

# An examination of Kenyan Government's use of interpersonal communication in changing men's behaviour response to prostate cancer screening

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## Abstract

Prostate cancer (PCa) is one of the leading causes of death among men in the world. Early screening is recommended as one of the prevention measures of the disease. Screening can be encouraged by Behaviour Change Communication (BCC) strategies (which includes participatory and interpersonal communication), advocacy and message framing. In Kenya, the Central Region is one of the leading regions in PCa prevalence rate. This study therefore examined the interpersonal communication strategies used in influencing men's behavior response towards PCa screening by the Kenyan government. The study was guided by Theory of Reasoned Action. It was anchored on the Pragmatist philosophical paradigm and took a mixed method approach which involved both qualitative and quantitative designs where Survey and Focus Group Discussions were used to obtain data. A sample of 384 people was picked from an estimated population of 700,010 men aged 40 years and above from the region using simple random sampling. Findings showed that although health workers and communication officials appreciated the role of screening in containing the scourge, the two levels of Kenyan government (County and National) did not put in place sound interpersonal communication strategies for positive behavior response to the disease. It is therefore recommended that effective interpersonal communication strategies for behavior change be put in place and an annual budget allocated by the governments.

**Key Words:** Prostate Cancer, Screening, Participatory Communication, Behavior Change Communication, Attitude Change

## Introduction

Effective communication can be used to influence a people's attitude and behavior response towards a health problem and interpersonal communication (IPC) is one of those approaches used in health communication. Interpersonal communication is one of the strategies in Behaviour Change Communication (BCC). Behavior Change Communication interventions are an integral part of all types of health promotion and disease prevention, and have been shown to significantly improve behaviours, notably in the areas such as family planning and HIV prevention, hygiene and sanitation, nutrition and other health-related areas. Strategically targeting messages and approaches allow BCC to focus on specific individuals, households or communities to maximize results of

health interventions (Koenker *et.al* 2014). The result based approach to control and prevent diseases has been used in a variety of settings. (BCC) involves the use of interpersonal and participatory communication strategies and communication interventions that use various forms of media in health communication. This study therefore focuses on the use of interpersonal communication (IPC) in changing men's response to prostate cancer screening.

## Background

Prostate cancer (PCa), which mostly affects men aged 40 years and above, is one of the leading causes of death among men in the world. In Kenya, the Central region is one of the leading regions in PCa prevalence rate (Mburu, 2016).

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One of the disease prevention strategies advocated for is early screening and testing. However, the rate of PCa screening has been very low in Central Kenya region. Screening can be encouraged by the use of (BCC) strategies, advocacy and message framing (Ngige and Busolo, 2018). Despite major differences in the incidence rate of prostate cancer, most cases (more than 75%) are diagnosed in men over 65 years old, and this is due to the asymptomatic nature of the disease in its early stages (Woods *et al.*, 2004). Given that the number of men over 65 is expected to increase four-fold in the world by 2050 and considering the burden of prostate cancer on the healthcare system, it is important to assess ways that prostate cancer can be prevented and treated. Since prostate cancer is asymptomatic in the early stages, one way to reduce mortality due to this disease is screening asymptomatic individuals for the disease (Jeihooni, *et al.* 2015). In order to encourage screening, men have to be persuaded through interpersonal communication as part of behaviour change communication successfully (Ngaruiya, 2014). However, in Kenya behaviour change communication is not practiced efficiently to encourage the necessary action in behavior response towards cancer screening.

Interpersonal communication (PC) has been recommended as one of the best strategies of impacting people's behavior response to health issues. This is because according to United States Agency for International Development (USAID) (2010), IPC is an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviours, promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors.

### **Statement of the Problem**

In Kenya, despite the empirical evidence of the need for interpersonal communication as a social intervention, there is little or no effort to encourage early PCa screening through behaviour change communication interventions such as interpersonal communication. The health sector through the National Reproductive Health Policy (2007) and the National Reproductive Health Strategy (2009-2015) provide the policy framework, with cancers of the reproductive organs being priority components. But in spite of the favorable policy in place and efforts towards enhancing PCa screening, the data still

already advanced among Kenyan men. This is further aggravated by the fact that PCa screening is not a common practice and patients go for testing when the disease is quite advanced (Makori 2015).

A study done at Kenyatta National Hospital (The largest referral hospital in Kenya and Eastern Africa) in 2014 has shown that patients diagnosed with PCa went for cancer screening late. In addition, the Kenya Demographic and Health Survey of 2014 report indicates that 96 % of men in Nairobi have not been tested for prostate cancer. But ironically, 66 % of men in all age groups have heard about the disease. However, Boniface Mbuki, a director at the Cancer Awareness Centre of Kenya, says that the level of awareness of PCa is currently highest in the Central Kenya region although testing remains low and the region boasts the highest number of PCa cases in the country.

A study carried out in Nairobi by Ouma (2018) found out that interpersonal communication will allow for authentic active listening, which will foster trust between men "at risk" and PCa service providers and enhance the uptake of prostate cancer screening. These are some of the BCC strategies recommended for encouraging men to go for early PCa screening as one of the strategies for the treatment of the disease.

The major objective of this article is to analyse the role of interpersonal communication in influencing men's attitude towards PCa screening in Central Kenya.

**Review of Related Literature** In his study of the role of BCC in the National hand washing initiative in Uganda, Otim (2015) observed that after an aggressive mass media campaign the country managed to change the attitude towards hand washing with soap as 95% of the population no longer thought that hand washing was a trivial thing.

Oriaso (2013) carried out a study on the role of interpersonal communication in changing behavior response towards HIV/AIDS among young women from low socio-economic status in Karachwonyo West in Kenya. He observed that poverty and low education were mere predisposing factors which have no serious impact where there are appropriate and effective forms and strategies of communication. The researcher concluded that if the appropriate interpersonal communication strategies were put in place, they could help promote behavior and attitude change to reduce risky sexual practices associated with HIV infection among the target population.

*Ndung'u, Macharia, Kuria & Ombaka: Kenyan Government's Use of Interpersonal Communication* shows that Prostate cancer is diagnosed when it's

In a study on the nexus between interpersonal communication and prostate cancer screening among “at-risk” population in Nairobi, Ouma (2018) observed that IPC will allow for authentic active listening, which will foster trust between men at risk and prostate cancer service providers much more than incessant mono-directional talking and will enhance uptake of prostate cancer screening.

Scholars such as Fishbein & Joseph (2006) and Kohler (2002) have pointed out attitudes and behavior as the variables which can be impacted more by some forms or strategies of communication than other forms. They suggested that forms and strategies of interpersonal communication are more effective in promoting attitude and behavior change than the linear approaches. The former approach recognizes the impact of culture, poverty and low education on effective communication strategies.

Berry (2007) also acknowledges the role of communication in conveying health messages by saying that communication helps refute myths and misconceptions as well as increasing demand for support for health services and reinforce knowledge, attitudes or behavior.

Some of the interpersonal communication interventions that can be used to influence attitude and behavior change towards PCa include patient-centered care and use of communication channels as discussed here. According to the World Health Organization (2014) report patient-centered care requires more integrated healthcare and a more collaborative and participatory relationship between patients and healthcare providers, including doctors and hospitals. For doctors, it implies a change in the role of the physician, from being the source of expertise to acting as the interpreter of the often overwhelming amount of information available and the co-coordinator of the patient’s interaction with the whole healthcare delivery ecosystem.

Thus, integration is a key element of patient-centered care, which also incorporates family involvement and pain management. Efforts to train families to support patients can also contribute to better integration of care. Across the region, many families play the role of caregivers, although they are generally unprepared for the task; in practice, they have to learn by themselves. The family environment plays an important role in Latin America. Hence, more support, guidance, advice and training for family members on how to become effective caregivers could be a crucial element of a more patient-centered approach to prostate cancer care in the region.

The WHO (2014) report continues to say that the notion of patient-centered care is still in its early stages in many parts of Latin America. This is primarily due to the fact that healthcare systems are

unable to keep up with demand, given the limited resources currently available in some countries and the major differences in quality between public and private healthcare systems in other countries.

Wakefield M (2011) argues that lack of multidisciplinary teams and/or integration of these teams in many hospitals is also holding back a shift towards putting the patient at the center of health decision-making. For example, in Brazil fewer than 20% of public hospitals and roughly one-half of private hospitals have capacity for multidisciplinary care. By contrast, Costa Rica is moving faster in the direction of integrated, patient-centred care. Patient advocacy groups have been calling for early detection; expansion of prostate-cancer registries and the adoption of integrated care across the region (Parvanta 2014).

In their study, Woods *et al* (2014) found that lack of culturally appropriate linguistic and symbolic information is a barrier to appropriate communication with black men. The participants expressed a desire to communicate with their provider. However, they felt verbal and non-verbal communications, either in general or regarding prostate cancer, were discouraging to them. Wood , *et al* (2014) continue to argue that most men trusted that if prostate cancer was indeed a potential problem for them, their healthcare providers would explain the seriousness of this to them. However, few providers had done so. Respondents in the study equated poor provider-patient communication with a lack of understanding and respect of their culture. If the black man perceives a lack of appreciation of the uniqueness of black culture, attempts to communicate with him about prostate cancer early detection and screening will have limited success.

According to Kenya National Cancer Society (KNCS, 2011) the disease cannot be eradicated but its effects can be significantly reduced if effective measures are put in place to control risk factors, detect cases early and offer good care to those with the disease. The World Health Organization (WHO) 2008 report indicate that about 30% of cancers are curable if detected early while 30% of cancers are treatable with prolonged survival if detected early and 30% of cancer patients can be provided with symptom management and palliative care. Oliver and Joann (2008) assert that PCa screening could assist to find cancer at an early stage when it can easily be cured. They recommend health promotion on the risk

population, potential harms and benefits. This view is further supported by recent data from the U.S. Preventive Services Task Force (USPSTF) report of 2018 that documented that PSA screening offers a potential benefit of reducing the chance of death from PCa in some men aged 55-69 years.

### **Theoretical Framework**

This study used the Theory of Reasoned Action whose principles can be applied to almost any Social and Behavior Change Communication (SBCC) programme that aims to influence social behaviors that are complex or involve interactions with other people. It may be useful when a particular behavior is difficult to describe, but it can be explained through demonstration or modelling. It can also be useful when adopting or practicing a particular behavior that requires overcoming barriers or challenges that stem from attitude. It resonates well with BCC which is said by Ngige and Busolo (2018) to be an interactive process of any intervention with individuals, communities and societies to develop communication strategies to promote positive behaviors which are appropriate to their settings. Strategic use of communication to promote positive health outcomes is based on proven theories such as family influences and community norms.

The theory can be used to explain behavioral change by examining attitudes, beliefs and behavior. It postulates that attitude, perceptions of the social norms and perceived behavioral control interact to affect a person's behavioural intentions, which in turn affects actual behaviour. Its focus on voluntary behavior is practical when targeting behavioural change in interventions because intentions are not independent, but result from underlying attitudes and subjective norms (Littlejohn *et al*, 2017). The theory further explains that certain attitudes such as men's refusal to go for voluntary PCa screening, can be impacted with the right communication strategies such as IPC. The theory holds that people change their held beliefs and attitudes through verbal persuasion (interpersonal communication (IPC)) of a therapist, role model, TV show, friend, family, teacher, nurse or survivor advocate (Bandura, 2009).

For example, when Lacourt (2014) carried out a study on the role of IPC in persuasion for PCa screening, he came across a participant who gave a clear testimony of the effects of attitude on men's

led to early discovery." He said that the discovery that he had PCa was humbling. "As a man, this meant perhaps there was something wrong with my sexual organs...was something wrong with me as a man? Will cancer treatment force me to be asexual person? What will other men think of me if they learn I may not perform sexually or maintain urine control?"

Such an attitude as the one quoted above by Lacourt can be impacted using the right BCC strategies like interpersonal communication which also include cancelling. Because people tend to adopt and practice behaviors they see others doing, the Theory of Reasoned Action principles can be used to encourage behaviour change and influence the perception of the social environment, making behaviors seem more common and providing social support to people who are considering a behavior change like going for PCa screening because they understand its relevance in their lives. The case quoted above by Lacourt could also be impacted by arraying fear associated with PCa screening and treatment.

The theory can also be used to explain which and how BCC strategies can be used to change men's behavior response towards Prostate Cancer in Central Kenya region by making them understand the benefits of behavior change. PCa survivors can also be used in the strategies to give their personal experiences and testimony before and after behavior change campaign towards the disease. Studies on health communication indicate that there is significant relationship between behavior change communication interventions and change in behavior response towards diseases and health outcomes. For example, Ojewola (2017) carried out a descriptive cross-sectional study among 305 community dwelling men in South West Nigeria, in which he sought to explore the relationship between the availability of PCa screening tools and knowledge, attitudes and screening practices of men. He found out that 47% of participants had the knowledge of the disease, 25.1% had heard about PSA, 44.3% had good attitude towards PCa while only 10.2% had ever carried out screening. The study also revealed that there was a misconception that STDs were the cause of PCa and that educational and occupational status had significant associations with level of knowledge and attitudes of participants, but only education status that influenced screening practices. He concluded that there was poor level of knowledge, attitudes and

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behavior response towards PCa. The participant said, "My father's prompting to get screened was the reason I participated in early screening which

screening practices regarding PCa in Nigeria. The study found positive correlation between the levels of knowledge and attitudes to prostatic diseases.

Most of the participants with good knowledge correspondingly had positive attitude and vice versa. The study therefore recommended a widespread public health education to improve knowledge, attitudes and screening practices for prostatic diseases.

Pereira de Paiva (2010) also did a study whose purpose was to describe the knowledge, attitudes, and practice regarding the detection of prostate cancer among men aged between 50 and 80 years old attending a PSF of the municipal district of Juiz in Brazil. In this study he found significant association among respondents' knowledge, attitudes and practices in relation to the prostate cancer screening. Among those who presented a proper knowledge, he found the prevalence 7.6 times (CI 95%=2.4-23.6) higher of attributing an adequate practice than the prevalence found among those who demonstrated inadequate knowledge. Those who were classified as having adequate attitudes presented prevalence almost two times higher (RP=1.8; CI=1.1-3.0) of attributing proper practices when compared to those with inadequate attitudes.

Similar to the above results, a study carried out in Florida showed that lack of appropriate knowledge was considered a determinant factor for the prostate cancer examination. The area that was studied is ascribed to the PSF, therefore it deserves greater professional attention to preventive health. Although there is need to prioritize preventive practices, the study concluded that there is still a gap in male preventive actions. It is necessary to change the way of thinking. This is because it was observed in the present study that men have consistent opinions about the subject; however, most of them do not include the examination in their annual prevention as indicated.

Prostate cancer (PCa) is a non-communicable disease that only affects men. It is common among men who are above 40 years but a few cases have been reported in men below 40 years. Most cases are diagnosed in men over 65 years of age (Magoha, 2000). And as Ngaruiya (2014) observes PCa is among the top killing cancer diseases in the world. It has been ranked sixth globally and third in Kenya as one of the major causes of death after infectious and cardiovascular diseases. Therefore, the term "at risk" has been used in this study to refer to men aged 40 years and above because these are the ones who are said to be at a higher risk of contracting PCa. In addition, Juan and John (2009) say that prostate cancer is the second commonest cause of cancer related deaths in men worldwide. As a result, Lozano *et al*, (2012) argue that PCa is progressively becoming a significant health burden among men in the world.

Many men with PCa never have symptoms and unless they undergo screening or experience signs associated with the later stages, they may not know they have the disease (Taitt, 2018). Early detection of the disease is a fundamental component of a successful PCa therapy. Men are said to be susceptible to PCa, just as women are susceptible to breast cancer. The rationale of screening at the stage of development is to reduce the possibility of developing the disease at the asymptomatic stage. (Lozano *et al*, 2012). In Kenya, the Kenya Cancer Registry claims that at least four out of five cancer cases are diagnosed in the late stages of the disease, (Mbuki 2016).

**Research Design and Method** This study adopted a mixed method approach and was anchored on the pragmatist philosophical paradigm. In order to gain a deeper understanding of ways in which BCC has been used to change men's behavior response towards PCa, Survey and Focus Group Discussions (FGDs) were carried out. One FGD of 10 discussants was selected from each of the five counties in the Central Region of Kenya. Five health officers in charge of all the Level 5 hospitals in the region and those in the public health management sector were also interviewed as well as county heads of communication departments.

In order to obtain quantitative data, questionnaires were distributed online and face to face to a sample of 384 men aged 40 years and above because these are the ones who are said to be at a higher risk of contracting the disease. The target respondents for this study were men aged 40 years and above selected from the total population using stratified random sampling. A sample of 384 respondents was selected from the five counties in Central Kenya.

**Table 1: Response Rate**

	Sample Size	Responses	Response Rate (%)
Kiambu	144	118	81.9
Murang'a	85	68	80.0
Nyeri	64	51	79.7
Kirinyaga	51	45	88.2
Nyandarua	40	31	77.5
Total	384	313	81.5

As shown in Table 4.1, 313 respondents were able to adequately fill and return their questionnaires making the response rate to be 81.5 percent. This was an adequate response rate given that Edward *et al.* (2002) refers to a response rate of 80 percent and above as excellent. The response rates for counties was; 81.9 %, 80.0 %, 79.7 %, 88.2 %, and 77.5 % for Kiambu, Murang'a, Nyeri, Kirinyaga, and Nyandarua respectively. Most of the questionnaires were filled manually by the respondents with the help of research assistants especially for respondents who were academically challenged. However, a few (50) questionnaires were filled online in instances where the respondents could not be reached easily or they were too busy for face to face encounter. They therefore preferred to fill the questionnaires online.

**Sampling Techniques and Procedures** The study employed three sampling procedures: purposive, convenience and snowball sampling. Purposive sampling was used to select a sample from the strata of the available population. This is a non-probability sampling technique in which researcher relies on his or her own judgment when choosing members of a population to participate in the study. One of its advantages is that it saves time and money. The technique was used to select the 384 men who were to be interviewed.

Snowballing technique was used to select those to participate in the FGDs. This is a method whereby cases known to have the desired information are identified, they are interviewed and then asked to refer the researcher to other cases which are also interviewed until saturation is reached. The method is appropriate when obtaining information on a sensitive subject such as prostate cancer because only the willing respondents will be interviewed.

Purposive sampling was used to select health and communication professionals to be interviewed. Flick (2011) argues that purposive sampling can be used both in quantitative and qualitative studies; and that it is appropriate for a study in which “experts are involved and the researcher has defined criteria according to which someone is an expert in the issue under study”.

In supporting the use of this method of sampling, Daymon and Holloway (2002) also argue that the willing respondents are the ones that are likely to have uncommon approaches to an issue and allowing such voices to be heard empowers qualitative research findings to “challenge the status quo and critique the assumptions that are commonly held.

The study was conducted in the Central region of Kenya which comprises five counties namely; Kiambu, Murang'a, Nyeri, Kirinyaga and Nyandarua. The choice of this area was informed by the fact that the region is one of those leading in prostate cancer prevalence in the country.

### Discussion

The study sought to identify the interpersonal communication strategies used to convey PCa screening messages in changing men's attitude towards PCa screening and treatment as part of behavior change communication. In this regard, participants in FGDs, men aged 40 years and above and key informants were interviewed on the interpersonal communication strategies that their governments used to convey PCa messages and the findings were summarized as follows:

#### *Interpersonal communication strategies used in conveying PCa messages*

Those interviewed using questionnaires and participants in FGDs were asked how they got the information about PCa and the responses were recorded from each county in the region. Key Informants were also asked about the communication strategies that their county governments have put in place to convey PCa messages. Questionnaires were distributed to all the sampled 384 men using both the face to face and online methods. Out of these, a total of 313 responded translating to an 81.5% response rate. The same themes were covered in the 5 Focus Group Discussion (FGDs) groups, each comprising

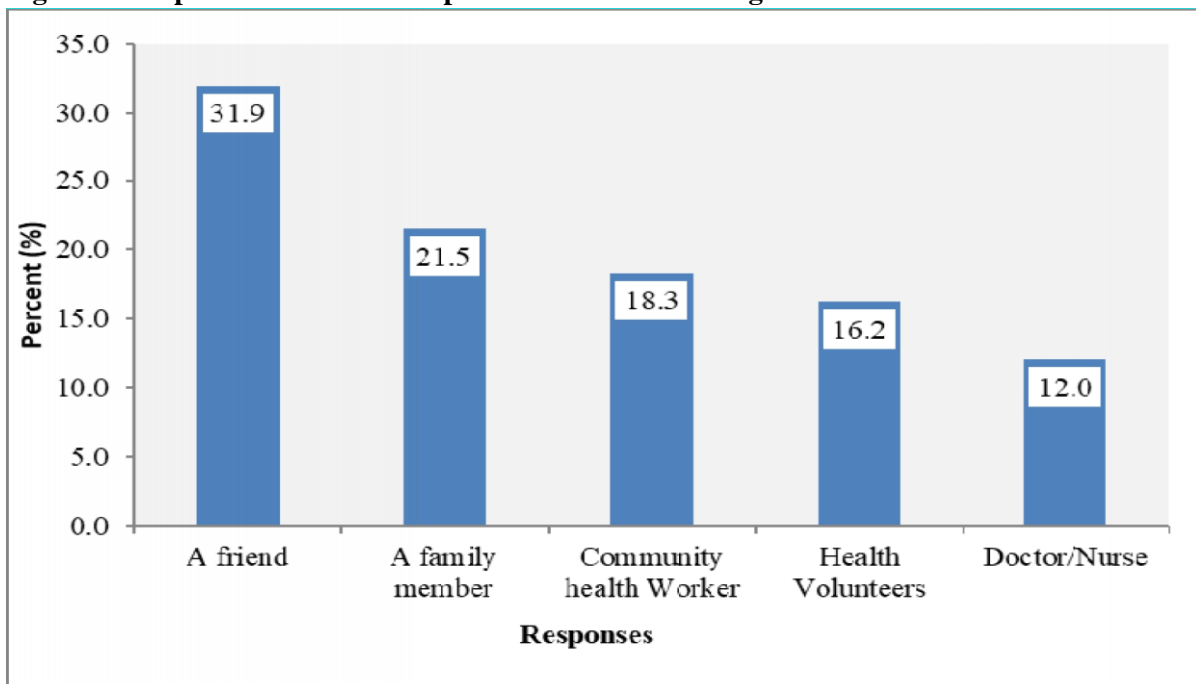
These connections can positively influence the individual's decision to make healthy choices. Patients are more prone to listen when they feel invested emotionally into the situation. If they feel as if they understand what is being said, they are more prone to make objective decisions based on the information heard, (Berry 2007). Similarly, Friedman, Corwin, Rose, & Dominick (2009) also supported the use of IPC by asserting that word-of-mouth was the most common prostate cancer information source, especially among low-literacy men. Song, Cramer and McRoy (2015) reported that low-income minority men, primarily Black men,

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participants in the FGDs). The themes covering under the following sub-headings: various communication strategies were addressed

**Figure 1: People who talked about prostate cancer screening**



10 participants (making a total of 50 Figure 1 represents various people who talked about prostate cancer screening with the respondents of which friends (31.9%) shared the most information. Consequently, family members (21.5%) and community health workers (18.3%) also shared substantial information as well as health volunteers (16.2%) and doctors/nurses. Health communication relies on strong interpersonal communications in order to influence health decisions and behaviors. The most important of these relationships are the connection and interaction between an individual and their health care provider (e.g. physician, therapist, and pharmacist) and an individual's social support system (family, friends, community).

relied on interpersonal health information sources but were less likely to consult family members and friends for prostate cancer information. Receiving prostate cancer information from medical professionals, but not family and friends, predicted prostate cancer screening participation.

**Table 2: Influence of interpersonal communication**

Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Standard deviation
a) Interpersonal communication is more effective than mass media in changing people's attitude about a health problem.	1.0	1.9	3.1	5.8	3.3	4.26	0.73
b) Discussing prostate cancer screening with a friend or physician can help reduce fear about the disease.	1.9	2.1	1.0	3.4	5.7	4.40	0.89
c) Discussing prostate cancer screening with other people is embarrassing.	2.0	4.1	1.9	8.9	9.3	2.44	1.18
<b>Average</b>	<b>7.9</b>	<b>6.2</b>	<b>8.8</b>	<b>1.8</b>	<b>5.3</b>	<b>70.4</b>	<b>93.8</b>

Regarding the influence of interpersonal communication on men's response to prostate cancer screening respondents strongly agreed that discussing prostate cancer screening with a friend or physician can help reduce fear about the disease (mean = 4.403, standard deviation = 0.892). Moreso, interpersonal communication is more effective than mass media in changing people's attitude about a health problem (mean = 4.265, standard deviation = 0.739). However, they disagreed that discussing prostate cancer screening with other people is embarrassing (mean = 2.444, standard deviation = 1.182). These findings indicate that interpersonal communication strongly affects men's decisions and response to prostate cancer screening.

On average the influence of interpersonal communication on men's response to prostate cancer screening had a mean of 3.704 and a standard deviation of 0.938. As Lloyd and Bor (2006) observe, health care providers who communicate well with patients are more likely to secure positive outcomes for patients, themselves and others. This is emphasized by Davis and Fallowfield (2004) who assert that, "Patients who are dealt with by professionals with good communication skills have been shown to have improved health indices and recovery rates." MacDonald (2006) also noted that good communication between patient and medical staff is important from the first encounter, because it forms the basis of all future transactions. Effective communication therefore needs to be patientcentered and informative, and needs to promote trust and confidence.

The above observation was confirmed by participants in the FGDs most of whom said that they felt comfortable if they came across a physician

who took time to talk to them about their problem. One participant said, "I avoid going to our level 4 hospital on a certain day of the week when a certain doctor is on duty because the doctor there seems to be in a hurry to finish with me and therefore he does not take time to explain my condition to me. I therefore prefer a private clinic where, although it's not very well equipped, the doctor takes time to explain to me my problem. That way, I feel like my problem has been half-solved. I'm also able to open up and share openly my problem with the doctor."

As Samovar (2012) postulates, "Communication is an enigma that is detrimental to the healthcare world and to the resulting health of a patient. It is a process for a mutual understanding to come at hand during interpersonal connections. A patient's communication with their healthcare team and vice versa, affects the outcome of their health. Strong, clear, and positive relationships with physicians can chronically improve and increase the condition of a certain patient." One of the principles of theory of Reasoned Action could apply well here because it advocates for the use of interpersonal communication to change people's attitude and behaviour response to an issue such as PCa. If used effectively, IPC can cause men to take positive action towards PCa screening and health workers such as physicians and other care givers are some of the key people who could help facilitate this. This is because they are equipped with professional knowledge and experience about



the disease which could help them dispel men's fear associated with PCa screening and treatment.

### **How Information about Prostrate Cancer was accessed**

Those who participated in the FGDs were asked to explain how they accessed information about PCa in order to establish the use of interpersonal communication to encourage PCa screening. The information was analysed per county as follows:

In Kiambu 33.3% of the respondent said that they read about PCa on social networks like internet, 11.1% heard about PC in hospital, while 12.5% in church camps. In the FGDs, respondents AK1, AK2 and AK3 said that they got the information from social networks while one said that he got the information from the internet. On the other hand, Respondent AK4 said that he got to know about the disease from a doctor when he presented in hospital with symptoms similar to those of PCa. Another Respondent (AK5) said that he heard about the disease during a church medical camp when volunteers from a local NGO talked to them about PCa screening among other diseases.

In Kirinyaga County, 25% of the respondents said that they read about PCa in the internet, 12.5% heard about PC when in hospital, 12.5% while in church camps, and 37.5% through friends. Some respondents said that they got the information on PCa from social networks. For example, Kir 1, "I have always had this information with me, in fact I can't remember exactly where I got it from and when. But what I have is just general information."

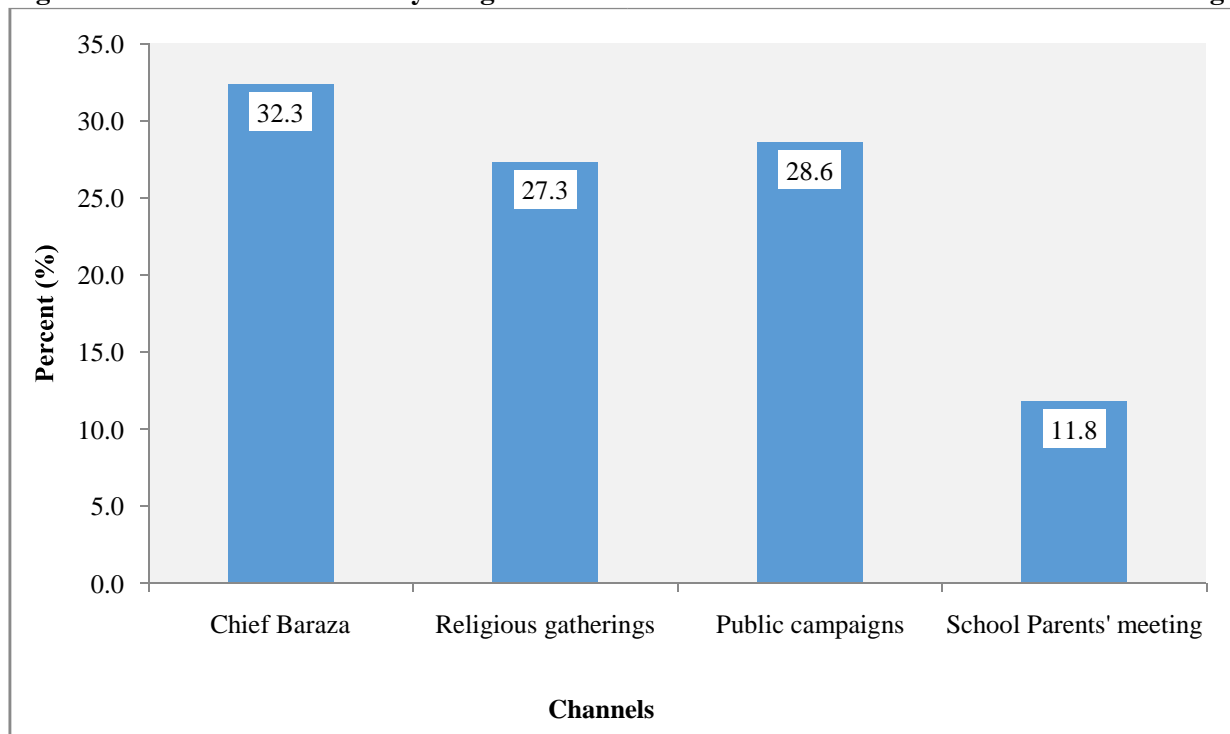
Kir 2, "This information is out there with people though no one seems to have details about the disease such as the role of screening." Other respondents said that they accidentally got the information about the disease when they went to hospital for treatment of conditions that later turned out to be PCa, but it was too late. For instance, Kir 3, "I went to hospital when I had difficulty passing urine and the doctor

recommended that I take PCa test. He was surprised that I had never taken the test despite attaining the 'at risk' age bracket."

In Murang'a 12.5% of the respondents said that they read on social networks like internet, 25% heard about PCa when in hospital, 12.5% while in church camps, 25% through friends. Respondent Mu 1 said, "I have always known that there is a disease that is commonly referred to as 'the disease of old men'. I later came to learn that the disease is PC and it was thus referred because it mainly affects old men." Another respondent said that he heard about PCa when some volunteers visited their community to talk about various types of cancer including PCa. The respondent, Mu2 said; "The volunteers had a lot to talk about and therefore they did not talk much about the disease, they just mentioned it in passing."

In Nyeri, 12.5% of the respondent said that they read on social networks like internet, 25% heard about PC when in hospital, 12.5% while in church camps, 25% through friends. Most of the responses were similar to those from other counties where three respondents said that they got the information from social networks, two from the mass media in form of an advertisement for a medical camp and one from volunteer counselors. Another one said that he heard about the disease when he was a young man after his father fell ill although the disease was not openly mentioned by its name, his father later passed away. This is what he said; Nyr 1, "In my community, the disease is never mentioned by its actual name, some call it "disease of the old men" while others called it by the local name, *muthiori*. But no one explained how it was contracted and its remedy. So I grew up fearing the disease."

In Nyandarua, 25% of the respondents said that they read on social networks like internet, 12.5% heard about PC when in hospital, 12.5% while in church camps, and 37.5% through friends. From the above responses, it is evident that people had an idea about PCa but the information was scanty. As a result, there was stigma associated with the disease due to lack of proper information from experts. According to the Theory of Reasoned Action people withdraw and avoid a situation that seems too threatening or potentially beyond their ability. This is consistent with men's decision to opt out of available cancer screening and the reasons they give for their behaviour response. The theory holds that people also learn through verbal persuasion (interpersonal communication (IPC)) of a therapist, role model, T.V show, friend, family, teacher, nurse or survivor advocate (Bandura, 2009). Therefore, the theory advocates for the use of interpersonal communication for attitude and behavior change alongside other communication strategies.

**Figure 2: Other channels used by the government to communicate the Prostate Cancer Screening**

From Figure 2, it is clear that Chief barazas (32.3%), public campaigns (28.6%) and religious gatherings (27.3%) are the main official channels used to communicate prostate cancer messages although county governments use school parents' meeting (11.8%). The findings by Wood *et al* (2004) on communication content confirmed that Black men want and need comprehensive prostate cancer information, especially information that emphasizes the benefits of early detection and the likelihood of positive outcomes for men whose cancers are detected early and treated appropriately. In addition, the studies reviewed here stressed the importance of messages reassuring men that neither PCa screening nor treatment of the disease necessarily threaten their sexuality or sexual performance ability.

### Conclusion

From the literature review there is scientific evidence that PCa can be tackled by encouraging early screening in men aged 40 years and above. This could be achieved through Interpersonal communication as one of the strategies of Behavior Change Communication interventions. However, all the respondents in the interviews and those participating in the Focus Group Discussions (FGDs) said that the use of IPC by the two levels of government to encourage men to go for PCa screening was not adequate. Where an attempt was made, it was only through public gatherings such as Chief's *baraza*, schools parents' meetings and religious gatherings which are not adequate to communicate messages on a sensitive issue like PCa. Health and communication officials in the counties also reported that respective governments did not have health communication strategies on

public health in general and PCa screening in particular. Health messages were only communicated through mass media when announcing free medical camps, and even these were quite rare as such camps are not frequent.

The principles of the Theory of Reasoned Action can be useful if applied in an endeavor to change men's attitude towards PCa screening. The theory explains that people will take action towards adopting a certain behaviour if they find the behaviour relevant and beneficial to them. For example, the principles are useful when encouraging people to adopt or practice a particular behavior that requires overcoming barriers or challenges like fear for PCa screening and the dreaded results of PCa treatment. The theory can also be used to demonstrate how a person can overcome those challenges and succeed. Hospital health workers, public health officers, caregivers, health volunteer groups and health advocacy organizations should be encouraged to come up with forums where they would talk to men in the PCa risk bracket to encourage them to overcome the fear and stigma associated with PCa screening.

Interpersonal communication interactions were also rare and where they existed, they were facilitated by volunteer health support groups which lacked the capacity. In addition, none of the county governments had a budget for health communication although the provision of health services has been devolved to the county governments under the Kenya's 2010 Constitution. But the ravages of PCa are so serious that the scourge should not be left to county governments alone to tackle. There is therefore need for concerted efforts by both levels of government in Kenya to initiate interpersonal

communication strategies to influence men's behavior response to PCa screening.

Some of the health officials explained that they did not have much time to talk to their patients about their health due to pressure from work because most hospitals were understaffed with physicians. It was therefore recommended that the governments should address the problem of staffing so that physicians can have more consultancy time with their PCa patients. This would enhance the use of interpersonal communication between physicians and their patients. As a result, this would enhance patients' trust with the government public health system and encourage more men to go for voluntary PCa screening.

Public health officials should also work with communication experts in their respective counties to upscale interpersonal and participatory communication interventions and media campaigns to enhance health communication in the region. The use of Interpersonal Communication strategies is supported by the Theory of Reasoned Action as it can be used in programmes that aim to influence social behaviors that are complex or involve interactions with other people such as health communication experts, PCa 'at risk' men, health workers and public health volunteers groups/advocates. As MacDonald (2006) noted, good communication between patients and medical staff is important from the first encounter, because it forms the basis of all future transactions. Effective communication therefore needs to be patient-centered and informative, and needs to promote trust and confidence.

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