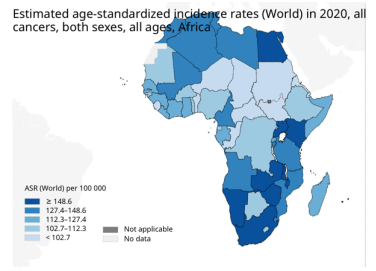


Improving Cancer Literacy using Online Stories in Sub-Saharan Africa, illustrated by the example of Kenya (CaLioS)

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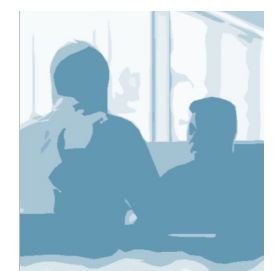
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Rationale

Cancer prevalence in Sub-Saharan Africa is steadily rising. Receiving a cancer diagnosis is emotionally overwhelming for patients and family members. Immediately, cancer patients need new information about diagnosis and treatment, but also competence to engage with this information appropriately, to cope and live with the disease (=cancer literacy), and hope.

While there are many awareness raising programs in Kenya, educational interventions for cancer patients are scant, concentrated in urban areas, and mostly focus on sharing information about treatment. One example of a promising practice to improve cancer literacy is an online intervention that uses the lived experiences of cancer patients. **Kenya lacks this reliable, anytime and anywhere accessible online education intervention.** Moreover, knowledge is missing about how best to adapt this intervention to the specificities of Kenya, whether it is effective in improving cancer literacy. The CaLioS project aims to close this scientific and intervention gap.



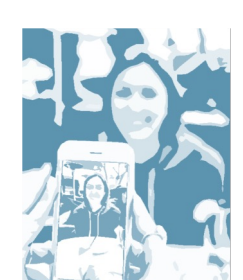
I. Needs assessment & adaptation of program

Objectives: (1a) Explore best practice in **cancer education** in Kenya, cancer patients' **needs**, and the **potential** of digitally-shared stories to promote CL in Kenya.

(1b) Identify how an example of a promising practice in health education can be **adapted** to the contextual, cultural, and linguistic particularities in Kenya.

Methods: Qualitative explorative expert interviews using semi-structured interview guides, purposive sampling of various experts with multiple perspective until thematic saturation. Analysis: thematic analysis.

Sample: Cancer patients (N>20), cancer education specialists (N>5), NGOs for cancer patients (N>5), and cancer healthcare professionals (N>5) from urban and rural regions.

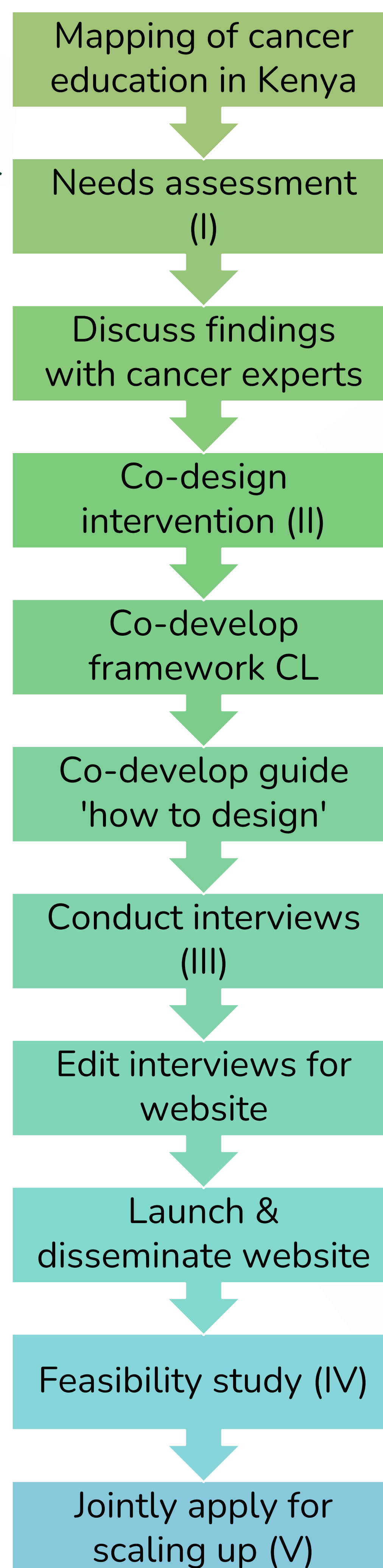


III. Analysis of lived experiences

Objective: Explore cancer patients' lived experiences, coping mechanism, social support, strategies to maintain quality of life and make meaning.

Methods: Qualitative interviews (narrative and semi-structured) with cancer patients, maximum variation sampling. Analysis: grounded theory.

Sample: 20 female breast cancer patients, 20 male prostate cancer patients

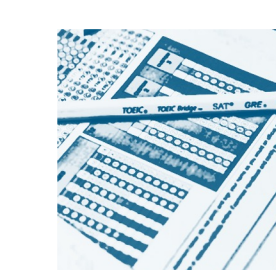


II. Intervention co-development

Objective: co-develop an evidence-based framework for CL and an online intervention to promote cancer literacy in Kenya.

Possible features of the website (pilot project)

- WordPress website compatible for smartphone, easy to navigate
- Stories of breast and prostate cancer patients (video clips, audio clips, transcript),
- Cancer patients' profile (representative, diversity)
- Links to further information and organizations
- Educational prompts



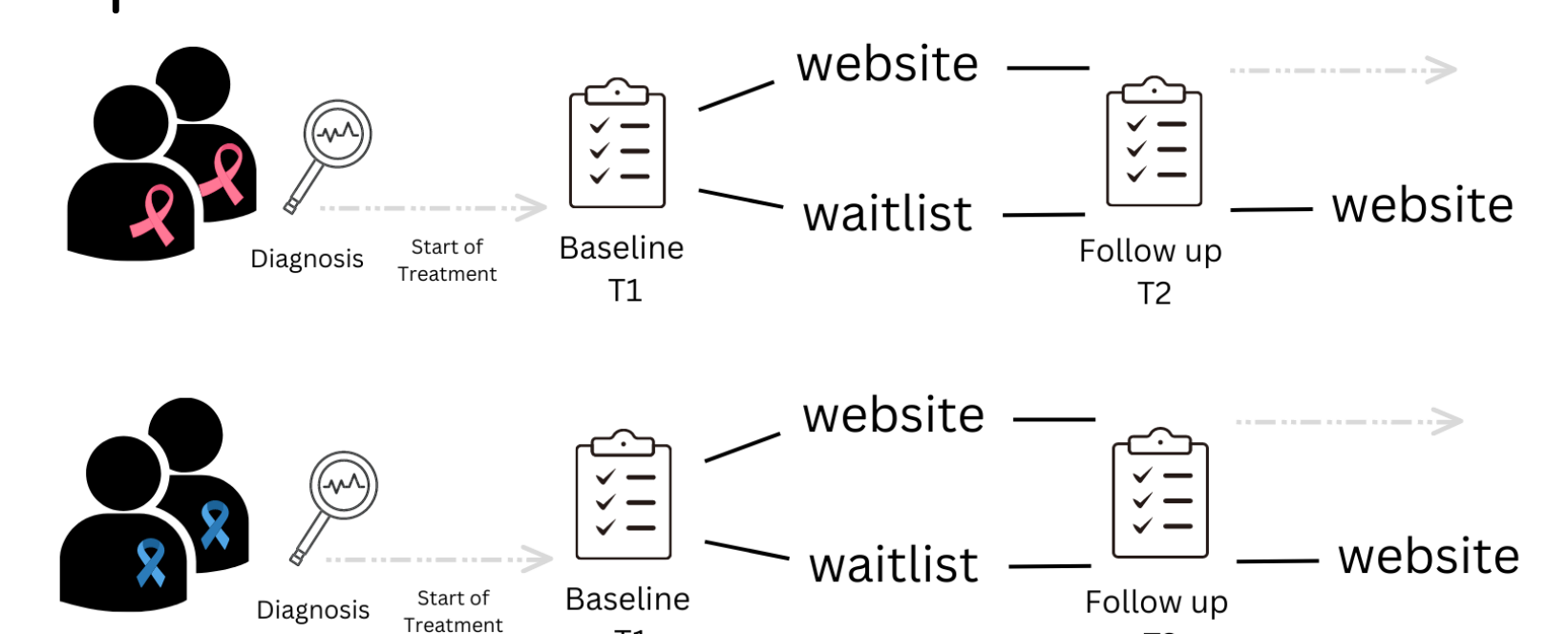
IV. Feasibility study

Objectives: Assess the feasibility of the educational intervention, e.g., its acceptability and effectiveness in promoting cancer literacy.

Methods: Quantitative randomized waitlist control design. One study for female breast cancer patients and one study for male prostate cancer patients. Analysis: Descriptive and inference statistical analysis

Survey questionnaire: Sociodemographic data, website usability, cancer specifics, cancer literacy (Giesler/Weis 2008), quality of life (WHOQoL).

Sample: 240 newly-diagnosed cancer patients, 60 N per study group



V. Apply for Scaling up

Jointly apply for bigger grant to scale the intervention up e.g., include other diseases, expand to selected Sub-Saharan African countries (Ethiopia, Ghana, Namibia), increase accessibility (languages), and address other target groups (e.g., healthcare professionals).