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Short communication

Cancer Awareness Campaign in Ghana

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ABSTRACT

There is a wide variety of health conditions that are associated with high disease burden that require significant attention in the Ghanaian community. Of all these pressing issues, cancer stands out as the most rapidly advancing cause of morbidity and mortality. Cancer is the abnormal growth of cells that has the potential to invade adjacent structures and spread to distant sites especially if not detected and treated early. In this study, we discuss developmental tools that are needed to gain recognition of cancer, to create the necessary awareness and provide education for all community members by describing the disease, its signs, symptoms, treatment modalities as well as where to seek treatment. With such education, the Ghanaian populace would be more informed and the knowledge gained will influence the training and socialization of the target audience..

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INTRODUCTION

Cancer is generally a deadly disease especially when locally advanced or metastatic. Majority (65%) of patients seen in local health facilities present with various degrees of advanced conditions with little to be done in terms of curative therapeutic intervention [Kyei *et al.*, 2015]. Many of these patients visit the healthcare facility very demoralized to the extent that palliative medical care given them is not even appreciated. Several of these patients consider life to be over, with no light at the end of the tunnel because of several places they may have visited previously and also how society frowns on cancer. As a result, the confidence of these patients in the treatment given becomes less and their response rates diminish [Caccialanza *et al.*, 2016]. However, with such a campaign, the investigators were of the view that they could bring back the hope of many cancer patients, their relatives and the community at large.

The aim of the campaign was to ensure that Ghanaians are educated on the signs and symptoms of cancer, as well as to trim down the stigma attached to this disease through careful cultural education of the public. It was the hope of the team that through the awareness campaign, patients will report early to the hospital and benefit from early treatment thus increasing the chance of survival for those who may have cancer. A

holistic approach to health education, health awareness, and patient support is essential for the long-term survival of patients [Caccialanza *et al.*, 2016].

MATERIALS AND METHODS

The work of the team begun right from the hospital to the communities where the patients come from. The target population comprised of all patients undergoing external beam radiation therapy as well as their accompanying family members who escorted them for treatment. Caregivers of these patients who help in their day-to-day management were also included in this campaign. There were several media outreaches (television and radio) to selected public stations who gave the team free air time. The team comprised of public health doctors, therapists and nurses with expertise in cancer management as well as supporting staff from other non-governmental organizations. Bearing in mind the perceptions and personal beliefs about cancer in Ghana and Africa in general, the team was able to dispel the myths associated with cancer, and mindset of the public and help deliver the right information. Education was key for these target groups and through that the necessary awareness was created for the public.

The theory utilized in this campaign was the Health Belief Model (HBM) which is an intra-personal theory contained in the capacity of the individual and their relevant beliefs and knowledge. In public health promotion campaigns, HBM is usually used to design intervention and prevention programs (Renuka, & Pushpanjali, 2014). However, the main purpose of HBM is in the evaluation of personal behavior through careful assessment of perceptions and attitudes that individuals may have towards a particular disease as well as the outcomes of their actions (Kyei *et al.*, 2020). Cancer diagnosis and management requires a broad multidisciplinary approach involving diverse groups of healthcare professionals as well as family members who act as caregivers and, even sometimes decision-makers for patients as they battle the disease (Kissane, 2004).

The tools that were used in this communication and social media campaign were television, radio, phone calls, appointments (one on one decision), text messages as well as emails where necessary. Communication is very key in cancer management and the easiest way to do that in a country like Ghana was through mobile phones and appointments. It was therefore easy for the team to reach out to them via phone call since every patient had a contact number in their folders.

There have been studies that show that communication plays a vital role in patient care as well as allow family members and caregivers to come to terms with the condition by helping their relatives through the difficult moments [Speice *et al.*, 2000; McCorkle *et al.*, 2011]. The incidence of cancer is on a steady rise with many young developing the disease. Patients usually present with late stages of disease that make their chances of survival become with treatment become slimmer. Consequently, this was one reason why it was necessary to adjust the campaign message to focus more on programs and lifestyles that influenced early detection. Secondly, the creation of awareness was accompanied by cancer medical screening within the community. Lastly, the education for the public on the signs and symptoms were followed by the demonstrations of the breast screening process to look out for the abnormalities

RESULTS

These patients were spoken to as they underwent their treatment, and the family members were advised on ways to handle their relatives undergoing cancer treatment according McCorkle *et al.*, (2013). Each condition was extensively discussed with the patients together with their caregivers and participants were allowed to ask all the questions they had. Public promotions were paramount and was through a unique approach that helped patients access the best care in the hospital and open up to the community support system. Through this awareness program, the team used the Acronym CAUTION to facilitate the easier and simple principles for the campaign.

C represented any Change in the bladder habit, A represented A sore that does not heal, U- for any Unusual bleeding or discharge, T for any Thickening or any lump in the breast, I for any Indigestion or any difficulty in swallowing, O for any Obvious change in wart or mole and finally N for any Nagging cough.

The public was alerted by the use of this caution and as far as the team was concerned, the public was on the alert for these flags.

DISCUSSION

A systematic approach was used in the implementation of this public health campaign through the patients who gave their consent to participate in this campaign, as well as their relatives who agreed to assist. Once consent was given, these individuals were trained and educated on the general signs and symptoms and what to do, what to say and how to say it. The relatives were also taken through careful explanations with materials of the awareness, prevention, and management of the side effects of the common cases such as breast, cervix, and prostate. Relatives were advised to use their native languages throughout this education and their feedback was sought afterward [Resnick, & Siegel, 2013].

Several, culturally relevant and sensitive materials were utilized in this campaign as it made a lot of meaning to the society at large. Most of the community engagement was in the afternoon after the closing of work and on a few occasions during weekends. In other parts of the country where there was not much business, noonday programs were very much patronized. The use of the Lion and Eagle that has so much meaning in the cultures of the Ghanaian were utilized. The pictures of the Eagle and the lion look engaging and alluring to the norms and cultural beliefs and were therefore used a constructive change in health behavior [Resnick, & Siegel, 2013]. One other method that was utilized to ensure the effectiveness of this campaign was an adaptive cultural regime [Wiredu, & Armah, 2006]. This was getting feedback from patients and their respective families on what the team was doing on every trip. These feedbacks were used as a measure of effectiveness to call for any back-up or improvement as and when they were needed. For media outreach, the responses of the public were the tools of evaluation.

In looking at the success of this campaign, there were also barriers that confronted the program. Two major barriers among these were funding and language barriers. Money was an issue for the team, especially with television, radio and making calls. The personnel in the team had to fund the entire campaign. In terms of financing this in the future, the team members plan to seek support from other organizations and individual members in the community. Even though English language is the official language in Ghana, the majority spoke their native languages and therefore was expedient for the team translates. The team had all the members, some of whom assisted in the translations and did not need an interpreter for any extra cost on this campaign.

In conclusion, the adoption of this campaign in Ghana could be very possible and the plan would be to meet the Ministry of Women and Children affair of the Presidency and discuss at length with them. This campaign could also be adopted by the Ministry of Health and further make it nationwide. The team is contacting other non-governmental organizations who are involved in educational programs such as health awareness to get on board. Finally, the Cancer Society of Ghana could utilize this campaign or even adopt it for their seminars and programs.

In the end, patients' outcomes were greatly improved, public adherence to standards of care was strengthened and health interventions were improved. Adherence to the CAUTION described was upheld.

Authors' Contribution

Kofi Adesi Kyei, Doris Kitson-Mills, Joseph Daniels, and Justina Baaba Kyei, designed the study and wrote the 1st draft of the manuscript. Joana Anuison-Quampah, Isaac Justice Kobina Biney, Baba Mahama, and Michael Addo Kwabeng helped in the revision for important intellectual content. All authors have read and agreed to the final manuscript.

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