

# The Interaction Processes Of Breast Cancer Information Sources Among Rural Women In Kenya

Leonard Koech

Health Communication, MOI University, Kenya

*Abstract: In health communication researches, there have been various qualitative and quantitative studies on breast cancer. However, there is paucity of research investigations on the sources of breast cancer information among rural women, preferred sources and the interaction of these information sources. This study therefore, investigated the interaction of these different information sources regarding breast cancer among rural women in Kenya. This study was anchored on the convergence model by Lawrence Kincaid. It employed descriptive survey design, which made use of the questionnaire, focus groups and interview schedule to achieve the objectives of the study. The total number of subjects examined in this study was 284, of which 272 were questionnaire respondents and the extra twelve were interviewed. Simple random sampling techniques were used to select the questionnaire respondents in Kesses sub-county, Tulwet and Megun wards. The findings revealed that majority of the respondents (97%) were aware of breast cancer but many of these respondents were not sufficiently knowledgeable of the disease. It also reveals that information sources such as mass media and interpersonal channels are crucial health communication carriers for breast cancer interventions. It was suggested that mass media messages be included as key components of comprehensive approaches to improving breast cancer care among women. This is essential because mass media messages can directly and indirectly produce positive changes or prevent negative changes in health-related behaviors of rural women in Kesses sub-county. It was also recommended that Healthcare professionals increase the awareness of BSE among women living in rural communities. This can be achieved through fusing together pamphlets, brochures or booklets and radio stations because most villages in Kenya have vernacular radio stations. Health education efforts should be customized to suit the local population.*

*Keywords: convergence model, breast cancer and rural women, interaction of information sources.*

## I. INTRODUCTION

Statistics in Kenya has shown that about 50 Kenyans die daily from various forms of cancer according to pact Kenya cancer assessment in Africa and Asia 2010, Parliamentary Departmental committee on health. As cancer treatment is improving in the developed world, in Kenya, these advances are yet to be realized. This is due to deficiency of resources, infrastructure, and trained personnel. Most cancer patients seen in Kenya are diagnosed with late stages when treatment is difficult if not impossible. A study conducted in Western Kenya reported that factors that hinder breast cancer early diagnosis include fear of positive screening result, lack of awareness about the screening services and lack of finances to buy the service (Were, Nyaberi, & Buziba, 2011). According

to the Parliamentary Departmental Committee on Health, factors that are back tracking the fight against cancer in Kenya, are; inadequate facilities, few specialists, high cost of treating cancer, lack of accessibility to treatment and sedentary lifestyle.

FM radio stations are available in Kesses, however no study has been done to establish the interaction and preferred source of information on breast cancer among the resident of Kesses. However, Chemwaina (2014) in his study found that 81% of the respondents in Uasin Gishu, tune to Kass FM to listen to health education program which are useful to them in their daily lives. However, specific breast cancer information was missing in the broadcast. On the other hand, 15% said they did not listen to health education program and at times the program was boring and diseases being discussed were

irrelevant, 4% of the respondents said they were not sure if they had listened to health education.

On the sources of information available in Uasin Gishu County, (Malakwen, 2014, p. 8) in his study, found out that 58% of the respondents indicated that radio was readily available to them, 30.6% identified television while small proportion identified posters and newspapers. Of the above sources, interaction of these sources has not been studied and the impact it can have on the people in relation to breast cancer. Moreover most of the respondents agreed that media interaction has the power to create and influence public awareness of salient issues.

Sources of information are the means through which breast cancer messages reach the decision maker. Different media elicit different effects. To attain the desired change in perception and behavior, appropriate selection and application of the media is inescapable (Baran, 2009; Melkote, 2001; Covello & Peters, 2010).

Interaction of these different sources available among rural women happen when there is listener participation on radio health talk shows and on the other dimension there is interpersonal interactivity where women discuss what they have heard from the radio. The interpersonal interactivity is then passed to larger groups which in turn translates group interaction.

In Kenya and the rest of the world, there have been various qualitative and quantitative studies on breast cancer. However there is paucity of research investigations on the influence of Information on breast cancer care among rural women (Okorie, Oyesomi, Olucola, Olatunji, & Ebenezer, 2004). It is important, therefore, to examine the interaction of different information sources and the preferred breast cancer information sources for women in Kesses, Kenya

The study was meant to answer the following four questions:

- ✓ What are the various sources of breast cancer information among the rural women in Kesses?
- ✓ What are the most preferred breast cancer information sources among the rural women in Kesses?
- ✓ What are the reasons behind the preferred choice of breast cancer information source?
- ✓ How do the different information sources interact in giving breast cancer information?

## II. INTERACTION OF MEDIA AND INTERPERSONAL MESSAGES

Health communicators play a critical role in raising awareness of breast cancer risk and disseminating these messages to the lay public. Interpersonal communication messages coupled with media messages can have profound effect on breast screening behaviors, especially in rural areas where social networks can strongly influence health behaviors (McNeill & Dorgan, 2013). Fusing media and interpersonal communication is more effective than media alone (McNeill & Dorgan, 2013). The interaction between mass media and interpersonal communication can play an important role to disseminate information and make awareness among the rural women (Familusi & Owoeye, 2013).

Scholars agree that mass media have the power to set the agenda and frame issues that affect individuals in any modern society (Chapman, *et al*, 2013). These scholars also believe that media outlets have substantial influence to identify and report societal health issues that affect socio-cultural and economic development of any nation. Interestingly, interpersonal networks of communication are also essential channels used in media awareness campaigns on breast cancer. (Okorie, *et al* 2004), observe that interpersonal channels are essential health communication tools used in media awareness campaigns to promote healthy lifestyle. They concluded that combining mass media ( radio, television, print media) and inter-personal networks ( health workers, friends, relatives) in media campaigns designed to sensitize women to engage in breast cancer care and awareness leads to effective communication on breast cancer among rural women.

This study was guided by Convergence model by Lawrence Kincaid (1979)

## III. METHODOLOGY

This study adopted a descriptive survey research design. Questionnaire with structured and semi -structured questions was used to gather information on the level of awareness of women on breast cancer. The researcher distributed the questionnaires from household to household. Interviews were also conducted to gather information on the preferred sources of information and the interactivity of different sources among rural women and FGD was done to probe the reasons behind the preferred sources of information and interactivity of different sources. FGD was made of a small selection of rural women. Respondents were purposively selected based on educational background, economic status, location and age. The target populations were female participants aged of 18 and above who reside in Megun and Tulwet wards. A total of 272 women participated in the study. The questionnaires were administered by the researcher and a research assistant. The sample interview consisted of 272 women. Every participant had the same opportunity to fill the questionnaire. Researcher and the research assistant guided the participants in filling the questionnaires. Those not able to write, research assistant filled in their responses. Focus group discussions were moderated by the researcher. Members in the focus group were grouped depending on their place of residence and education level. Each focus group had eight (8) members. Focus group guides were standard having same questions in the four focus group discussions. Each discussion lasted one to two hours. Each member was asked to respect each other's viewpoints. The researcher kept the discussion flowing, making sure no one dominates the discussion. All the ideas were tape recorded and the trained research assistant took notes of the views expressed. Personal Interviews were facilitated by the researcher. A total of twelve (12) Key informers were sampled to be interviewed. The views were tape recorded by the researcher. The interview guide was same to all the key informants. All interviews were tape recorded and translated into (verbatim) English. Data was analyzed through reviewing all the comments and notes made and grouped into emerging themes. The researcher analysed

systematically to ensure proper correlation with the research questions. From the results, the researcher made sense of the data. Interviews and focus group discussion results were presented in Ms Word tabulated as per the themes of interest. The data collected from the questionnaire was analyzed using the Statistical Package for Social Sciences (SPSS). The descriptive statistics was generated and the data presented in form of tables and charts.

#### IV. FINDINGS

From the findings, the study established that 97% of the respondents had heard of breast cancer. 3% of the respondents on the other hand had not heard of it. This is an indication that majority of the women in Kesess were aware of breast cancer. The study established that, majority of the women respondents had not tested for breast cancer as shown by 76% whereas only 24% of the women respondents had tested for breast cancer. It is clear that majority of the women in Kesess have not realized the benefits of early screening for breast cancer (Thuo & Miller, 2010).

From the findings, the commonly identified source of information on breast cancer is the radio and television as represented by 97.4% and 72.8% respectively. On the other hand, the least used sources of information concerning breast cancer by the respondents were; women group leaders, teachers, magazines, banners, relatives, campaigns, church, doctors, nurses and CHW respectively. This ranking of information sources further illustrates respondents' preference of type of information source. It can be deduced that, majority of the women in Kesses preferred the radio over other sources of information. Reasons identified by the women concerning their preference for radio include; affordability, ease of use and minimum energy requirements for powering the radio since most of the homes were not connected to electricity. Generally radio is the most preferred sources of information about breast cancer as reported by other regional studies, (Okorie *et al.*, 2004). This study also concurs with other studies that print sources such as newspaper, posters and handbill are the least available among rural women (Nwagwu & Ajama, 2011). Other studies identified the importance of interpersonal coupled with radio and group. Interpersonal communication messages coupled (interaction) with media messages can have profound effect on breast screening behaviors, especially in rural areas where social networks can strongly influence health behaviors (McNeill & Dorgan, 2013). Fusing media and interpersonal communication is more effective than media alone (McNeill & Dorgan, 2013).

Response	Frequency	Percent
Yes	258	95
No	14	5
Total	272	100

Table 4.10: Interaction of breast cancer messages on mass media and interpersonal

Mass media was being used to reverse the effect of breast cancer. These media included the broadcast media, print media, new media, interpersonal and group media. Different media carried different messages eliciting different perceptions and subsequent health behavior. Each channel

varied in terms of effectiveness, specificity and impact. Women assessed messages from preferred sources of course with influence of background factors they have been predisposed to.

It is evident that 95.0 % of the respondents garnered information from the mass media which they then elaborated in interpersonal encounters to understand the issues that the media discussed. While information garnered from mass media sources may have provided information with matter related to the topic, it also provided awareness about the topic with which the individual was expected to interact with to further conversations. The reason the respondents gave on moving from the mass media to interpersonal, was that the mass media provided a vehicle for further conversation at interpersonal level. From the findings, 5% of the respondents believed that there was no interaction between the information sources but there was overlapping of information. If similar information from both sources were provided, it was possible that the effect of each source became smaller than when exposed to complementary information. Further they said whatever they got from the mass media satisfied their needs on breast cancer information.

The respondents were asked whether information on breast cancer from radio and print media (pamphlet and magazines) were same. From the findings, 100% of the respondents were in agreement that information from radio and print media was same.

#### V. RECOMMENDATION

- ✓ Efforts to disseminate health education and promote women's health should be doubled in order to increase their awareness, and the role of health personnel in active screening by CHW should be expanded.
- ✓ Health education efforts should be customized to suit the local population, for example, catering to differences in language and making use of available resources, such as engaging educated local women to promote breast cancer screening
- ✓ Radio stations to develop more targeted programming, better attuned to the needs and interests of the community it aims to serve.

#### REFERENCES

- [1] Baran, S. J. (2009). *Introduction to mass communication*. Busto: McGraw Hill.
- [2] Chapman, R., Blench, R., Kranjac-Berisavljevic, G., & Zakariah, A. B. (January 2003). Rural Radio in Agricultural Extension: the Example of Vernacular Radio Programmes on Soil and water Conservation in Northern Ghana. *Agricultural Research & Extension Network; Network Paper No.127*.
- [3] Chemwaina, S. T. (2014). The role of community radio stations in enhancing rural development; A case study of Kass Fm In Uasin Gishu. *Journal od scientific Research and Essay*, 3(1), 10-15.

- [4] Kincaid, D. L. (1979). *The Convergence Model of Communication*. East-West Centre.
- [5] Malakwen, B. K. (2014). Media initiatives and the promotion of peaceful co-existence among communities in Kenya. A Case of Uasin Gishu. *Interes and Social Sciencesnational Journal of Humanit*, 4(11).
- [6] McNeill, K. B., & Dorgan, K. A. (2013). *The Influence of media messages and social networks in prompting Appalachian women to have mammograms*. East Tennessee: East Tennessee State University, Department of Communication.
- [7] Melkote, S. R., & Steeves, H. L. (2001). *Communication for development in the third world* (2nd ed.). New Delhi, India: Sage Publishers.
- [8] Nwagwu, W. E., & Ajama, M. (2011). Women's health information needs and information sources: a study of a rural oil palm business community in South-Western Nigeria. *Annals of Library and Information Studies*, 58, 270-281.
- [9] Okorie, N., Oyesomi, K., Olucola, O., Olatunji, W., & Ebenezer, O. S. (2004). Effective use of Information Source for Breast Cancer Care: Interplay of Mass Media and Interpersonal channels. *African Reserach in Business and Technology*.
- [10] Oriaso, S. O. (2013). *Interpersonal Communication Networks in the HIV/AIDS Reduction and Socio-Economic Development: What Works for Rural Young women in Rachuonyo North*
- [11] Rogers, E. M., & Kincaid, L. D. (1981). *Communication networks: Toward a new paradigm for reserach*.
- [12] Thuo, M. A., & Miller, A. N. (2010). An exploration of rural and urban women's knowledge and attitude regarding breast cancer and breast cancer early detection measures. *Healthcare for women International*(31), 801-816.
- [13] Wei, M.-H. (2013). The Association between Health literacy, Reasons for Seeking Health Information and Information Sorces Utilized by Taiwanese Adults. *Health Education*, 1-25.

IJIRAS