CANCER CHALLENGES IN SOUTH AFRICA

A THEMATIC CONTENT ANALYSIS

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STUDY PURPOSE
To gather and analyse the subjective narratives of ‘real life’ experiences of cancer as told by those affected by oncology care or treatment in South Africa

METHODOLOGY
- Qualitative evidence-based action research
- Action research is oriented to addressing issues in the everyday lives of individuals and communities
- Thematic inductive content analysis of the photovoice data

SAMPLE DESCRIPTION
<table>
<thead>
<tr>
<th>Total interviews</th>
<th>N=316</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare workers interviewed</td>
<td>n=30</td>
</tr>
<tr>
<td>Patients &amp; family members interviewed</td>
<td>n=286</td>
</tr>
<tr>
<td>Patients in private medical services</td>
<td>n=54</td>
</tr>
<tr>
<td>Patients using state services</td>
<td>n=232</td>
</tr>
<tr>
<td>Patients from Urban areas</td>
<td>47%</td>
</tr>
<tr>
<td>Patients from non-Urban areas</td>
<td>53%</td>
</tr>
</tbody>
</table>

INFORMATION CHALLENGES
- • Minimal access to financial support
- • Low income, unemployment and poverty widespread and impacts patient care
- • Logistical and quality of life travel hardships on oncology treatment units (rural patient highly impacted)
- • Poor outcomes
- • Diagnostic and Testing delays, referral backlogs impact hospitals contribute to delays in referrals and to poor outcomes
- • The general public has insufficient cancer knowledge at primary care clinics and regional hospitals
- • Can profoundly impact quality of life
- • Good patient centred care and clinical expertise to be upskilled

TRANSPORT CHALLENGES
- • Travel from different geographic locations to hospital oncology departments
- • Transport services need to be better co-ordinated and more patient-centred
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- • Transport services need to be better co-ordinated and more patient-centred
- • Strategically placed diagnostic centres with centralised testing equipment needed for the efficient and early detection of cancer
- • Innovative public awareness programs (e.g. cancer education in schools, Pocket Cancer mobile phone project);• Develop financial aid systems

POOR SERVICES CHALLENGES
- • Lack of social support services
- • Absence of distress screening
- • Clinical levels of distress
- • Distress screening to be a standard of care
- • Distress screening to be a standard of care
- • Should be diagnosed and referred
- • Good patient centred care and clinical expertise to be upskilled
- • Psychosocial support services should be mandatory in all cancer care units
- • Good public health cancer education targeting misinformation that causes stigma
- • Patient-centred care to be a performance standard with institutional quality control
- • Develop financial aid systems

ADVOCACY ISSUES
- • Funding to support grassroots research into childhood cancer experiences
- • Innovative public awareness programs (e.g. cancer education in schools, Pocket Cancer mobile phone project)
- • Funding to support grassroots research into childhood cancer experiences
- • Findings and recommendations for advocacy
- • Innovative public awareness programs (e.g. cancer education in schools, Pocket Cancer mobile phone project)
- • Funding to support grassroots research into childhood cancer experiences

LINK PAPER 2:

LINK PAPER 3:

FINANCIAL CHALLENGES
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EMOTIONAL CHALLENGES
- • Childhood cancers requiring long term treatments need targeted psychosocial support services
- • Support for the establishment and maintenance of strong hospital schooling;
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POWERLESSNESS CHALLENGES
- • Lack of information is disempowering and impacts compliance and outcomes
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- • Patient-centred care to be a performance standard with institutional quality control
- • Good public health cancer education targeting misinformation that causes stigma
- • Collaboration and inclusion of traditional leaders and healers in public cancer care

STIGMA
- • Lack of information or misinformation can provoke cancer stigma
- • Cultural factors may provoke cancer stigma
- • Good public health cancer education targeting misinformation that causes stigma
- • Collaboration and inclusion of traditional leaders and healers in public cancer care

STUDY DESIGN
- • Qualitative evidence-based action research
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