UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

RESEARCH PROPOSAL

FACTORS CONTRIBUTING TO THE INCREASE OF PATIENTS WITH CANCER OF OESOPHAGUS IN MALE SURGICAL WARD AT ZOMBA CENTRAL HOSPITAL, ZOMBA, MALAWI.

PRESENTED BY CHARITY CHIBAKA MTAWALI

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF SCIENCE DEGREE IN NURSING EDUCATION

SUPERVISED BY

MRS. M. KAMANGA

DATE DUE 14TH JULY 2010

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DECLARATION

I declare that this proposal is a result of my work and effort. Although literature from other authors has been used to support the study but it has not been presented for any degree anywhere else in the University of Malawi.

Charity Chibaka Mtawali (student) signature.....

Date.....14/7/10.....

Mrs. M. Kamanga (supervisor) Signature.....

Date .....

DEDICATION

This work is dedicated to my husband Gift Mtawali and my two daughters Vanessa and Vitumbiko Mtawali, without their love, support and understanding, the two years of study would not have been successful.

ACKNOWLEDGEMENT

Sincere thanks go to my supervisor, Mrs. M. Kamanga, for her untiring support, guidance and constructive comments throughout the time of proposal development.

The Ministry Of Health should also be acknowledged for their support and funding some of the activities done during proposal writing.

The library staff of Kamuzu College of Nursing should also be acknowledged for their assistance and support during the entire period of proposal writing.

ABSTRACT

This is a descriptive quantitative study on factors influencing the increase of cancer of oesophagus in males at the surgical ward of Zomba Central Hospital. The aim of the study is to find out the factors contributing to the increase of male patients with cancer of oesophagus. The study will be conducted at Zomba Central Hospital and pretesting will be done at Kamuzu Central Hospital. It will use Health Belief Model (HBM). The subjects will be the patients suffering from cancer of oesophagus. A convenient sample of 30 patients will be used. Data will be collected using a self administered structured questionnaire and data will be analyzed using descriptive statistics. The research findings will be communicated through a written report and copies will be sent to Kamuzu College of Nursing library and Zomba Central Hospital.

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APPENDICES

LIST OF ABBREVIATIONS

- AIDS — Acquired Immune Deficiency Syndrome
- BO — Barrett's Oesophagus
- CAE — Cancer of oesophagus
- CT — Computed Tomography
- EGD — Oesophageal-gastro-duodenoscopy
- GRD — Gastro esophageal Reflux Disease
- HBM — Health Belief Model
- Hep B — Hepatitis B
- HIV — Human Immunodeficiency Virus
- HPV — Human Papilloma Virus
- KS — Kaposi's Sarcoma
- MDHS — Malawi Demographic Health Survey
- MNCS — Malawi National Cancer Statistics
- MNCS — Malawi National Cancer Statistics
- NCD'S — Noncommunicable Diseases
- NGT — Nasal Gastric Tube
- OC — Oesophageal cancer
- PCAM — Palliative Care Association of Malawi
- SWAP — Sector wide approach of Programming
- WHO — World Health Organization
- ZCH — Zomba Central Hospital

DEFINITION OF TERMS

1. **Dysphagia** is the difficulty in swallowing.
2. **Dyspepsia** is the impairment of the power or function of digestion usually applied to gastric discomfort after meals.
3. **Odynophagia** is the pain felt when swallowing.
4. **Peristalsis** is the worm like movement by which the alimentary canal propels contents, consisting of a wave of contraction passing along the tube.
5. **Heamatemesis** is the vomiting up of blood.
6. **Tumour** is a new growth of tissue in which cell multiplication is uncontrolled and progressive.
7. **Metastasis** is the transfer of disease from one organ or part to another not directly connected with it.
8. **Achalasia** is the failure to relax of smooth muscles of the gastrointestinal tract at any junction of one part with another.
9. **Fistula** is an abnormal passage or opening between two internal organs or from an internal organ to the surface of the body.
10. **Oesophageal cancer** is the malignant tumour of the oesophagus.
11. **Stent** is a device which is used to maintain patency of tubular structures.
12. **Jaundice** is the yellowness of the skin, mucus membranes due to hyperbililubinia.
13. **Pleural effusion** is the presence of fluid in the pleural space between the membrane encasing the lung and the lining of the thoracic cavity.
14. **Ascites** is the abnormal accumulation of serous fluid within the peritoneal cavity.
15. **Perceived susceptibility** is one's opinion of getting a condition.
16. **Perceived severity** is one's opinion of how serious a condition is and its consequences.
17. **Perceived benefits** are ones opinion of the efficacy of the advised action to reduce risk or seriousness of impact.
18. **Perceived barriers** are ones opinion of the tangible and psychological costs of the advised action.
19. **Cues to action** are strategies to activate readiness.

CHAPTER 1

INTRODUCTION

Esophageal cancer is a malignancy of the oesophagus. It is associated with age over 50, male gender, tobacco smoking, heavy alcohol consumption, Gastro-esophageal Reflux Disease (GRD), Barret's Oesophagus (BO), Human Papilloma Virus (HPV), Hepatitis B (Hep. B) Virus, HIV/AIDS, radiation therapy, obesity, overweight, physical inactivity and low intake of fruits and vegetables, (Blows, 2005).

Treatment of cancer of the oesophagus is problematic and mortality rates are very high with no cure in the majority of cases. Prognosis is very poor because patients present themselves at the hospital when the disease is in advanced stage (Blows, 2005). The disease is common in developing countries and Malawi is one of them. The disease is preventable but is causing high mortality and morbidity rates.

The disease burden has prompted several researchers to conduct their studies on different aspects of the disease to address the problem. This study is going to focus on the factors contributing to the increase of cancer of oesophagus in male surgical patients at Zomba Central Hospital, Malawi.

BACKGROUND

Cancer is a leading cause of death worldwide: it accounted for 7.9 million deaths (around 13% of all deaths) in 2007. About 30% of cancer deaths can be prevented. Tobacco use is the single most important risk factor for cancer. About 72% of all cancer deaths in 2007 occurred in low- and middle-income countries. Deaths from cancer worldwide are projected to continue rising, with an estimated 12 million deaths in 2030, (WHO Statistics, 2008).

WHO is currently addressing cancer world wide. It developed an action plan in 2008 with an aim to prevent and control cancer from occurring worldwide and also to help the millions of people already affected to cope with the life long illness. Who is addressing the disease by looking into the risk factors for the disease which if eliminated can help to reduce the burden of the disease. WHO projects the disease will rise in Africa by 27% in the next 10 years (WHO, 2008). Although the disease accounts for high mortality rate in Africa and Malawi inclusive, the disease is preventable.

Cancer is a burden in Malawi. Although the disease is fatal because of its poor prognosis, currently, Malawi has neither facilities to treat and palliate cancer nor a national cancer control plan. However, in 2003 alone over 5,000 new cases of cancer were reported and in 2007 it is reported that more than 25,000 people in Malawi live with cancer (Malawi Cancer News, 2007).

The new Palliative Care Association of Malawi (PCAM) was developed in 2007 to improve the quality of life of cancer patients (Malawi, Cancer News, 2007).

Malawi cancer news (2007), also states that currently, in Malawi, Cancer patients with access to financial resources travel to South Africa, Zimbabwe, or Tanzania for treatment. However, the majority of citizens lives below the poverty line and cannot afford access to cancer treatment through foreign, private facilities or private medical insurance. Therefore, people are sent home without treatment where they suffer and die unnecessarily.

This study therefore will help to raise awareness through identification of risk factors associated with the disease in Malawi and people will be able to prevent them to reduce the high mortality and morbidity rates caused by the disease.

PROBLEM STATEMENT

In 2007, patients admitted with cancer of oesophagus to male surgical ward per year were 2 out of 60 patients per day and in 2009 the data showed 6 out of 60 patients were admitted to male surgical ward showing an increase of 30% within 2 years. Data for 2009, of patients with oesophageal cancer registered for oesophageal-gastro –duodenoscopy (EGD) showed that 455 patients were recorded.

The increase in number of patients with cancer of oesophagus has prompted the researcher to conduct a study in order to identify factors associated with the increase of the disease. This study will help to identify the risk factors associated with the disease in order to develop preventive measures which will help to reduce the high morbidity and mortality rates caused by the disease.

SIGNIFICANCE OF THE STUDY

Nursing practice

The findings will help nurses to give necessary health education to people on the risk factors associated with the disease in order to prevent and promote health of individuals, groups and communities.

Nursing management

The findings will help the managers at both national and local level to mobilize necessary resources for prevention, diagnosis, treatment and palliative care services.

Nursing education

The findings will be utilized by nurse educators and graduate students to have knowledge, skills and appropriate attitudes which are in congruent with disease trends in the society which they are going to save.

Research

The findings will act as a baseline for further research.

Community

The findings will help to raise awareness on risk factors of the disease and people in the community will be able to recognize the factors and prevent them thereby promoting their health and in the long run, this will help to reduce the mortality and morbidity caused by this disease.

OBJECTIVES

BROAD OBJECTIVE

To determine factors contributing to the increase of cancer of oesophagus in male patients at Zomba Central Hospital.

Specific objectives

a) To assess the patient's level of knowledge on cancer of the oesophagus.

b) To identify the risk factors associated with cancer of the oesophagus.

c) To identify infections associated with Oesophageal Cancer.

LITERATURE REVIEW

INTRODUCTION

Literature review is a carefully, logically developed discussion that provides the rationale for the problem statement, significance of the problem, theoretical perspective, research design and methodology (Clamp,1991). The literature review helps the researcher with the systematic identification and analysis of information pertaining to the specific problem selected for study (Dempsey & Dempsey 2000). Literature review determines what has already been done and is related to the problem of study. It helps to stimulate the researcher to build upon the experiences of other researchers. It also indicates how the proposed study will refine, revise, extend, or transcend what is known, (Wilson, 1989).

Cancer of oesophagus is difficult to cure because many patients present to the hospital in late stages of the disease. No single treatment has shown to be universally effective in the cure of cancer. A considerable amount of research has been carried out to identify the risk factors associated with the disease.

KNOWLEDGE LEVEL OF PATIENTS ON CANCER OF OESOPHAGUS

Literature review has shown that understanding the cause of cancer is the contribution to people's health. Amakali (2002), found that few students had knowledge of different health risks which results from tobacco smoking such as oesophageal cancer, while Neal & Hoskin (2003),says that knowledge forms the backbone of more general health education programmes aimed at reducing exposure to risk factors.

RISK FACTORS ASSOCIATED WITH CANCER OF OESOPHAGUS

A number of factors are known to be associated with increase of cancer of oesophagus. For instance, Gatei (1989) at Kenyatta National Hospital found that gender was an important variable with more men suffering from the disease than women. Neal & Hoskin (2003), says men regularly consume more alcoholic spirits and smoke heavily than women. These substances contain bitumen and nitrosamines respectively which are carcinogenic in nature responsible for

cancer development. The most common age was found to be 50 to 59 years in males and females who participated in the study.

Similarly, Ocama (2005), in Uganda concluded that male gender and old age were the risk factors for oesophageal cancer. Furthermore, Doheny (2005) says that the incidence of cancer rises dramatically with age, most likely because there is a tendency for cellular repair mechanisms to be less effective as a person grows older.

However, WHO (2008), says that physical inactivity and obesity are also risk factors of oesophageal cancer. Obesity and overweight are associated with cancer of oesophagus because of increased risk of reflux which irritates the mucus lining of the gastro intestinal tract leading to the development of cancer (Neal & Hoskin, 2003).

Literature review has also shown that alcohol consumption and tobacco smoking are risk factors for oesophageal cancer. Ocama (2005) in Uganda found that smoking and alcohol consumption were the risk factors. Regular consumption of alcoholic spirits predisposes one to cancer due to chronic irritation of the oesophageal mucosa (Neal & Hoskin, 2003).

In 1990, the South Africans in Johannesburg, Baragwaneth and Hilbrow hospitals found that most people affected with cancer of oesophagus were urban residents because urbanization was associated with many life style changes like high rates of beer drinking and smoking. Neal & Hoskin (2003) also comments that alcohol and tobacco contain bitumen and nitrosamines respectively which are carcinogenic in nature responsible for cancer development. WHO (2008), furthermore comments that harmful alcohol use causes 35,000 cancer deaths annually and is a risk factor for cancer of oesophagus.

Some eating habits are associated with cancer of oesophagus. Doheny, (2005) wrote that low fruit and vegetable intake are associated with cancer development. Tevan (1992), similarly found that the major risk factors for cancer of oesophagus were a diet poor in fruit and vegetables. Fruits and vegetables contain beta carotene, retinol and vitamin A which inhibit cancer growth (Neal & Hoskin, 2003). Furthermore, WHO (2008) comments that eating well and staying

active are the keys to leading healthier lives and eliminating the risks of chronic conditions such as cancer.

However, there are some infections which are associated with cancer of oesophagus. Several researchers have done their studies on this. Doheny (2005) wrote that Hepatitis B, Hepatitis C, human Papilloma virus and HIV/ AIDS are the risk factors for cancer of oesophagus in low and middle –income countries. Viruses reproduce by integrating their own genes with those of the infected host, and in doing so the gene sequence of host chromosomes is adjusted. This in turn led to deregulation of oncogenes or inactivation of tumour suppressor genes, ultimately resulting in malignant transformation (Neal & Hoskin, 2003). Tevan (1992) in Italy also found that chronic gastro-intestinal diseases, like gastro oesophageal reflux disease irritate the mucosa lining of the oesophagus which predisposes one to develop cancer. Family history of cancer and patient's history of other cancers were also associated with increased risk.

SUMMARY OF LITARATURE REVIEW

The literature review has shown that there are risk factors associated with cancer of oesophagus like male gender, old age, physical inactivity, and obesity. Inadequate knowledge on the risks of the disease was also found as a contributing factor. Cancer of oesophagus is associated with other factors like smoking and drinking beer. Inadequate intake of fruits and vegetables is also associated with cancer of oesophagus. However, chronic Gastro intestinal conditions, like chronic gastro- oesophageal reflux disease, viral diseases like HIV/AIDS, Hepatitis B and C, Human Papilloma Virus, history of oesophageal and other cancers in the family were also some of the risk factors for oesophageal carcinogenesis identified by the researchers. No literature has shown that studies were conducted in Malawi to identify the risk factors which increase cancer of oesophagus in males, this study then will look into this.

CHAPTER 3

CONCEPTIAL FRAMEWORK

THE HEALTH BELIEF MODEL

The health belief model was the first model that adapted theory from behavioral sciences to health problems and it remains widely used today (Glanz et al, 1997) as cited by Clemen-stone, (2001)). The model tells the relationship between people's beliefs and actions. The model focuses on preventive health care practices. The model postulates that health seeking behaviour is influenced by a person's perception of a threat posed by a health problem and the value associated with actions aimed at reducing the threat.

HBM addresses the relationship between a person's beliefs and behaviours. It provides a way to understanding and predicting how clients will behave in relationship to their health and how they will comply with health care therapies. The model integrates psychological theories of goal setting, decision-making and social learning (Polit and Hungler, 1999). Sanders and Marzillier (1990), states that the health belief model is an analysis of the social and psychological factors that determine whether or not people take preventive actions. Social factors like smoking, alcohol drinking and unhealthy diet are the major contributors to cancer of oesophagus. If these factors are prevented, the disease incidence can also be reduced.

The health belief was developed to assist in explaining preventive behaviour. Becker et al, (1977) as cited by King (1984) states that the health belief model is a useful tool in predicting the degree to which individuals are likely to play an active role in their care and that of others in preventive behaviour for the purpose of getting well.

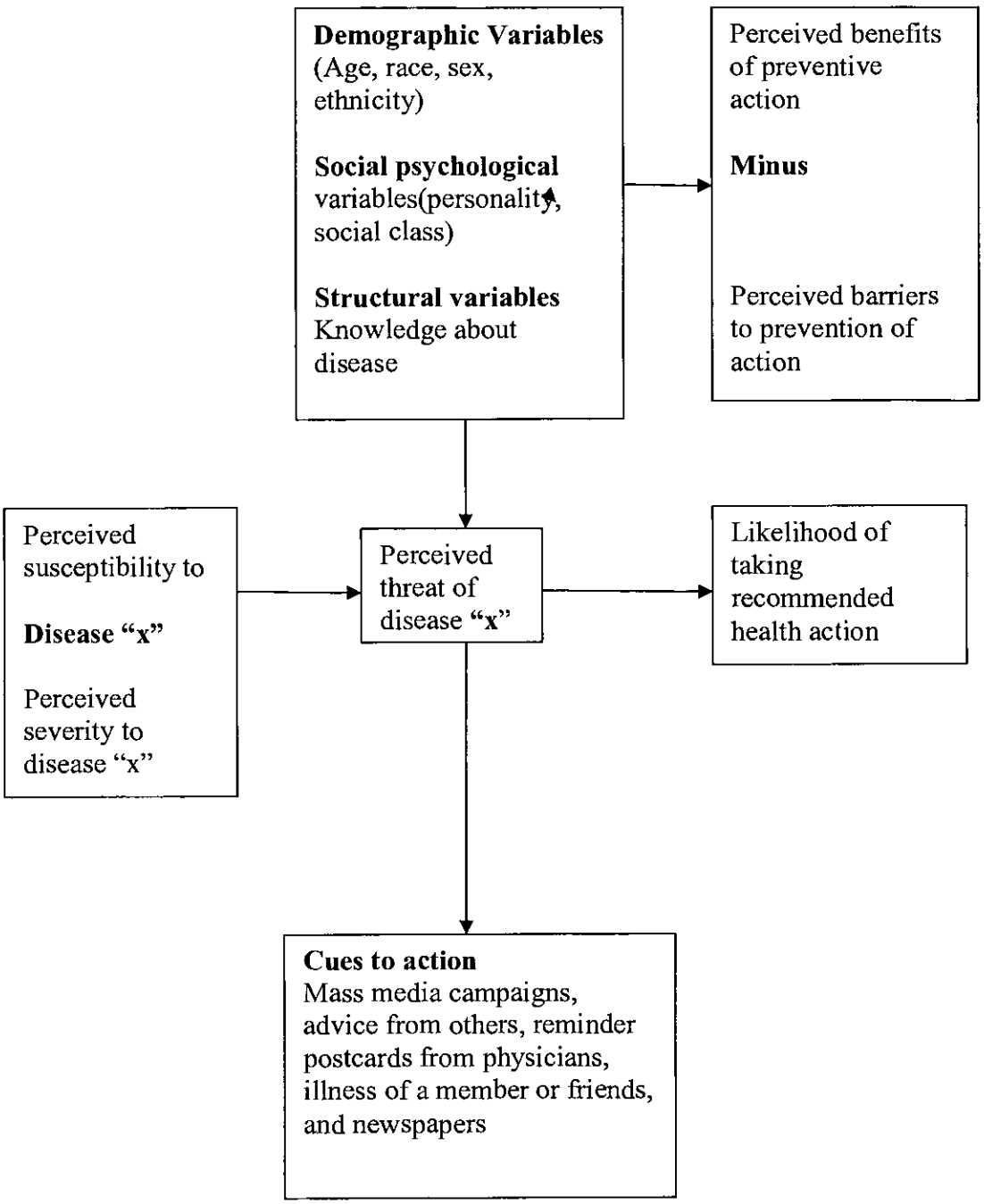
The major components of HBM are perceived susceptibility, perceived severity and perceived costs and benefits, motivation and enabling factors (Polit and Hungler, 1999). HBM states that people are likely to take preventive action if they feel concerned about their health (King, 1984).

Lifestyles such as smoking and drinking beer may pose a health risk to people who indulge in it. Doheny (2005) also identified tobacco smoking and alcohol drinking as leading factors for cancer of the oesophagus. A change in behaviour is possible if one believes that the change will be beneficial to their lives. Bollough and Bollough (1990), states that behaviour is dependent on the value placed by an individual on an outcome and on the individuals perception that certain

behaviour will produce a desired outcome. If only people can change the behaviour of smoking and drinking then cancer can cease to be a burden. This can be achieved by increasing the awareness of the factors and the risks of the disease and then people can recognize the value of the outcome.

HBM states that age is an important consideration, Craven and Hirnle, (1992). Elderly people are susceptible to diseases because their immunity is diminishing as they advance in age. Ageing is another fundamental factor for the development of cancer. The incidence of cancer rises dramatically with age, most likely due to a buildup of risks for specific cancers that increase with age. The overall risk accumulation is combined with the tendency for cellular repair mechanisms to be less effective as a person grows older, Doheny (2005).

Fig.1: THE HEALTH BELIEF MODEL



(Adapted from Craven & Hirnle, 1992 fig 11-12, page 175)

APPLICATION OF THE HEALTH BEIEF MODEL TO THE STUDY

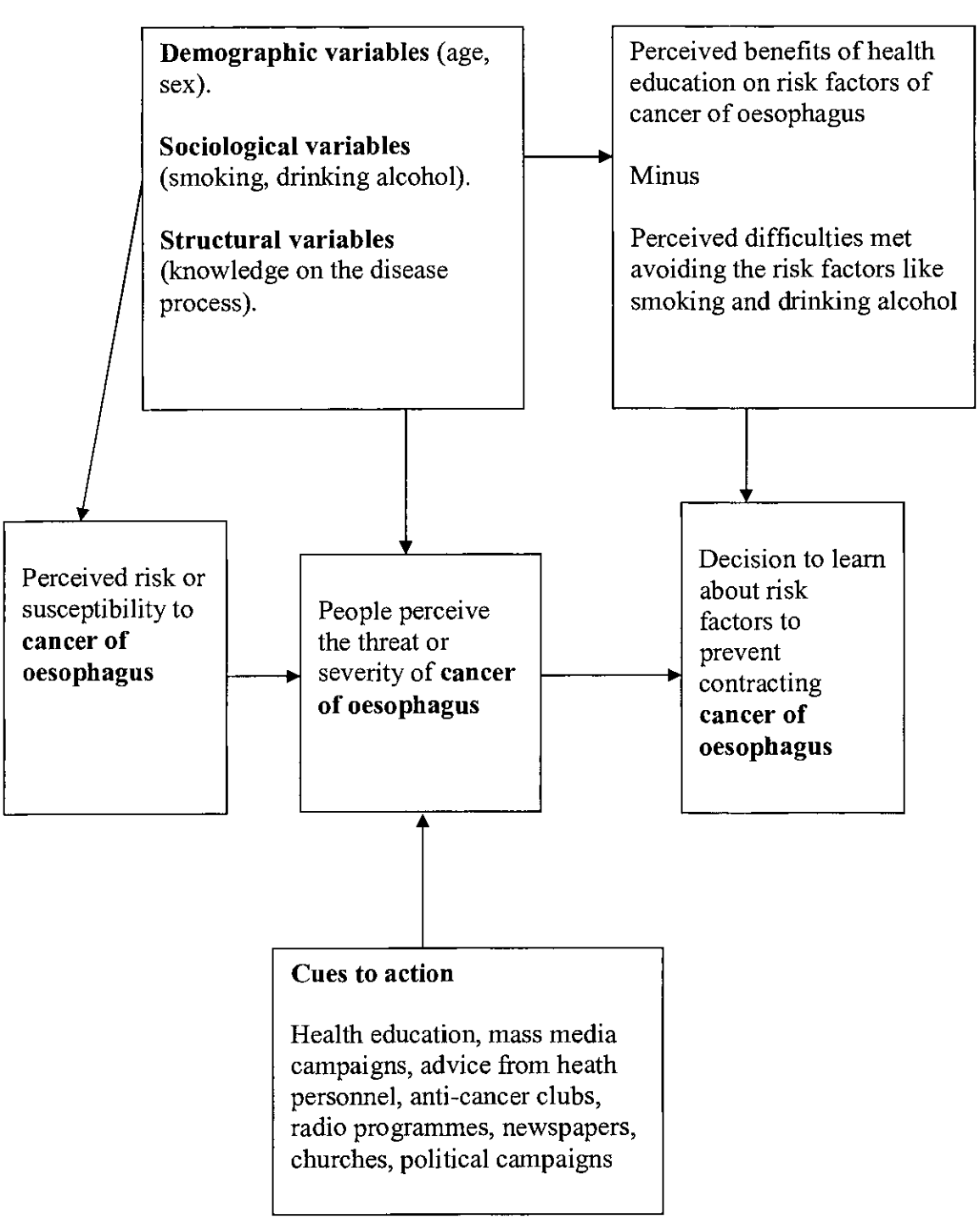
The concepts in the model which are relevant to the study are perceived susceptibility, perceived severity, perceived benefits, costs and perceived barriers. (See the above diagram on page 23). The factors interact to produce an action. Leahy, Cobb and Jones (1982) state that perceived severity of a health condition is often in line to the individual's knowledge about the condition and its possible consequences. When an individual has knowledge of the causative factors and preventive measures of cancer they can be able to avoid the risk factors there by reducing the burden of the disease at local, national and international level.

PERCEIVED SEVERITY- Sander and Marzillier (1990) state that perceived severity is the estimate of how serious the result of contracting an illness would be to the individual. People can only avoid behaviours which risk them from contracting the disease if they perceive bad consequences. People who are burdened with cancer disease and those who die from the disease can help in behavioural change of people because they set as living examples and people see the value of their outcome after behavioural change.

PERCEIVED SUSCEPTIBILITY –This is ones opinion of chances of getting a condition (Clemen-stone 2001). People need to have adequate information about risk factors for cancer of the oesophagus from health personnel, mass media and newspapers for them to make informed decisions about prevention and control of cancer. This will help them to have adequate knowledge about cancer and they will be able to avoid the risky behaviours and be able to promote their health.

PERCEIVED BENEFITS- This is one's opinion of the efficacy of the advised action to reduce the risk of seriousness of the impact. If people have knowledge of the factors that influence the increase of cancer of oesophagus and its impact on their health they will be able to prevent the disease and seek medical care early therefore the disease can be diagnosed early and treatment can be initiated early therefore it can be cured reducing the burden of the disease.

FIG 2: THE HEALTH BELIEF MODEL AS IT APPLIES TO THE STUDY



CHAPTER 4

4.0 METHODOLOGY

4.1 RESEARCH DESIGN

A descriptive quantitative research design is used to obtain information. This design is chosen because quantitative research studies are concerned with measurements of phenomena and characteristics of concepts. Quantitative studies are formal, objective and systematic processes in which numerical data are used to describe variables, examine relationship among variables and determine cause and effect of interaction between variables (Burns & Grove, 2005).

4.2 SETTING

The study will be conducted at Zomba Central Hospital in male surgical ward and endoscopy unit. These areas are chosen because this is where cancer of oesophagus patients are admitted and come for follow up respectively.

4.3 SAMPLING

Sampling is a process that involves selecting subjects or a group of people, events, behaviours, or other elements with which to conduct a study that represent the population being studied (Burns and Grove, 2005). The sample of 30 patients suffering from cancer of oesophagus will be used, this is a representative sample. A representative sample is a sample whose characteristics are highly similar to those of the population from which it is drawn (Polit & Hungler, 1999). The convenient sampling will be used because it entails the use of most conveniently available people for use as subjects in the study (Polit & Hungler, 1999). This means that all male patients who are suffering from cancer of oesophagus are eligible for selection until the sample size is adequate.

4.4 INSTRUMENTS

A self administered questionnaire will be used to collect data. A self administered questionnaire is a method of gathering self-report information from respondent through self-administration of a questionnaire in a paper-and-pencil format (Polit & Hungler, 1999). Closed questions are used as well as open ended questions to allow the respondent to answer in their own words and open-ended questions allow the researcher to evaluate the level of knowledge of the respondent. The

researcher will read the questions and write the answers on the questionnaire for the subjects who are illiterate and they will use a thumb print to sign if they agree with the information given.

4.5 PRETESTING

The pretesting of the study is used to test the feasibility and validity of the questionnaire. This helps the researcher to know how the subjects respond to the questionnaire and if it answers the question on the study. Polit and Hungler (1999), define validity as the degree, which an instrument measures what it is supposed to measure. Pretesting allows the acceptability of the questionnaire to the subject and also ensures validity and reliability of the instrument to be used Polit & Hungler, (1999). 6 patients will be used to test the questionnaire. The patients will be randomly selected from Kamuzu Central Hospital, male surgical ward. This area is chosen for pretesting because it is similar to the real setting where the study will take place.

4.6 DATA COLLECTION

Data collection is the process of acquiring information from respondents. It is collected using structured questionnaires with closed and open ended questions that allow the respondents to answer questions on their own. In this study a self administered structured questionnaire will be used to collect data from patients suffering from cancer of oesophagus. The interviews will take 30-45 minutes; this is an eligible time because the participants will not get tired and bored.

4.7 DATA ANALYSIS

Data analysis is the systematic organization and synthesis of research data, and the testing of the research hypothesis using the data ((Polit & Hungler, 1999). Data will be analyzed manually using descriptive statistics like mean, frequency, and percentages and findings will be presented in form of tables, graphs and pie charts. This will help to draw conclusions from the study.

4.8 ETHICAL CONSIDERATIONS

Permission to conduct the study will be sought from the Research publication committee and the Director, Zomba Central Hospital. The participants will be informed on the purpose of the study and that there may be direct and indirect benefits to them as patients because by the end of the

study they will get knowledge which will be used by them, friends and other members of the society.

Participants will also be informed that there will be no any harm to their bodies as the study will not involve any physical injury to their bodies. This is because participants have the right to protection from harm and discomfort.

The participants will also be assured that the information given will remain anonymous and confidential, that means, code numbers will be used instead of names.

The information on the questionnaires will be under lock and key so that it will be accessible to the researcher only to maintain privacy.

Participants will be told that they are free not to participate or to withdraw from the study if they feel that continuing with the study would cause undue distress.

The interviews will be done on a conducive and private atmosphere where the respondents will exercise their rights of expression without interference.

The participants will be given consent forms to sign after being given the information about the study including the dangers and the benefits involved if they participate in the study. This shows that they accept to participate in the study.

4.9 DISSEMINATION OF FINDINGS

The research findings will be communicated through written reports to Zomba Central hospital staff. Copies of research work will be available at Kamuzu College of Nursing Library and Zomba Central Hospital library.

RESEARCH BUDGET

	STATIONERY	**K**	
1	ream A4 papers ruled	**1200**	**00**
2	reams A4 photocopying paper at K1000 each	**2000**	**00**
2	eraser at K100 each	**200**	**00**
2	pens at K50 each	**100**	**00**
2	arch lever files at K5oo each	**1000**	**00**
2	sharpeners at K100 each	**200**	**00**
1	stapling machine at K1500	**1500**	**00**
1	punching machine at K1500	**1500**	**00**
1	box of staple wires	**500**	**00**
1	calculator	**2000**	**00**
1	4GB flash	**8000**	**00**
1	1GB flash	**3000**	**00**
10	large envelopes at K100 each	**1000**	**00**
10	small envelopes at K50 each	**500**	**00**
1	unit floppy	**2000**	**00**
	airtime	**5000**	**00**
	TOTAL	**30,700**	**00**

TRANSPORT	**K**	**T**
3 Trips from Lilongwe to Zomba at k3000 each	**18000**	**00**
3 Trip to Capital Hill to collect data on current statistics on cancer at k 200 each trip	**600**	**00**
Trip to Zomba to collect data	**12000**	**00**
Trip for pilot testing	**6000**	**00**
TOTAL	**36000**	**00**
TYPING, AND PHOTOCOPYING		
Typing of research proposal at k100 per page (50pages)	**5000**	**00**
Photocopying 3 copies at k10 per page	**1500**	**00**
Re photocopying errors	**500**	**00**
Typing a questionnaire ,3pages	**300**	**00**
Photocopying a questionnaire, x30 copies	**900**	**00**
Typing and photocopying informed consent form , 30 copies	**3000**	**00**
Typing one copy of dissertation at K100 per page	**8000**	**00**
Photocopying 3 copies of dissertation ,80 pages	**2400**	**00**
TOTAL	**21,600**	**00**
BINDING AND PRINTING		
4 copies of research proposal printing at k30 per page and binding at k200 each copy	**6,800**	**00**
4 Copies of dissertation at k30 per page and K200 binding per copy	**10,400**	**00**
TOTAL	**17,200**	**00**
OVERALL TOTAL	**105,500**	**00**

JUSTIFICATION OF THE BUDGET

STATIONERY

Supplies on stationery will be used for note taking and data collection. This includes papers, pens, files, pencils, and flash disks.

TRANSPORT

The transport money will be used for travelling to collect data for research proposal and dissertation.

SECRETARIAL SERVICES

Money for secretarial services will be used for typing, printing, photocopying and binding the research proposal, questionnaires, letters, and dissertation.

AIRTIME

The money will be used to buy airtime to call the supervisor and to agree when to meet for corrections and assistance, to call people who are currently dealing with cancer services for background and other relevant information needed for the study.

CONTINGENCY

This will be needed for unforeseen problems, which may arise during the study.

DURATION OF THE STUDY

FEBRUARY TO NOVEMBER 2010

month	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov
Activities										
Identification of research topic										
Identification of supervisor										
Proposal writing										
Seeking clearance										
Data collection										
Data analysis										
Report writing										
Submission of research document										
Dissemination of findings										

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APPENDIX A

The University of Malawi
Kamuzu College Of Nursing
Private Bag 1
Lilongwe.

Research and Publication Committee
Kamuzu College of Nursing
Private Bag 1
Lilongwe.

Dear sir/Madam,

REQUESTING PERMISSION TO CONDUCT A RESEARCH STUDY.

I am a second year mature student, pursuing a Bachelor of Science in Nursing and Midwifery.

I write to request for permission to conduct a study at Zomba Central Hospital, Zomba, Malawi. The Study is entitled **"Factors Influencing the Increase of Cancer of Oesophagus, in Male surgical ward".**

The study will be conducted in partial fulfillment of the Bachelor of Science Degree in Nursing and Midwifery.

The study results will be used for education purposes only. I am looking forward to hear from you.

Yours faithfully,

Charity Chibaka Mtawali (Mrs.)

APPENDIX B

The University of Malawi
Kamuzu College Of Nursing
Private Bag 1
Lilongwe.

The Director
Zomba Central Hospital
PO Box 21
Zomba
Malawi.

Dear sir/Madam,

REQUESTING PERMISSION TO CONDUCT A RESEARCH STUDY

I am a second year mature student, pursuing a Bachelor of Science in Nursing and Midwifery.

I write to request for permission to conduct a study at your hospital. The Study is entitled **"Factors Influencing the Increase of Cancer of Oesophagus, in Male surgical ward".**

The study will be conducted in partial fulfillment of the Bachelor of Science Degree in Nursing and Midwifery at the University of Malawi, Kamuzu College of Nursing.

Your usual assistance will be greatly appreciated.

Yours faithfully,

Charity Chibaka Mtawali (Mrs.)

APPENDIX C

The University of Malawi
Kamuzu College Of Nursing
Private Bag 1
Lilongwe.

The Director
Kamuzu Central Hospital
P. O. Box 149
Lilongwe.

Dear sir/Madam

REQUESTING PERMISSION TO CONDUCT A PILOT RESEARCH STUDY.

I am a second year mature student, pursuing a Bachelor of Science in Nursing and Midwifery.

I write to request for permission to conduct a pilot research study at your hospital. The Study is entitled **"Factors Influencing the Increase of Cancer of Oesophagus, in Male surgical ward, Zomba".**

The study will be conducted in partial fulfillment of the Bachelor of Science Degree in Nursing and Midwifery.

I am looking forward to hear from you.

Yours faithfully,

Charity Chibaka Mtawali (Mrs.)

APPENDIX D

INFORMED CONSENT

Dear participant,

I am a second year mature student pursuing a Bachelor Of Science Degree in Nursing Education at the University of Malawi, Kamuzu College of Nursing. I am conducting a study on Factors influencing the increase of Cancer of Oesophagus in Male Surgical patients at Zomba Central Hospital. The study is being conducted in partial fulfillment of the requirements for the award of a Bachelor of Science degree.

You will be given a questionnaire which you are kindly requested to answer. Privacy and confidentiality will be maintained throughout the study. Your safety is guaranteed as you participate in the study. You have the right to participate or not and you are also free to withdraw from the study at any point.

Your information will be confidential, code numbers will be used instead of names. . No one will have access to the information except the researcher. You might benefit directly or indirectly as you are participating in the study because the results will be used for educational purposes only.

"I have been provided with the right information concerning the study. I have been assured of my right as far as the study is concerned. I therefore accept to take part in the study."

Name of Participant:..... Date:...../...../2010.

Signature:.....

Name of Researcher:..... Date:...../...../2010.

Signature:.....

APPENDIX F

KALATA YOKHUZA KAFUKUFUKU WA ZINTHU ZOMWE ZIKUTHANDIZIRA KUCHULUKA KWA MATENDA A KHANSA YA PAKHOSI KWA AZIBAMBO PA CHIPATALA CHACHIKULU CHA ZOMBA

Ine ndine mayi Mtawali, mmodzi mwa ophunzira pasukulu ya ukachenjede ya zaunamwino ndi zochembeza, ku Lilongwe. Pakali pano ndikuchita maphunziro a ukachenjede wa uphunzitsi wa anamwino. Chinthu chimodzi chofunika pa maphunzirowa ndi kuchita kafukufuku. Ndipo kafukufuku ameneyu ndiwofuna kupeza zinthu zimene zikuthandizira kuchulukitsa matenda a khansa ya pakhosi mwa azibambo .

Inu mwasankhidwa kukhala mmodzi woti muyankhe mafunso wokhuzana ndi kafukufukuyu. Ngakhale mwasankhidwa, simuli okakamizidwa mu njira iliyonse kutengapo mbali pakafufukuyu koma mutero molingana ndikusankha kwanu. Muli ololedwa kusankha kutenga nawo mbali kapena kusiya pamene mwaona kuti nkofunika kutero. Kusiya kwanu kutengapo mbali sikukhudzana ndi ufulu wanu polandira chithandizo.

Palibe chovuta kapena cholowa chimene mungachipeze potengapo mbali pakafukufukuyu. Zotsatira za kafukufukuyu zidzathandiza madotolo apachipatala cha Zomba chachikulu ndi anamwino onse kupeza njira zopewera matenda akhansa yapakhosi zomwe zizathandiza kuphunzitsa anthu zamatendawa kuti asapitirire kuchuluka ndi kupha anthu ambiri. Zotsatirazi zizathandizanso maphunziro anamwino kupita patsogolo. Mafunsowa adzatenga nthawi yosachepera mphindi makumi atatu.

Dzina lanu silidzalembedwa pa pepala la mafunso koma nambala ndiyo idzagwiritsidwa nchito ndicholinga chosunga chinsinsi pa zomwe mwayankha. Zomwe mwayankha sizidzaonetsedwa kwa wina aliyense kupatula amena akukhudzidwa ndi kafukufukuyu. Ngati mungafune kudziwa zina zokhudzana ndi kafukufukuyu mukhoza kuyimba foni pa nambala iyi, 0888527248.

Ndamvetsa zakafukufukuyu ndipo ndauzidwa uthenga okwanira ndioyenera wokhuzana ndi kafukufukuyu ndipo ndavomera kutengapo mbali.

Dzina la wotengapo mbali pakafukufuku ..... Tsiku...../...../2010

Saini .....

Dzina la ochita kafukufuku ..... Tsiku...../..../2010

Saini .....

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

APPENDIX E

QUESTINAIRE FOR PATIENTS

TITLE: FACTORS WHICH INFLUENCE THE INCREASE OF CANCER OF OESOPHAGUS IN MALE SURGICAL PATIENTS AT ZOMBA CENTRAL HOSPITAL

CODE NUMBER:.....

DATE:...../...../2010

PART A: DEMOGRAPHIC DATA

(tick where appropriate)

1. **Age**

15-20 years [ ]

21-30 years [ ]

31-40 years [ ]

41-50 years [ ]

Over 50 years [ ]

2. **District of origin** ----------

3. **Tribe (tick where applicable)**

a) Chewa [ ]

b) Tonga [ ]

c) Yao [ ]

d) Lomwe [ ]

e) Ngoni [ ]

f) Sena [ ]

g) Other(specify) ----------

4. Religion

a) C.C.A.P. [ ]

b) S.D.A. [ ]

c) Pentecostals [ ]

d) Anglican [ ]

e) Jehovah's witness [ ]

f) Moslem [ ]

g) Other (specify) ----------

5. Level of education

University level [ ]

Secondary level [ ]

Primary level [ ]

None [ ]

6. Occupation

a) Office work (specify) [ ].....

b) Factory work (specify) [ ].....

c) Farming (specify) [ ].....

d) Others (specify) ----------

7. Place of residence

a) Urban [ ]

b) Rural [ ]

8. Marital Status

a) Married [ ]

b) Single [ ]

c) Divorced [ ]

d) Widow [ ]

9. Weight ----------kg

10. Immunizations

Hepatitis b vaccine

a) Yes [ ]

b) No [ ]

PART B: PATIENT'S LEVEL OF KNOWLEDGE ON CANCER OF OESOPHAGUS

i. What is Cancer of Oesophagus?----------

ii. What are the risk factor for Cancer of Oesophagus?----------

iii. How can Cancer of Oesophagus be prevented?----------

iv. What are the signs and symptoms of cancer of oesophagus?----------

v. How can cancer of oesophagus be treated?

a) Surgery [ ]

b) Drugs [ ]

c) Surgery and drugs [ ]

d) Others specify ----------

PART C: RISK FACTORS THAT ARE ASSOCIATED WITH CANCER OF OESOPHAGUS

i. Do you smoke tobacco currently?

a) Yes [ ]

b) No [ ]

ii. If no , have you ever smoked in the past?

a) 20 years ago [ ]

b) 10 years ago [ ]

c) 5 years ago [ ]

d) 1year ago [ ]

e) Others (specify) ----------

iii. If yes what type of tobacco

a) Cigarettes [ ]

b) Rolled [ ]

c) Piped [ ]

d) Others specify ----------

iv. How many cigarettes per day

a) Less than 10 cigarettes

b) 10 cigarettes [ ]

c) 20 cigarettes [ ]

d) 30 cigarettes [ ]

e) 40 cigarettes [ ]

f) 50 above [ ]

v. Do you take alcohol?

a) Yes [ ]

b) No [ ]

vi. If yes what type of alcohol?

a) Chibuku [ ]

b) Kachasu [ ]

c) Bottled beer [ ]

d) Others specify ----------

vii. How much alcohol do you take per day

a) 5 litres [ ]

b) 4litres [ ]

c) 3litres [ ]

d) 2litres [ ]

e) 1litre [ ]

f) Others (specify) ----------

viii. If no, have you ever drunk beer in the past at some point in your life.

a) 20 years ago [ ]

b) 10 years ago [ ]

c) 5 years ago [ ]

d) 1 year ago [ ]

e) Others specify [ ]

ix. How much vegetables and fruits do you afford to take with your meals?

a) Enough [ ]

b) Don't take [ ]

c) Others (specify) ----------

x. Is there any history of cancer of the oesophagus in your family?

a) Yes [ ]

b) No [ ]

xi. Do you know your HIV sero status?

a) Yes [ ]

b) No [ ]

xii. If yes what are the results?

a) Positive [ ]

b) Negative [ ]

xiii. Have you ever suffered from the following viral diseases?

a) Human Papilloma virus [ ]

b) Hepatitis B [ ]

c) Hepatitis C [ ]

d) others (specify) ----------

xiv. Have you ever suffered from any chronic gastro -intestinal conditions which causes reflux?

a) Yes [ ]

b) No [ ]

c) If yes what type of disease(s) specify----------

xv. Have you ever taken Aspirin for a pronged period of time for a certain disease?

a) Yes [ ]

b) No [ ]

c) If yes what type of condition(s) specify----------

xvi. Have you ever suffered from other types of cancers affecting the head, neck ,the gastro- intestinal system or other parts of the body?

i. Yes [ ]

ii. No [ ]

iii. If yes, which part of the body exactly affected?

.....

iv. Have you been exposed to radiography because of other diseases?

a) Yes [ ]

b) No [ ]

xvii. If yes, what was this exposure and what was the disease condition. ----------

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APPENDIX F: QUESTINAIRE FOR PATIENTS IN CHICHEWA

MUTU: KAFUKUFUKU WA ZINHU ZOMWE ZIKUTHANDIZIRA KUCHULUKA KWA CHIWERENGERO CHA AZIBAMBO AMENE AKUDWALA MATENDA A KHANSA YA PAKHOSI.

Langizo ; werengani bwino lomwe mafunso ali munsiwa ndipo chongani yankho lolondola mbokosimo

Nambala:----------

Tsiku----------/----------2010

GAWO LOYAMBA -Mbiri yanu ndipo (Chongani poyenerera)

1. Kodi muli ndi zaka zingati?
    a) 15-20 [ ]
    b) 21-30 [ ]
    c) 31-40 [ ]
    d) 41-50 [ ]
    e) 50 kuposa [ ]

2. Mumakhala mboma lanji? ----------

3. Ndinu mtundu wanji wa anthu?
    a) Chewa [ ]
    b) Tonga [ ]
    c) Yao [ ]

d) Lomwe [ ]

e) Ngoni [ ]

f) Sena [ ]

g) Mtundu wina (fotokozani) ----------

4. Kodi ndinu a chipembedzo chanji?

a) C.C.A.P [ ]

b) Seventh Day Adventist [ ]

c) Anglican [ ]

d) Mboni za yehova [ ]

e) Chisilamu [ ]

f) Chipembedzo china fotokozani ----------

5. Maphunziro anu munalekezera pati?

a) Sukulu ya ukachenjede [ ]

b) Sukulu ya sekondale [ ]

c) Sukulu ya pulayimale [ ]

d) Simunapiteko kusukulu [ ]

6. Kodi mumagwira nchito yanji?

a) Yamuofesi [ ]

b) Ya ku fakitole [ ]

c) Yaulimi [ ]

d) bizinesi [ ]

e) Nchito zina fotokozani ----------

7. Kodi mumakhala kuti?

a) Kutauni [ ]

b) kumudzi [ ]

8. Kodi ndinu a pabanja?

a) Okwatira [ ]

b) Osakwatira [ ]

c) Osiyana ukwati [ ]

d) Oferedwa [ ]

9. Kulemera kwanu mukakwera sikelo ----------**kg**

10. Kodi mudalandirapo katemera wa matenda a chiwindi wa hepatayitisi B

a) Ndinabayidwapo [ ]

b) Sindidabayidwepo [ ]

GAWO LACHIWIRI

KODI MUMADZIWAPO CHANI ZA MATENDA A KHANSA YA PAKHOSI

a) Khansa ya pakhosi ndichiyani/----------

---

b) Zomwe zimathandiza kuyambitsa matenda a khansa ya pakhosi ndi chiyani?-----

---

c) Kodi khansa yakhosi tingayipewe bwanji?

---

d) Zizindikiro za matenda a khansa ya pakhosi ndi chiyani?

---

e) Kodi khansa imeneyi yimachizika bwanji?

I. Ndimankwala [ ]

II. Ndiopaleshoni [ ]

III. Ndizonse zatchulidwazi [ ]

IV. Ngati pali njira zina tchulani ----------

GAWO LACHITATU

ZINTHU ZOMWE CHIMATHANDIZIRA KUCHULUKITSA MATENDA A KHANSA YA PAKHOSI

I. Kodi mumasuta fodya?

a) Inde [ ]

b) Ayi [ ]

II. Kodi ngati sumusuta fodya pakali pano, munayamba mwasutako masiku ambuyomu?

a) Zaka 20 zapitazo [ ]

b) Zaka 10 zapitazo [ ]

c) Zaka5 zapitazo [ ]

d) Chaka chimodzi chapita [ ]

III. Kodi ngati mumasuta, fodya wake ndiwanji?

a) Ndudu [ ]

b) Chingambwe [ ]

c) Wampaipi [ ]

d) Mtundu wina wa fodya fotokozani [ ]

IV. Mumasuta fodya wochuluka bwanji patsiku? Fotokozani ----------

V. Mumamwa mowa wa mtudu wanji?

a) Ayi sindimwa [ ]

b) Eya ndimamwa

VI. Ngati mumamwa mowa , mumamwa mowa wanji?

a) Wammabotolo [ ]

b) Kachasu [ ]

c) Chibuku [ ]

d) Mtundu wina wa mowa fotokozani.....

VII. Kodi mumamwa mowa ochuluka bwanji ,fotokozani.....

VIII. Ngati simumwa mowa pano, koma mbuyomu munamwapo , ndi zaka zingati zapitazo

a. Zaka makumi awiri zapitazo [ ]

b. Zaka khumi Zapitazo [ ]

c. Zaka zisanu zapitazo [ ]

d. Chaka chimodzi chapitacho [ ]

e. Zina tchulani .....

IX. Kodi mumadya masamba ndi zipatso kuwonjezera pa chakudya chanu cha tsiku ndi tsiku?

a) Inde okwanira [ ]

b) Ayi sindidya [ ]

c) ngati pali mayankho ena fotokozani ----------

X. kodi alipo amene anadwalapo matenda akhansa mubanja mwanu?

a) Inde [ ]

b) ayi [ ]

c) kodi ngati anadwalapo khansayo inagwira dera lanji la thupi?

Fotokozani .....

XI kodi munayezetsapo zokhudzana ndi kachirombo ka Edzi ?

a) inde [ ]

b) ayi [ ]

XII. Ngati munayezetsa , zotsatira zinali bwanji?

a) Kachirombo koyambitsa matenda a Edzi ndilinako [ ]

b) Kachirombo koyambitsa matenda a Edzi ndilibe [ ]

XIII. Kodi munadwalapo matenda ali mmunsimu ?

a) Njerewere [ ]

b) Matenda okhuzana ndi chiwindi [ ]

XIV. kodi munadwalapo matenda okhuzana ndi njira yodutsa zakudya kwa nthawi yayitali?

a) inde [ ]

b) ayi [ ]

XV. Ndipo ngati munadwalapo matenda wo ndi chiyani, fotokozani----------

XVI. Kodi mwakhala mukumwa mankwala a aspirini kwa nthawi yayitali chifukwa cha matenda ena?

a) inde [ ]

b) ayi [ ]

c) ndipo ngati munamwapo matenda ake ndi ati, fotokozani ----------

XVII. Kodi munadwalapo matenda akhansa okhuza kumutu, khosi, modutsa zakudya kapena madera ena, fotokozani .....

XVIII. Kodi munajambulidwapo ndi zitsulo zowunikira nkati mwa thupi chifukwa cha matenda ena?

a) inde [ ]

b) ayi [ ]

XIX. Ndipo ngati munajambulidwapo ,matenda ake anali chiyani, Fotokozani?

.....