

## Assessing Sources Used by Rural Women to Access Health Information in Morogoro Rural District

Kotorai, Gladness

Assistant Librarian Mzumbe University Library

E-mail : [glkotoroi@mzumbe.ac.tz](mailto:glkotoroi@mzumbe.ac.tz), [gladnessdaudi1@yahoo.com](mailto:gladnessdaudi1@yahoo.com)

### Abstract

This study aimed at assess sources used to disseminate information to rural women to access information was done in Morogoro Rural District. The objectives of the study were to assess sources of information consulted by women in Morogoro Rural District, identifies challenges encountered by rural women when accessing information relating to health and to recommend strategies that will enhance dissemination and use of information on health. Data were collected from a sample of 100 respondents whereas; information was collected through questionnaires, interviews, focus group discussions and observations. The findings indicated that rural women faced many challenges such as illiteracy inadequate sources of information particularly health information. The study concludes that in order to deal with the problem of literacy which marked as the major reason hindering rural women on utilize printed materials adult education programmes should be organized. Also several media should be used for disseminating health information so that it 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.

**Keywords:** Information Dissemination, Information Seeking Behavior of Rural Women and Women Information Needs

### Introduction

Information is a very important asset to every individual to make any development in life (Mchombu, 2000; Jiyane, 2002). However, Mchombu, (2000) noted that one cannot have knowledge on various issues unless she/he gets information relating to that matter from the reliable source. He 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 realizing their development. Luanda (2007) and Ndenje, (2003) commented that, information is an important resource that contributes to the development of a Nation. It is a key commodity for the progress of a society (Siyao, 2010). 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 preventing deaths associated with cancer.

Access to information for the under-served is generally problematic in many sectors. For instance, Ndenje (2003) and Krepes et al. (2005) noted that, sources of information in rural areas were inadequate. As seen in the above example. This resulting that a person who come from the urban setting is not aware of symptoms of a certain disease hence a number of seek people increasing every time. Thus, it is clear that women in Tanzania require access to information on various diseases. 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 seeking for information required to combat health problems.

### Statement of the Problem

Appropriate information plays a critical role in addressing societal problems, including health problems. For decades now, accessibility of health information in rural areas particularly to rural has been the most difficult phenomena to deal with in the world (Ngoma, 2006; WHO, 2010). Chilimo, (2002) 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. In addition, the literacy level in Tanzania has been decreasing from 90% in 1986 to 67.4% in 2001 and slightly rising to 72% in 2010 (Bhalalusesa, 2000; URT, 2001; Daily News Newspaper of 24<sup>th</sup> November 2010) and in rural areas where over 80% of the population live, only 54.5% of

women are literate. In this context, it is assumed that information will enable even those women with minimum level of education or with no formal education if information delivery system, that is the format (including repackaging) and dissemination channels are appropriate and user friendly. As argued by Mchombu (1999), that harsh economic environment, cultural barriers, social disempowerment, low levels of information literacy require designers of information centers which target women need to consider information needs and information seeking behavior of women. This study was therefore undertaken to identify strategies for improving dissemination and use of health information by rural women.

### **Objectives of the Study**

The main purpose of this study was to explore ways of improving dissemination and use of information to women in Morogoro Rural District. Specially, the study aimed at;

- i. To identifies sources of information consulted by women in Morogoro Rural District,
- ii. To identifies challenges encountered by rural women when accessing health information
- iii. To recommend strategies that will enhance dissemination and use of health information

### **Research Questions**

The investigation and formulation of this study was guided by the following research questions:

- i. What sources of information are consulted by women in Morogoro Rural District?
- ii. What challenges are encountered when accessing and using cancer information.
- iii. What are the strategies that will enhance dissemination and use of health information?

### **Sources of Information Used to Disseminate Health Information to Rural Women**

Sources of information are tools or information earners that can possibly meet the information needs of different categories of users. The speculated and realistic benefit desirable from a source makes that source useful and sustainable (Choo, 1999). It can be primary, secondary or tertiary. There are many sources of information which can be consulted when someone needs information to meet his/her needs. Such sources may be watching television, listening to the radio, reading newspapers, consulting health experts, attending seminars, workshops, health training, oral information, the Internet, traditional healers, women's groups, friends, relatives or neighbors (Wathen, and Harris, 2006).

A number of studies conducted by various researchers such as Harris, (2006) and Abu -Bakar (2009) indicated that rural women tend to access health information using various communication media such as radios, televisions, colleagues, friends, health informants, and mobile phones. Abu-Bakar, (2000); Wathen, and Harris,(2006). Abu -Bakar (2009) observed that Malasian women are in the habit of using any available source of information to seek health information. Some women prefer to use cinemas, pamphlets or posters to access information while others use word of mouth, newspapers and radio. According to Bilonkwanamagara (2008) ability to use and access information has a direct link with the socio- economic background: social, capital and the economic resources of the user and the age of the information seeker.

Other factors frequently reported by Jiyena, (2002) and Choo, (1999) are affordability of information, geographical and social distance, language and time that can influence rural women's access to information. The six sources of information consulted are discussed below.

#### **Printed Materials**

Printed Materials are good sources of health information which rural women can use to access reliable information relating to cancer since they are more likely to be accurate sources of information than for instance informal sources like family members, colleagues and friends. Printed materials can be in the form of leaflets, newspapers, books, journals, or reports. From printed sources women can get information on health issues, including cancer, and thus be able to detect the disease. Knowledge of symptoms is critical for early diagnosis and treatment. Information is of paramount importance for women to take care of their health (Jiyane, 2002).

However, these sources are expensive and sometimes it is difficult for rural women are illiteracy. They need to get other sources which they are able to use in order to access information easily. This is because some of them are written in language that cannot be understood by rural women (Siyao, 2010). The illiteracy level, poor economic status and the geographical location of centers that are likely to host these sources (mostly public libraries and documentation centers) are also a constraining factor for rural women to use printed sources.

#### **Word of Mouth**

Word of mouth emerged as the primary means of accessing health information used by rural women worldwide in developing countries including Tanzania because of low level of literacy (Okelo, 2007). Rural women prefer to use local and personal sources to access health information. These sources are considered to be cheap, convenient, and perceived to be reliable. They include relatives, friends, neighbors and word of mouth. These

sources were noted to be playing a major role in disseminating information (Okelo, 2007).

### **Library**

Information preserving institutions such as libraries can act as a very powerful source of information which can be used by rural women to access information. They contain authentic and reliable sources of information which rural women can use to access various information resources, including health information. However, most rural women fail to use this source to access information because in rural areas there are either very few or no libraries and/or information centers.

### **Broadcasting Media**

Radio and television are good channels for disseminating health information to rural women (Winett, 1996). However, they have various limitations since most rural women in Tanzania cannot afford to purchase them, especially television sets. In addition, the health information is aired at times inconvenient for rural women (Siyao, 2010; Jiyane, 2002). Airing times coincide with women's domestic chores.

In Tanzania there are various local radio channel and television stations which are very popular and useful for disseminating health information. For examples Top Radio, Radio One, Radio Tanzania Dar es Salaam, Radio Tumaini, ITV, TBC Star TV, Abood Television, SUA Television, Channel Ten. Radio Stations like Abood Radio, Top Radio, Uwapo Radio, Radio Tanzania, and Abood television and SUA Television can reach many people and cover a large area in a short period of time in Morogoro Region. It uses the Kiswahili language which is common to most of the rural community. This makes it easy for them to grasp the messages. This is the best way in which health information on cancer can reach rural women in Morogoro Region.

In most developing countries including Tanzania, radio is still the most powerful and appropriate channel which can be used to disseminate information. This statement is supported by the work done by Medical Women Association Tanzania (MEWATA, 2011) on creating breast cancer awareness to women. MEWATA noted that rural women in Mwanza, Karatu, Simanjiro and Moshi who responded to their call for cancer testing and treatment during their campaign got that information through the radio. By using this media to disseminate information relating to cancer, they managed to cover a big area in a short period of time. Local radios also air appropriate content and the language used (Kiswahili) can be understood by rural women thus make them very acceptable (Mntambo, 2007). Therefore, radio as a media, is very important for disseminating information to rural communities. These observations are confirmed in the case of Tanzania by a study conducted by Audience Scapes (2010).

### **Challenges Facing Rural Women 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) and Abu-Bakar (2009) Wathen and Harris (2006) testify this. Though they encounter a number of problems such as;

#### **Inability of Locating Required Information**

In rural areas, sometimes even if the information is around and available people cannot locate it because they are geographically isolated by poor communication and infrastructure.

#### **Unawareness of the Existence of Information**

Lack of awareness of the existence of information is a challenge to women. For instance, Raseroka, (1990) noted that the lack of publicity on the information itself leads to users not being aware that helpful information exists. Formal institutions like libraries and documentation centers that provide information services are rarely found in rural areas.

#### **Language and Infrastructure**

Language and the format in which information is availed have become among the factors that hinder rural women from accessing information which is in electronic format because of the lack of computers and the skills to operate them (Okelo, 2007). In addition, most health information is written in English which cannot be understood by rural women in Africa, particularly in Tanzania. A large number of rural African women are illiterate. Therefore they rely more on social networks by sharing information or asking the people they consider trustworthy.

#### **Shortage of Health Information Providers**

The inadequate number of health service providers in rural areas is another barrier to access information. Raseroka, (1990) noted that the limited number of health information service providers in rural areas acted as a barrier which hinders rural women from accessing health information.

### Cost and Fear

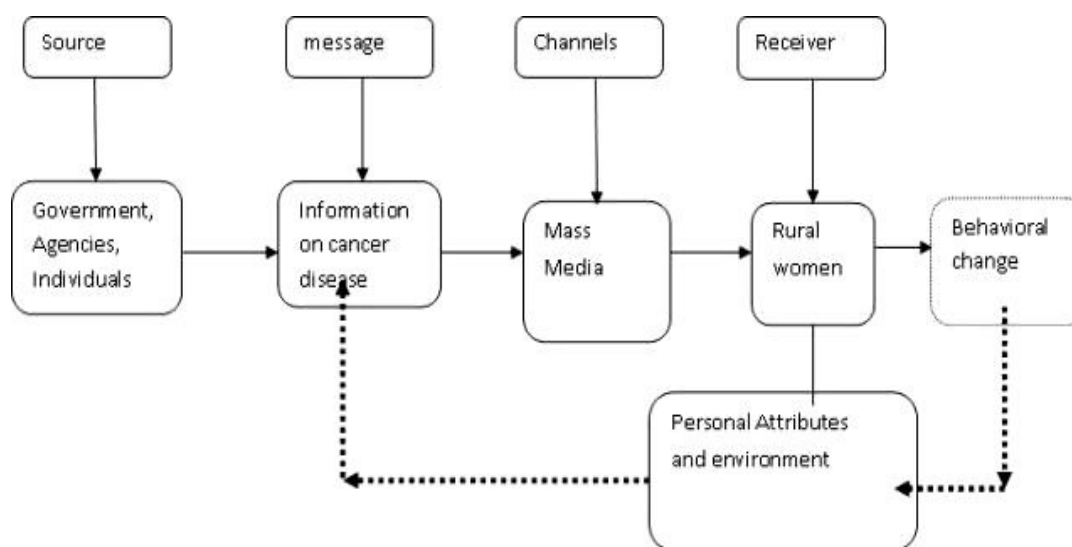
Cost of information and fear of accessing information were noted by (Ndenje, 2003) who highlighted that, logically if women in urban setting are constrained by these factors, then the situation is likely to be worse in rural setting because of the inherent problems of infrastructure and relative inaccessibility to facilities and sources of information to access.

### Conceptual Framework

Based on the nature of this study, the researcher adopted Berlo's (S-M-C-R) Model which focuses on the four fundamental elements of communication. The information may originate from various sources, and the message being the information about the disease. Rural women as recipients receive the information from the different sources used by institutions such as government agencies, nongovernmental organizations (NGOs) and individuals. The information received helps recipients to change their behavior, which ultimately have an influence on individual attributes towards the way on how they seek information on cancer using the right channels.

For health information dissemination to be improved there must be have reliable sources which women can consult, use appropriate channels to disseminate information to certain groups of people, based on their economic status, level of education, age and the environmental factors such as the infrastructure of where they live. This is because in most cases people fail to grasp information due to the way it is presented to them. As a result the problem remains unsolved and keeps on growing. It is obvious that when rural women receive health information at the right time from reliable sources, they are likely to change their information- seeking behaviour and consequently influence their personal attitudes towards seeking information using the right channel.

**Figure 8:** Diagrammatic Representation of the Conceptual Framework



**Source: Modified from Berlo's Model of Communication (1960)**

### Research Gap

From the literature reviewed, it is evident that the media plays an important role in dissemination information and health problems in general and as argued by Harris and Dewdney (1994) one of the important principles of information seeking is understanding the context in which the information is sought because need for information is situationally-based. So far no study has been conducted to identify strategies for enhancing dissemination and use of health information in the study area. This study intends to fill this gap.

### 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 researcher used multi- stage technique to select a sample size of the study. 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 randomly selected. 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).

The second stage involved the selection of villages, two villages from Mikese, ward and two from Kiroka ward. The selection of the villages was done randomly.

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 randomly 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. 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, subject gate ways and unpublished thesis/ dissertations.

## Findings and discussion

### Demographic information of the Respondents

The demographic information of the respondents captured were age, marital status, and level of education. These were considered in indicating the relationship between the information seeking behavior and use of information in addressing health issues.

### Age Groups

Respondents were asked to indicate their age. This was done in order to establish if there is any relationship between information access and age of respondents. The table below shows their responses.

**Table 1: Distribution of Respondents by Age Groups ( N=100)**

Age Group	F	%
Below 18	13	13
18-34	52	52
35-44	19	19
45-54	13	13
55 >	3	3
<b>Total</b>	<b>100</b>	<b>100</b>

**Source: Field Data 2011**

The findings indicated that the age of 52 (52%) women ranged from 18-34 years, 19 (19%) from 35-44 years, 13 (13%) from 45-54, while 3 (3%) of the respondents were above 55 years. The findings indicated that most rural women fall under the age category of between 18 and 34. The age category of 55 and above is significantly very low while the age category of under 13 is also small (13%). The low number of women of this age group could be attributed to the fact that young women who are still active, have migrated to urban areas to search for better living standards and in search of work. This was noted during focus group discussions a illustrated by a remark made by one of the women from Lubungo village during that

It is difficult to find women under 18 in the village because of harsh economic situations. They migrate to urban area s to seek for work as domestic servants or any other job to earn a living

The age category of 18-34 constituted more than fifty percent (52 %). Women in this age category are very active and strong, rearing and looking after children, the elderly and the sick; and are also in most cases, especially in rural areas, heads of the households while men are in town working or still looking for jobs. This was noted during the interviews and focus group discussions.

### Distribution of Respondents by Marital Status

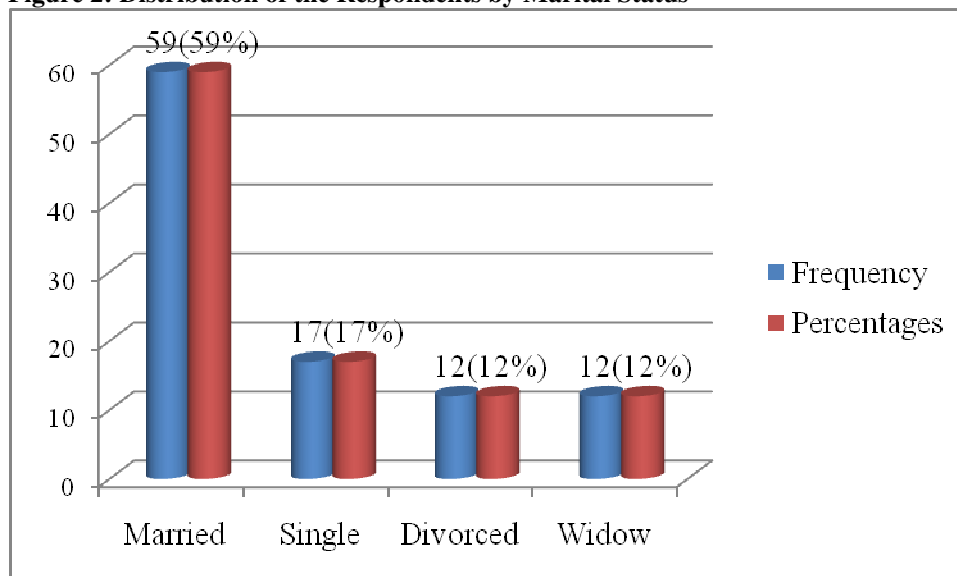
The respondents were asked to give their marital status in order to find out if there is a relationship between marital status of the respondents and their access to and use of information. The results showed that the majority of women were married, 59 (59%). Widow and divorced women were fairly small in number 12 (12%) as well as and singles 17% (See Figure 1 for details). The findings indicate that a big number of women are married. Culturally in the study area girls of fifteen and above are expected to be married. As women do not inherit property getting married is one of the ways of getting assured support to earn a living and to be secure.

The study findings indicate that there is a relationship between access to information and marital status.



While widowed and singles were free to attend meetings and interact with groups, married women’s movements were restricted. Since the community is oral based in seeking information, married women’s interactions are restricted, thus their access to information is negatively affected. Women normally have to seek permission from their husbands if they want to attend a meeting or to make a visit anywhere.

**Figure 2: Distribution of the Respondents by Marital Status**



Source: Field Data 2011

**Level of Education of the Respondents**

Rural women were asked to indicate their level of education. This was done to find out if they are able to read on their own or depend on others to read for them. The findings indicate that 55 (55%) had not received any formal education, 32 (32%) had received primary education and 13 (13%) had received secondary education (See Table 2 for details). These findings are similar to those of the study conducted by Jiyane (2002) in South Africa, that most women in rural areas have a low level of education.

**Table 2: Level of Education of the Respondents**

Village	Sample size	Percent %
Kiroka	38	38
Kiziwa	27	27
Lubungo	21	21
Mikese	14	14
<b>Total</b>	<b>100</b>	<b>100</b>

Source: Field Data.2011

The results indicate that only 13% of the Morogoro Rural women have secondary education. The rest are either primary school leavers or have no formal education. This means that their ability to access information through printed materials is limited although during the interviews and focus group discussions it was noted that some of the women who did not go through the formal education system learnt how to read from their children and friends. Keen interest in learning how to read was ignited by keen interest in knowing what is in fliers and other printed materials distributed through churches and Agricultural Extension Officers.

However, this leaves doubt as to whether they can freely read and write, especially in languages other than Kiswahili or their vernacular language. Even those who have primary school education cannot access health information due to a number of factors as mentioned by one of the respondents who commented that:

We have a big problem accessing information, particularly health information because of poor infrastructure, inadequate health experts in our area and other information sources are not user friendly because of the language.

The literacy level of an individual is what determines and influences the information needs and the seeking behavior of an individual and is also one of the factors which can influence an individual’s perception of

innovation before making a decision about what kind of information one needs and which will be an appropriate source to use (Abu-Bakar, 2009). Therefore, due to their level of education it is possible that most of them cannot access and utilize most sources of information; thus their heavy reliance on information transmitted orally through family, neighbors, colleagues, and friends.

### Sources used by Rural Women to Access health Information

Respondents were asked to indicate where they got information relating to cancer. The question was asked for the purpose of examining the reliability of the sources used by rural women when accessing information.

**Table 3: Media/Information Sources Used by the Rural Women**

Total Sample Size = 100	Sources of Cancer Information		
	Category of items	Frequency	Percentage
	Newspapers	-	-
	health information provided by health experts	8	8
	Colleagues,	49	49
	Public library	-	-
	Documentary centre,	-	-
	From health experts while attending clinic	6	6
	Leaflets and posters at health centers/hospitals	8	8
	Radio and television programmes	31	31

**Source: Field Data 2011.**

The results indicated that 49 (49%) consulted colleagues, 31 (31 %) used the media, especially radios, to get information, 8 (8%) used leaflets and posters at health hospitals/centres and 6 (6%) used health information provided by health experts while attending clinic. However, other sources such as public library and documentation centers were not used by rural women to access cancer information.

The findings also revealed that rural women preferred using colleagues to access health information. These findings concur with that of Saleh and Lasisi (2011) which indicated that sources and channels of information used by rural women are mainly informal. They rely more on information gained from friends, relatives, husbands, sons and daughters than formal sources. This is likely an indication that either formal sources are lacking or that rural women prefer informal sources or because rural women consider those sources as more reliable and authentic.

### Colleagues

Colleagues, friends and relatives play a greater role as a source of information to rural women than other sources like health information centers, health experts, public library leaflets, and posters at health centers (Matovelo, 2008). Besides that these sources are not only reliable and authentic but also have the characteristics of being cheap in the sense that rural women do not need to have money to buy them. This was revealed in an interview with one of the women from Kivulini village who remarked that:

“Colleagues, relatives and friends are the cheapest sources of health information as I do not need to spend money to access information from these sources. Apart from being cheap, they are available in my area.”

These comments are in line with what Bilonkwanamagara (2008) who noted that, many rural areas in Tanzania have created centers where people can meet and interact informally and share information existing in their areas. This implies that rural communities prefer using informal sources as their main sources of information as it is obvious that the selection of sources of information is determined by the availability and reliability of that source to the users. However, as noted by (Jiyane, 2002) they are not credible sources of information since word of mouth can change hence distort the original information.

### Radio and Television

Radio and television like other traditional media are popular and useful sources for rural women to access health information. As indicated in Table 3 above, 25 (25%) rural women use radio and television programmes to access cancer information. These findings are supported by (Okelo, 2007) who noted that rural women are good users of radio for accessing information. This was also observed by Mooko (2002) who conducted a study in Botswana and came up with the argument that because rural women have limited opportunities of going to school, they depend on word-of mouth or local radio information. Although women are busy they can attend to domestic chores and listen to the radio and television while working. In an interview with a woman from

Mkuyuni village she said that:

“I like listening to some of the radio programmes like Wanawake na Maendeleo (women and development) jarida la wanawake(Women’s Journal) and Afya ya Jamii (Community Health) for the purpose of getting health information and to know issues about women’s rights in general.”

Jarida la Wanawake (Women’s Journal) and Afya ya Jamii (Community Health) programmes which are aired by ITV, TBC1, TV, RTD and EAT media created awareness among rural women on issues relating to their health as well as those relating to their rights. The findings of this study concur with the study conducted by Siyao (2010) indicated that rural women use broadcast programmes to access various types of information provided that they are available. However, the findings are contrary to those of Ndenje (2003) which indicated that rural women cannot access information from the radio and television because rural women were busy with domestic chores.

Both international radio and local stations especially radio One, Tanzania Broadcasting Company and Radio Ukweli, and television channels like TBC, ITV, EATV are good for disseminating cancer information to rural women They use Swahili which is the language known by most rural women.

#### Leaflets and Posters at Hospitals / Health Centres and Newspapers

Leaflets and posters at hospitals/health centres were other sources used by rural women to access information. The findings from Table 3 above indicated that 12 (12%) of respondents used those sources to access information. These are good sources since the information available is authentic and accurate. The major problem pointed out by rural women concerning these sources is that they are not available in their areas. Even if you managed to get some, you cannot get the one with cancer information. Regarding newspapers, they said newspapers were expensive, thus not affordable.

#### Meeting Rural Women’s Health Information Needs

Respondents were asked to indicate the strategy/strategies they use to meet their health information needs.

**Table 4: Strategies Used by Rural Women to Meet their Health Information Needs**

Total Sample Size = 100	Variables	Frequencies	Percentage
	Health information provided by health experts	-	-
	Colleagues	52	52
	Public library/information centres	-	-
	Health experts while attending clinic,	20	20
	Televisions	5	5
	Radio programmes	10	10
	No response	28	28

**Source: Field Data 2011**

52 (52%) respondents used colleagues to access cancer information. As pointed out earlier in this study, colleagues were reported as being a more preferred source used by rural women to access cancer information due to the fact that they are available in their area and are cheap.

Radios and televisions were reported as sources of information by only 10 (10%) of the respondents. These were considered expensive and thus not affordable to the majority of the women. These findings are also supported by studies conducted by Abu-Bakar (2009) and Okelo (2007) who noted that women rarely relied on mass media for seeking information because they were unable to purchase a radio or a television.

#### Challenges Faced in Accessing Cancer Information

Respondents were asked to indicate if they face any problems in accessing information on cancer. The question aimed to find out if rural women are able to point factors that influence access to and use of cancer information. The findings are indicated in the table below.



**Table 5: Challenges Faced by Rural Women in Accessing Cancer Information**

<b>Problem</b>	<b>F</b>	<b>%</b>
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
In ability to buy a television or radio, magazines or leaflets	10	10
Lack of knowledge on how to seek health information	22	22
Lack of Sources of information	20	20

**Source: Field Data 2011.**

The findings of this study revealed that rural women encounter a number of problems in accessing health information. 22 (22%) mentioned lack 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 centre's. As pointed out earlier in the study that 55 (55%) rural women were literate and have achieved various levels of education. If these sources of information were available in their areas they could have used them to access health information since they are able to read. The only thing is to make sure that the information available from those sources is in simple language so that rural women can understand it.

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.”

### **Recommendations on Strategies for Enhancing Access to and Use of Cancer Information**

#### **Conclusion**

Through the reading related topic of literature review and the findings collected from the respondents, the results of this study can be put in a short summary based on what has been collected by the researcher.

The researcher find out that rural women have limit access of information. This led them to suffer from knowing how to solve their problems particularly health one. It also found out that, rural women facing a number of challenges in accessing information, however, due to poor infrastructure health worker tend to run away from their working centers.

#### **Recommendations**

Establish local FM radio station which could air health information in a local Swahili, use of alternative sources of energy such as solar energy to supply electricity to the rural areas. This would enable people to use ICTs such as radio, television and computers to access health information.

Uses of cell phones to disseminate health information since they are now become 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.

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 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.

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