies for health information seeking and uptake”.

It is well known that most people preferred to access information from media such as radios, televisions, books, magazines, posters, health centers, community groups and clubs. However, in the process of accessing and use information one may encounter various problems (Ikoja-Odongo, 2001). These include ignorance resulting from illiteracy, poor infrastructure, unreliable information, inability to locate information and economic stress testifies this. Respondents were asked to indicate if they face any problems in accessing information on cancer. The findings are indicated in the table below.

Table 2: Challenges Faced by Rural Women in Accessing Cancer Information

Problem	F	%
Domestic chores	21	21
The lack of time and poor radio frequency in my area hinder me to access information	18	18
No health service provider in my village	7	7

I cannot afford to buy a television or radio, magazines or leaflets	10	10
Lack of knowledge on how to seek health information	22	22
Lack of knowledge on how to seek health information	22	22
Total Sample Size = 100	100	100

Source: Field Data 2011.

The findings revealed that a number of problems are faced by rural women in accessing cancer information. 22 (22%) mentioned lacks knowledge on how to seek health information, 21(21%) domestic chores, 20 (20%) sources of information such as library/information centers are no available in their villages, 18 (18%) lack of time to listen to radio and watch television programmes, 10 (10%) said that they cannot afford to buy a television set or radio and magazines, 7 (7%) no health service providers in the village and 20 (20%) indicated that they were not able to access cancer information easily due to lack of sources of information in their areas such as library/information centers.

The lack of time and poor radio frequency was another constraint mentioned by rural women that hindered them from accessing cancer information. They said that they fail to have time to listen to health information programmes on radio and television. The main reason is that rural women spend most of their time taking care of their family and are tired during the evening. In one of in-depth interviews one woman from Kiziwa village argued that:

“Even if I had a radio and a television at home still I cannot sit down and listen to the radio or watch programmes on television because I have a lot of work to do every day.”

3.7 Recommendations on Strategies for Creating Cancer

Respondents were asked to recommend strategies for enhancing access to and use of cancer information. Their recommendations are:

- The government should employ health workers who are committed and competent as regards health issues, in order to disseminate health information to women in rural areas. In addition, the government should invest money in rural areas so as to improve the environment to enable health experts to stay longer. Failure to that means that they will leave to look for greener pastures,
- Establishing a local F M radio station which could air health information in a local language,
- Use of cell phones to disseminate cancer information since they are now becoming commonly used in rural areas. If this media were to be used effectively, this could be the most useful way of accessing cancer information, since one does not need to travel in order to access the information that is disseminated through this channel,
- The government should sponsor workshops and seminars in rural areas. This will help both nurses and rural women to increase their knowledge about cancer. On top of that the provision of reading material written in a language that can be understood by rural women should also be taken into consideration by the government,
- Establishing tele-centres, visual aids such as films and videos and many others for rural areas could act as a source of health information and a method through which such information could be disseminated,
- More time should be allocated to information on cancer on radio and television programmes as is the case for other common diseases. Television is a good media for disseminating information since it has a wide coverage. They suggested that if these sources were used effectively to disseminate cancer information it would help to reduce the barriers to accessing cancer information. For example, during an interview one respondent from Kiroka village commented that:

“If radio and television were to broadcast cancer information several times like other diseases, I would be able to get time to listen to one of the sessions because if I miss one session there will be a possibility of getting the other sessions.”

- Moreover, respondents suggested that it should be helpful if local FM radio will be established in their area which would broadcast health information without using technical language,
- Another strategy mentioned by respondent's about rural electrification. They suggested that in order for them to have access to information from reliable sources such as radio, television and the Internet, like urban dwellers, the government has to speed up the rural electrification process. They will be motivated to work hard and save money in order to buy these necessities,

- Health workers should come during market days since these are days when rural women always meet together to sell and purchase different goods and so they will be found easily,
- Posters should be posted at health centres just as is done for other diseases and nurses should spend their time training and counseling patients when they go for any type of treatment,
- Clinics and hospitals should be built in rural area because women suffer very much when they need health services including health-related information, and
- Adult Education classes are expanded.

IV. CONCLUSION

The findings of the study indicated that only few women in Morogoro Rural District were aware of cancer; mainly breast and skin cancer. However, women were aware of skin cancer, which was locally referred to as *donda ndugu*. Women mainly relied on informal information obtained from colleagues, relatives, family members. However, information specific to cancer is scanty. It is not surprising that this is the case, because even at national level it has not been taken as seriously as diseases like malaria, HIV/AIDS, tuberculosis or cholera.

The study also find out that rural women faced a number of challenges while seeking for information in general and that of cancer in particular include lack of formal sources of information, illiteracy/low literacy level, poor infrastructure, social-economic factors that make it difficult for women to access radios and televisions; channels expected to reach wider community easily, delivery of programmes at times inconvenient to women, and lack or inadequate health facilities and personnel who could provide more reliable information.

V. RECOMMENDATION

Health information is critical for development as human resource is a key factor. For one to be productive he/she must be healthy and this depends significantly on ones access to and use of health information. Its value as a crucial factor in socio-economic, health and cultural development is being increasingly felt. Information is very important because the progress of everything is determined by the availability of information. Improvement of the health status of rural community is heavily dependent on access to health information. As noted by Wathen and Harries (2006), understanding of the contexts of information seeking and the preferences and behaviour of those with information needs is critical for decision making on strategies to be used in enhancing access to and use of health information.

This observation is also supported by Meyer (2009) who noted that information behaviour evolves as a result of the interplay between elements in cultural contexts. It seems these elements had not been given due attention in radio and television programmes that were intended to reach a wider community because, apart from problems of infrastructure the timing of the programmes was noted to be problematic in this study. Therefore in order to improve strategy for access and use of cancer as condensed into four main groups:

The government should allocate adequate funds to the health sector so that the health sector can build health units in villages and equip them with facilities and staff that would provide services, including health information for all diseases, including cancer. For the community members should sponsor workshops and seminars in rural areas. This will help both nurses and rural women to increase their knowledge about cancer, and should provide reading material written in a language that can be understood by rural women, and

It was recommended that health workers should: Conduct awareness campaigns on market days in order to reach more women. On market days rural women always meet together to sell and purchase different goods, so they will be found easily, and , put posters at health centers just as is done for other diseases and nurses, should spend their time training and counseling patients when they go for any type of treatment.

More time be allocated to information on cancer on radio and television programmes as is the case for other common diseases, and, cancer programmes are aired at times convenient to rural women, programmes be aired in local languages understood by the communities.

Non-Governmental organizations should study the environment and provide the service in cultural context, and, NGOs should treat cancer like other diseases and give it its due attention.

REFERENCES

- [1] Adam, J. (2008). Research Methods for Business and Social Studies, Morogoro: Mzumbe Book Project.
- [2] Cancer Care Africa. (2007). Fighting Cancer in Tanzania: A Family Affair. <http://www.cancercareafrika.org/tanzania.htm> (Accessed 29.07.2011).
- [3] IAEA.(2006).IAEA Responds to Cancer Crisis in Tanzania <http://www.iaea.org/newscenter/pressreleases/2006/prn200603.html> (Accessed 6.08.2011).
- [4] Jiyane, G.V. (2002). An Exploratory Study of the Information Availability and Utilization by the Rural Women of Melmoth, Masters Degree of Library and Information Science Dissertation, University of Zululand.
- [5] Kagashe, Beatus (2011). Tanzania: Cancer Awareness Still Low in Nation, The Citizen Newspaper of 12th March 2011, <http://allafrica.com/stories/201103140376.html> (Accessed 30.07.2011).
- [6] Kothari, C.R. (2008). Research Methodology- Methods and Techniques (2nd revised Ed) New Delhi: K.K.Gupta for New Age International (p) Ltd.
- [7] Kreps, G. L.; Gustafson, D; Salovey P; Perocchia R S; Wilbright ,W. & Bright, M. A. (2005). "Disseminating Relevant health Information to Underserved Audiences: Implications for Cancer Education", Journal of Cancer Education, 93, (4), S68-S73.
- [8] Mchombu, K.J (1999). "Designing Women Oriented Information Resource Centres in Africa", Information Development, 15: 212-216.
- [9] Mchombu, K.J (2000). The Coverage of HIV/AIDS in Namibian Media: A Content Analysis. In: Media and HIV/AIDS in East and Southern Africa: A resource book. Paris: UNESCO.
- [10] Meyer, H.W.J. (2009). The influence of information behaviour on information sharing across cultural boundaries in development contexts, Information Research, 14(1) paper xxx. [Available at <http://InformationR.net/ir/14-1/paperxxx.html>] (Accessed 23.12.2010).
- [11] Ndenje, E. (2003). Information Needs of Women in Small –Scale Business in Tanzania in Dar es Salaam Region. M A (Information Studies) Dissertation, University of Dar es Salaam.
- [12] Ngoma, T. (2006). World Health Organization Priorities in Developing Countries, Annals of Oology, vol.17 No.8. Available at http://annonc.oxfordjournals.org/content/17/suppl_8/ (Accessed 20.6.2010)
- [13] Olorunda, O and Oyelude, A. (2003), "Professional Women's Information Needs in Developing Countries: ICT as a Catalyst". IFLA Women's Issues, Public Libraries and Information Science Journals Sections. Available at <http://www.ifla.queenslibrary.org/iv/iflapaper69/papers600-olurunda-oyelude>, (Accessed 12.09. 2009).
- [14] Wathen, C.N. & Harris, R.M. (2006). An Examination of the Health Information Seeking Experiences of Women in Rural Ontario, Canada, Information Research, 11(4) paper 267. Available at <http://InformationR.net/ir/11-4/paper267.html> (Accessed 29.07.2011).
- [15] WHO (2010), Cancer to be World top Killer by 2010. Available at http://www.usatoday.com/news/health/2008-12-09-cancer_N.htm (3.02.2010).
- [16] WHO (2011), Cancer Control: Knowledge into Action Available at <http://www.who.int/cancer/modules/en/index.html> (Accessed 1.8.2011).
- [17] WHO. (2011). Fact sheet N°297, <http://www.who.int/mediacentre/factsheets/fs297/en/> (accessed

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