

**EXPERIENCES, NEEDS AND COPING STRATEGIES OF WOMEN CARING FOR
HUSBANDS WITH CANCER AT THE CANCER DISEASES HOSPITAL IN LUSAKA,
ZAMBIA**

BY

STUDENT NAME: PATIENCE MBOZI (RN, Dip (HE) PC, BSc PC, MSc PC)

COMPUTER NUMBER: 19002641

**A DISSERTATION SUBMITTED TO THE UNIVERSITY OF ZAMBIA IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
MASTER OF SCIENCE IN CLINICAL NURSING**

THE UNIVERSITY OF ZAMBIA

LUSAKA

MARCH 2023

NOTICE OF COPYRIGHT

All rights reserved; no part of this dissertation may be produced, stored in a retrieval system or transmitted in any form or by other means, electronic, mechanical, photocopy or recording without the prior consent of the author.

@ 2023 by Patience Mbozi, All rights reserved

DECLARATION

I, Patience Mbozi hereby declare that this dissertation represents my own work and has not been presented either wholly or in part for a Degree at the University of Zambia or any other University. I further declare that all the sources cited have been indicated and acknowledged using complete references. It has not been submitted before for any degree in any other University.

Candidates name.....Signature.....Date.....

CERTIFICATE OF COMPLETION OF DISSERTATION

I, Dr. Patricia Katowa-Mukwato having supervised and read this dissertation am satisfied that this is the original work of the author under whose name it is being presented. I confirm that the work has been completed satisfactorily and approve it for final submission.

Supervisor's Signature.....Date.....

HEAD OF DEPARTMENT

Department of Basic and Clinical Sciences School of Nursing Science university of Zambia

NameSignature.....Date.....

CERTIFICATE OF APPROVAL

This research dissertation by “Patience Mbozi titled “Experiences, Needs And Coping Strategies of Women Caring for Husbands with Cancer at Cancer Diseases Hospital in Lusaka, Zambia”, has been approved as partial fulfilment of the requirements for the award of the Degree of Master of Science in Clinical Nursing by the University of Zambia.

Examiner 1

Name:Signature.....Date.....

Examiner 2:

Name:.....Signature.....Date:.....

Examiner 3:

Name:.....Signature.....Date:.....

ABSTRACT

Background: Cancer does not only affect the patient alone but also affects the entire family in all dimensions. The number of men with cancer at the Cancer Diseases Hospital (CDH) has almost doubled from 581 (2015) to 1126 (2019). In general, their wives care for these men. The CDH offers free treatment (such as chemotherapy and radiotherapy), but patients pay for laboratory and diagnostic investigations. The study aimed to assess the needs and explore the experiences and coping strategies of women caring for their husbands with cancer attending the Cancer Diseases Hospital in Lusaka.

Methods: A concurrent convergent-mixed methods design using analytical cross-sectional survey and descriptive phenomenological qualitative approach was used. Stratified random sampling was used quantitatively and stratified purposeful sampling qualitatively. Data were collected using a 27 ITEM Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool and the interview schedule and analyzed using SPSS version 23 and STATA version 17 and qualitatively, qualitative thematic analysis. Chi-square test and Ordinal Logistic regression test was used to test for significant associations among variables. The sample size of 211 participants were recruited quantitatively and 20 participants qualitatively.

Results: The needs include financial, physical, psychological, emotional, social, communication and health care needs. Women's financial resources directly impacted their husbands' care. When four specific needs were met, the women's emotional distress was low. Wives' challenges included mobility difficulties and hospital admissions/problems; socio-economic problems, psychological and emotional distress; caregiving liability and spiritual anguish. Benefits included knowledge about cancer and infection prevention, a strong marital relationship, tolerance and perseverance, resilience and hope. Coping strategies included; spiritual support from spiritual carers, prayer and meditation, music and storytelling, social support and a good marital relationship.

Conclusion: The findings demonstrate that wives of patients with cancer experience many challenges in their caring journey. Nurses must anticipate and/or intervene to in their nursing practice to reduce their negative impact and put both the patients and their caregivers at the center of the oncology nursing care.

Keywords: Cancer, wives of men with cancer, spouse, caregivers, needs, coping strategies, coping, experiences.

DEDICATION

This study is dedicated to the Almighty God who guided me in carrying out the study and made it possible for me to successfully finish the study

To my late parents: Mr. Alfred Jeff Mbozi and Mrs. Caristus Mutafu Mbozi.

To my dear husband Mr. Festus Simuunza who supported me throughout the research process and

My lovely sons Pascal and Jayson Simuunza who give me a reason to always work extra hard.

ACKNOWLEDGEMENT

My sincere gratitude goes to God the Almighty for the gift of life and my nursing career.

Many thanks go to the University of Zambia and in particular the School of Nursing Sciences for providing the necessary learning materials and facilities

My utmost gratitude to my Research Supervisors: Dr. Patricia Katowa-Mukwato and Mrs. Victoria Mwiinga Kalusopa, for their support, inspiration, motivation and patience throughout this long journey of research.

I wish to express my gratitude to Chreso University for according the research grant which has enabled me to undertake and complete the Dissertation. To all my colleagues and friends, thank you for your advice, encouragement and support.

All the lecturers in the Department of Basic and Clinical Nursing sciences for the overwhelming support and encouragement.

I sincerely want to thank Cancer Diseases Hospital management for according me permission to undertake the research study at their institution. To all my study participants (wives of men with cancer), thank you for making this study possible for me.

I thank my dear husband and friend Mr. Festus Simuunza, and my two lovely sons Pascal and Jayson Simuunza for their unconditional love and support, for understanding my busy schedule and for always being so supportive, reassuring and optimistic even when I was not so sure about my progress. Last but not the least, many thanks to my beloved siblings Abigail, Angela and Martin for being so supportive during these years.

Finally, I would like to thank the respondents who participated in this study.

Table of Contents

NOTICE OF COPYRIGHT.....	ii
DECLARATION.....	iii
CERTIFICATE OF COMPLETION OF DISSERTATION	iv
CERTIFICATE OF APPROVAL.....	vi
ABSTRACT.....	vii
ACKNOWLEDGEMENT.....	ix
LIST OF TABLES.....	xii
LIST OF FIGURES.....	xiii
LIST OF ABBREVIATIONS.....	xiv
CHAPTER ONE.....	1
1.0 Introduction.....	1
1.1 Background.....	1
1.2 Statement of the Problem	4
1.3 Justification of the Study	5
1.4 Theoretical framework.....	6
1.5 General objective	8
1.6 Research question	8
1.7 Definition of Terms.....	8
1.8 Study Variables.....	10
CHAPTER TWO.....	11
LITERATURE REVIEW	11
2.0 Introduction.....	11
2.1 Overview of Cancer type and Cancer stage in Sub-Saharan Africa	11
2.2 Needs of women caring for their husbands with cancer	12
2.3 Experiences of women caring for their husband with cancer	14
2.4 Coping strategies of women caring for their husbands with cancer	17
2.5 Conclusion.....	18
CHAPTER THREE.....	20
METHODOLOGY	20
3.0 Introduction.....	20
3.1 Research design	20
3.2 Study setting	21

3.3 Study Populations	21
3.3 Sample selection and Sample Size	21
3.4 Eligibility criteria	23
3.4 Methods	23
3.5 Validity and Reliability	25
3.7 Data Process and Analysis	28
CHAPTER FOUR	31
PRESENTATION OF RESULTS AND FINDINGS	31
4.0 Introduction	31
4.1.1 Section A: Demographic Characteristics of Participants	31
4.1.2 Section B: Cancer and treatment characteristics of husbands of participants	33
4.2 Section C: Needs of Women Caring For Men with Cancer	34
4.3 Ordinal Logistic regression Results	49
4.4 Section D: Experiences of women caring for husbands with cancer	51
4.4.2 Experiences of women caring for husbands with cancer	54
4.5 Coping Strategies	72
4.6 Needs of Women Married to Men with Cancer	76
4.8 Conclusion	80
CHAPTER FIVE	81
DISCUSSION OF FINDINGS	81
5.0 Introduction	81
5.3 Needs of Women Caring for Their Husbands with Cancer	81
5.3 The experiences of women caring for their husbands with cancer	85
Conclusions	94
5.6 Strengths of this study	95
5.7 Limitations	95
5.8 Implications for Practice	95
5.9 Conclusions	96
5.10 Recommendations	97
5.11 Utilization and Dissemination of findings	98
References	99
Appendix 1: Participant Information Sheets	108
Appendix 2: Informed Voluntary Consent Form (English)	117

Appendix 3: Data Collection Tools	120
Appendix 4: Ethical Approval letters	141
Appendix 5: Quantitative and Qualitative Analysis.....	148

LIST OF TABLES

Table 1.2.1 Total Number of Patients Seen at CDH per year from 2015 to 2019	4
Table 4.1a: Demographic Characteristics of Participants	31
Table 4.2b: Demographic Characteristics of Participants	32
Table 4.3: Cancer and Treatment Characteristics of Husbands of Participants (Quantitative)	33
Table 4.3: Women’s Satisfaction with Financial Management of Insurance Coverage and Other Payment of Husband’s Care.	35
Table 4.4: Women's levels of satisfaction with psychological and emotional needs	36
Table 4.5: Satisfaction with the physical needs of the women.	36
Table 4.6: Social Support Received by Participants.	38
Table 4.7: Satisfaction on the Social Needs	39
Table 4.8: Ability to communicate with medical staff	40
Table 4.9: Satisfaction levels of the women in healthcare need	41
Table 4.10: Association between Women’s ability to pay Medical Fees and Demographic Characteristics.	42
Table 4.11a: Association between Emotional distress and Social Needs	44
Table 4.11b: Association between Emotional distress and Social Needs	45
Table 4.12: Association between Medical Fees and Cancer Category, Cancer Stage and Cancer Treatment.	46
Table 4.13: Association between communications needs and health needs	47
Table 4.14: Association between personal needs and social needs.	48
Table 4.15: Investigating the effects of met needs on levels of emotional distress among participants.	49
Table 4.4.1: Cancer and Treatment Characteristics of Husbands of Participants (Qualitative)	52
Table 4.4.1 Themes identified from interview data	53

LIST OF FIGURES

Figure 4.1: Satisfaction on finding meaning out the husband's cancer.	37
Figure 4.2: Satisfaction of healthcare staff helping to find meaning out of cancer.	38
Figure 4.3: Satisfaction in healthcare communication	40
Figure 4.4: Ability to communicate with medical staff	40

LIST OF ABBREVIATIONS

CDH	Cancer Diseases Hospital
NAFC-C	Modified Needs Assessment of Family Caregivers- Cancer
HDR	High dose rate
UTH	University Teaching Hospital
GRZ	Government of the Republic of Zambia
EBRT	External Beam Radiation Therapy
GIT	Gastro- Intestinal cancers
SPSS	Statistical Package for Social Sciences
UNZA	University of Zambia
SoN	School of Nursing
HCP	Health care personnel
CT scan	Computed tomography scan
MRI	Magnetic resonance imaging
MoH	Ministry Of Health
PHO	Provincial Health Office
DHO	District Health Office
NRHA	National Health Research Authority

CHAPTER ONE

1.0 Introduction

This chapter provides a background to the study, a statement of the problem, research questions and research objectives. Key terminologies such as Coping, Coping strategies, need, spouse and experience are defined. The Justification for the Study is then demonstrated. Finally, an outline of the organization of the study is presented.

1.1 Background

Cancer is a global public health problem with high morbidity and mortality (Cal et al., 2017). Reigada et al. (2015) states that caregivers are the greatest support of patients diagnosed with cancer or any other incurable illness (Reigada et al., 2015). Bray et al. (2018) report an estimated 18 million cancer cases around the world in 2018, and of these 9.5 million cases were in men and 8.5 million in women (Bray et al., 2018). The top three cancers affecting men include: lung, prostate and colorectal cancers and these contributed to 44.4% of all cancers (excluding non-melanoma skin cancer) (Bray et al., 2018). Lung cancer was the most common cancer in men worldwide, contributing 15.5% of the total number of new cases diagnosed in 2018 (Bray et al. 2018). According to Bray et al. (2021), there was an estimated 752,000 new cancer cases in sub-Saharan Africa, which is 4% of the global total statistics and 506,000 cancer deaths occurred in 2018. They further reported that, of the aforementioned statistics, the most common cancers in men were prostate (69,000 cases, or 23% of all cancers) and liver cancers (24,000 cases, or 8% of all cancers) as well as Kaposi sarcoma (20,000 cancers, 7%) (Bray et al., 2021).

Cancer Diseases Hospital (CDH) in Lusaka, Zambia attends to both male and female patients and, according to CDH (2018) annual statistics, 32% of patients have cervical cancer, 9% breast cancer, 9% Kaposi's sarcoma, 5% prostate cancer and 5% lymphomas. The CDH, 2019 annual report revealed an upsurge in the number of new patients with cancer accessing services from 35 patients in 2006 to 3,008 in 2019 (CDH, 2019). In 2015, CDH attended to 2058 patients; from these were 581 men (28.2%); in 2016, 2258 patients and from these, 717 men (31.8%); in 2017, 2431 patients and from these 804 men (33.1%); in 2018, 2734 patients and from these 963 men (35.2%) and in 2019, 3008 patients and from these 1126 men (37.4%) (CDH, 2019). From the above-mentioned statistics, the numbers of men seen at CDH are increasing steadily and so they are expected to rise in the future (CDH, 2019).

Cancer does not only affect the patient alone but also affects the entire family in all aspects such as physical, psychological, emotional and spiritual (LeSeure and Chongkham-ang, 2015; Mbozi et al., 2020). Spouses of cancer patients are confronted with challenges while looking after their family members diagnosed with cancer and on treatment (LeSeure and Chongkham-ang, 2015). Cal et al. (2017) reported that spouses of cancer patients experience coping difficulties while having changes in social, spiritual, psychological and physical needs that ought to be recognized and dealt with (Cal et al., 2017). Semenova and Stadlander (2016) recommend rendering counselling, support, and information to the spouses of patients with cancer (Semenova and Stadlander, 2016). Sercekus et al. (2014) asserts that women spouses are the ones who are most affected during the care of their loved ones (Sercekus et al., 2014). They further state that these women experience challenges such as stress, fear, anorexia, hypertension, anxiety and weakened immune system (Sercekus et al., 2014). Semenova and Stadlander (2016) reported some positive spousal experiences of caregiving such as their motivation to care and ability to give moral support (Semenova and Stadlander, 2016).

In Turkey, a study of caregivers' needs when caring for patients with colorectal cancers, reported that caregiver have needs such as information provision, being involved in medical decisions of their loved one, effective medical treatment, counselling, and emotional support, which must be fulfilled by the nurses and healthcare professionals to make them comfortable (Aydogan et al., 2016). These needs arise from their husbands' disease of cancer and treatment of cancer and their overall experience of caregiving. LeSeure and Chongkham-ang, (2015) assert that a sense of accomplishment is felt by caregivers when they see that their role of caring for their loved ones and making them comfortable is recognized and reinforced (LeSeure and Chongkham-ang, 2015). Other studies add that when these caregivers' needs are promptly identified and fulfilled by the nurses and healthcare professionals, their quality of life are improved (Cal et al., 2017; Mbozi et al., 2020). Additionally, caregivers must be taught to help family members to deal with symptoms and side effects of treatment such as Anemia, Appetite Loss, Bleeding and Bruising (Thrombocytopenia), Constipation, Nausea, Vomiting, Fatigue, Delirium, Diarrhea and Edema (Swelling) (Cal et al., 2017; LeSeure and Chongkham-ang, 2015; Mbozi et al., 2020).

Aydogan et al. (2016) further highlighted that family members of cancer patients need psychological and physical support as they undergo the economic burden and decision-making

issues (Aydogan et al., 2016). To deal with the challenges, caregivers need some coping strategies (Katowa-Mukwato et al. 2010; Katowa Mukwato et al., 2015). Cassidy and McLaughlin, (2015) stipulate that coping strategies are utilized by caregivers of cancer patients to enable them to adjust to the change of events in their lives and during patient care (Cassidy and McLaughlin, 2015). The evidence, therefore, suggests that, in a clinical setup, caregivers need to be recognized and cared for.

Cal et al. (2017) study revealed that spouses of cancer patients experience various coping difficulties because of their changing spiritual and social lives and social support needs (Cal et al., 2017). The study also underlined the knowledge, support, and counselling needs of the spouses. Additionally, Cal et al. (2017) report high scores of anxiety in spouses of male cancer patients due to their emotional attachment and their gender and main caring role in the community and at home. Milimo et al. (2004) reported that women in Zambia are predominantly involved in performing household chores and participate in income-generating activities to help support their families (Milimo et al, 2004). Evans (2014) agrees that women in Zambia are generally categorized as housewives, unlike men who are seen as masters of their own households (Evans, 2014). Geisler (1987) further asserts that despite equal rights guaranteed in the Constitution, women in Zambia are seen to be below their husbands' authority and cannot do anything without their husbands' permission (Geisler, 1987). In Zambia, the average family has five children (Zambia Statistics Agency, 2019) but can even go up to 10 children. Women provide care for their loved ones more often than men do and, in the African culture; women execute domestic tasks and take care of their family's well-being and their husbands' well-being (Milimo et al, 2004). These tasks may consume quite a long time as the tasks are ongoing and due to the high emotional connection that women have toward their husbands and family at large, they tend to struggle holistically during the care of their ill spouses (Cal et al., 2017; LeSeure and Chongkham-ang, 2015).

Aydogan, et al. (2016) reported that caregivers of cancer patients use acceptance of the situation, good social support and expression of distressing feelings as coping strategies (Aydogan et al., 2016). Liao et al. (2017) agree that females usually use acceptance, adequate social support, positive thinking, avoidance strategies and spiritual support as effective coping strategies during difficult times (Liao et al., 2018). Cal et al. (2017) further revealed many spouses' challenges in

their caring role such as the diagnosis of cancer, the signs and symptoms, the length of stay in the hospital, and information overload, puts them in a dilemma as to whether they can freely share with their husbands or not (Liao et al., 2018). Some studies further revealed that spouses experienced dissatisfaction with life, disturbed psychological well-being, poor quality of life and poor physical health (Cal et al., 2017; LeSeure and Chongkham-ang, 2015). Most of the cited studies on the subject of experiences, needs and coping strategies of spouse caregivers have been conducted in settings with different socio-cultural and economic attributes from that which is prevalent in Zambia. It is for this reason that, this research will explore the experiences, needs and coping strategies of spouses caring for their husbands with cancer at CDH to inform and improve clinical practice locally.

1.2 Statement of the Problem

The number of men seen at CDH are increasing steadily and so they are expected to rise in the future. Prostate cancer, Kaposi’s sarcoma and lymphomas are the most common cancers seen amongst men at CDH (CDH, 2019) with most of them being cared for by their wives. The table below indicates the numbers of men seen at CDH since 2015 to 2019 and approximately 80 percent of these men with cancer had their wives as their primary caregivers (CDH, 2019). Without the necessary professional support, spouse caregivers, especially women, experience a lot of anxiety brought about by their husband's illness. Female caregivers also experience dissatisfaction with life, disturbed psychological wellbeing, poor quality of life and poor physical health. Walubita et al. (2018) highlighted in their study that women in Zambia perform multiple tasks including caregiving of their loved ones in the hospitals and face social stigmatization of caring for a patient with cancer (Walubita et al., 2018). Qan’ir et al (2022) also added that little is known about caregivers of cancer patients in Sub-Saharan Africa (Qan’ir et al., 2022).

The table below shows the total number of patients seen at CDH from 2015 to 2019 and the total number and percentages of men seen each year.

Table 1.2.1 Total Number of Patients Seen at CDH per year from 2015 to 2019

Year	Number Of Patients Seen at CDH per year from 2015	Female patients with cancer	Male patients with cancer	Percentages Of Men with cancer Seen at CDH
2015	2058	1477	581	28.2 %
2016	2258	1541	717	31.8%
2017	2431	1627	804	33.1%
2018	2734	1771	963	35.2%
2019	3008	1882	1126	37.4%

LeSeure and Chongkham-ang, (2015) report that women are more involved in the care of their husbands than men are in the care of their wives (LeSeure and Chongkham-ang, 2015). Despite this realization, Cal et al. (2017) report that health care professionals do not normally recognize the important role that female carers play towards their husbands, nor their own needs, and coping strategies (Cal et al., 2017). They further recommend that health care workers need to not only offer information but also acknowledge the role of caregivers, provided professional support and build their self-confidence without which carers' may feel intimidated and unrecognized. Consequently, LeSeure and Chongkham-ang, (2015) recommend that more research on caregivers of cancer patients' must be conducted, to identify their experiences, needs and coping strategies (LeSeure and Chongkham-ang, 2015).

1.3 Justification of the Study

Cal et al. (2017) state that health care providers must understand the experiences, needs and coping strategies of women caring for husbands with cancer because it will help identify potential and actual difficulties and generate suitable resolutions (Cal et al., 2017). Noveiri et al. (2020) agree that knowing the caregivers' experiences, needs and coping strategies enables the identification of suitable sources that could be of support for them and the development of assessment tools to measure their needs and coping strategies (Noveiri et al., 2020). A literature search on experiences, needs and coping strategies of women married to men diagnosed with cancer exposes that a few studies have been conducted and published on the topic. In addition to this recognition of the need for research in this area, in the Zambian setting, the phenomenon has not been investigated. This particular research was embarked on to give the women caring for husbands with cancer an opportunity to share their caring experiences, needs and coping strategies.

Given that coping occurs within the context of culture and specific health care system, it is important to understand the local context for spousal needs and coping in Zambia. Therefore, information from this study will inform health care workers and institutions on what spouses of men diagnosed with cancer go through and will serve as a basis for finding strategies for improving practice. Information from the study also provides evidence based findings that will affect the hospital policies regarding caregivers and their roles. Further, this study may also provide stimulus to new research focusing on understanding the experiences of caregivers and aid to make recommendations for guidelines and strategies for caring for carers.

1.4 Theoretical framework

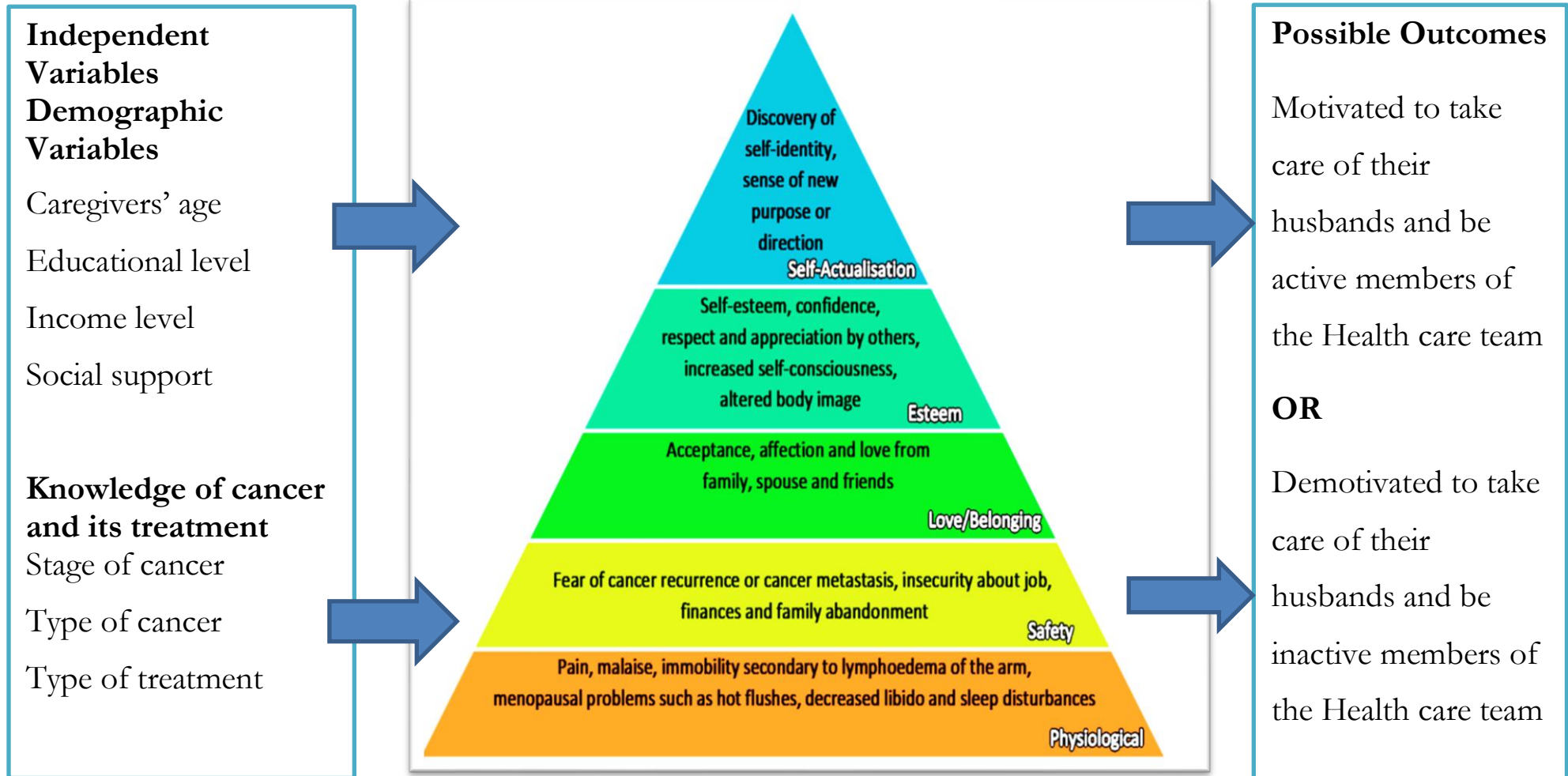
Maslow's hierarchy of needs motivational theory underpinned the study. Abraham Maslow developed it in 1943. This theory has been applied widely in the Journal of Palliative medicine for cancer patients and caregivers by authors such as Zalenski and Raspa, (2006), and Dezelic and Ghanoum (2014). Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid (Maslow, 1943). In Maslow's theory, one must meet the most important human needs before reaching the stage of self-actualization; the person strives to seek a higher need when lower needs are fulfilled. (Maslow, 1943). Maslow (1943) stated that people are motivated to achieve certain needs and that some needs take precedence over others (Maslow, 1943).

Application of Maslow's hierarchy of needs to the study

For this study, Maslow's theory of motivation was applied to analyze the needs of spouses of cancer patients. The modified Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool measured the needs of wives of men with cancer. When their needs for recognition are not met, they become demotivated and fail to put in more energy in both the care of the patient and health care decision-making concerning their spouses. Maslow considers that when needs are met, there is satisfaction and when needs are not met, there is frustration, which means that the needs of the individuals influence their behaviors (Maslow, 1943). From the bottom of the hierarchy upwards, the needs of spouses of cancer patients are physiological (food and clothing), safety (job security), love and belonging needs (friendship), esteem, and self-actualization. Arrows on the theoretical framework indicate the relationship between the needs of spouses and the possible outcomes. This implies that when spouses of cancer patients' needs are met, the possible outcomes are that, they get motivated to care for their spouses and become active members of the health care team but when their needs are not adequately met, they become demotivated and inactive members of the health care team (Maslow, 1943). Maslow's hierarchy of needs theory which guided the study was applied at providing rationale for the study; defining the aim and research questions; considering the methodological stance; developing data collection and generation tools; providing a framework for data analysis, and interpretation.

Theoretical Framework
Maslow's Hierarchy of Needs “Motivational theory”

Dependent Variable: Needs of spouses of cancer patients



1.5 General objective

To assess the needs and explore the experiences and coping strategies of women caring for their husbands with cancer attending the Cancer Diseases Hospital in Lusaka, Zambia.

1.5.1 Specific objectives

1.5.1.1. To determine the needs of women caring for their husbands with cancer receiving treatment at CDH.

1.5.1.2. To explore the experiences of women caring for their husbands receiving cancer treatment at CDH.

1.5.1.3. To establish the coping strategies of women caring for their husbands receiving cancer treatment at CDH.

1.5.1.4. To investigate factors that influence the effectiveness of met needs on emotional distress among wives caring for their husbands with cancer receiving treatment at CDH in Zambia

1.6 Research question

What are the needs, experiences and coping strategies of women caring for their husbands with cancer?

1.7 Definition of Terms

1.7.1 Conceptual Definitions

1. **Coping** as the stratagems used by wives of men with cancer, which are cognitive and behavioral to reduce the effects of stress while caring for their loved ones. (Semenova and Stadtlander, 2016)
2. **Coping strategies:** These are psychological, physical, social and spiritual patterns that wives of men with cancer use to manage thoughts, feelings, and actions encountered during various stages of cancer ill health and treatments. (Zimmer-Gembeck and Skinner, 2016)
3. **Need:** This is what is necessary for an organism to live a healthy life. Needs include a range of domains: physical, social, psychological, and spiritual (Dover, 2015).
4. **Spouse:** This is a husband or wife as defined or recognized under state law for purposes of marriage, including common law marriage in states where it is recognized. (Wage and Hour Division, Department of Labor, 2015)
5. **An experience:** This refers to the practical knowledge, skill, or practice derived from direct observation of or participation in events or a particular activity (Hajian et al. 2017)

1.7.2 Operational Definitions

1. **A need:** This refers to the essential elements that will enable the spouses of men with cancer to live a healthy productive life while nursing their spouses
2. **An experience:** This refers to an occurrence that leaves an impression on spouses of men with cancer.
3. **A spouse:** This is defined as one accepted by the patient as a wife or a partner.
4. **Coping:** This refers to the ability of spouses of men with cancer to face and deal with responsibilities, problems, or difficulties successfully, calmly, or adequately.
5. **Coping strategies:** This refers to the specific efforts, both behavioural and psychological, that spouses of men with cancer employ to master, tolerate, reduce, or minimize stressful events.

1.8 Study Variables

1.8.1 Dependent Variable

Needs of Women Caring for husbands with Cancer

1.8.2 Independent Variables

1.8.2.1 Demographic Variables

Caregivers' age

Educational level

Income level

Social support

1.8.2.2 Knowledge of cancer and its treatment

Stage of cancer

Type of cancer

Type of treatment

1.8.3 Qualitative concepts

Experiences of caring

Needs

Coping strategies

CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

This chapter provided an overview of previous research on experiences, needs and coping strategies of women or caregivers caring for husbands with cancer. Literature included in this review is from local, national, regional and global studies that utilised all three methodologies: qualitative, quantitative and mixed paradigms based on the study objectives. The literature review is derived from research articles based on their relevance in addressing the research objectives of the study. The chapter begins by giving an introduction, experiences of women caring for their husband receiving cancer treatment, followed by their Needs, Coping Strategies and concludes by summarising the gaps in the literature.

A PubMed and google scholar database search was performed using keywords: caring OR Car* OR Care AND coping strategies OR coping techniques AND needs of spouse* OR spouses' needs AND cancer treatment OR cancer treatment modalities OR cancer therapy* AND female spouses OR female partners NOT male partners AND men with cancer diagnosis OR men with cancer.

To influence key terms, Boolean logic terms such as 'AND', 'NOT', and 'OR', were applied to reveal relevant results (Aveyard, 2019). Boolean truncations terms such as spouse* captures 'spouse' and 'spouses', therapy* captures 'therapy' and 'therapeutic', 'car*' captures 'carers', 'care' and 'caring' to avoid the imputation of different variables and missing vital and significant research articles.

The literature review revealed several needs that spouses experience while caring for their husbands with cancer such as the need to be part of the health care team, psychological and emotional needs, information needs and the need to assist in decision-making during the care of their family member. These were discussed below.

2.1 Overview of Cancer type and Cancer stage in Sub-Saharan Africa

Bray et al. (2022) reports that in Sub-Saharan Africa, 801 392 new cancer cases and 520 158 cancer deaths were estimated to have occurred in sub-Saharan Africa in 2020. The most common cancers in men were prostate, liver cancers and colorectal cancers. Prostate cancer led in terms of incidence (77 300 cases), followed by liver cancer (24 700 cases) and colorectal cancer (23 400 cases). Prostate cancer was the leading incident cancer in men in 40 sub-Saharan Africa countries. The corresponding cumulative incidence was lower (12.2%), with prostate cancer responsible for a third of this risk (4.2%) (Bray et al., 2022). CDH (2019) annual report that common cancers seen amongst men at CDH include

Prostate cancer, Kaposi's sarcoma and lymphomas and most of them being cared for by their wives (CDH, 2019).

Seraphin et al. (2021) reported that there were high proportions of late stage presentation of prostate cancer patients in Sub-Saharan Africa (Seraphin et al., 2021). Tekalign and Teshome (2022) agree that there was prevalence of late-stage presentation of cancer in Africa was 62.60% (Tekalign and Teshome, 2022). Tiwari et al. (2015) reported that there was late presentations of the patients with cancer in India, and their late presentations was attributed to both patient and system factors (Tiwari et al., 2015). Martins et al. (2020) reported in their systematic review that many patients with cancer in Sub-Saharan Africa had advanced-stage diagnosis and poor survival of cancer (Martins et al., 2020). Sharma et al. (2022) reported that due to late presentation of cancer to hospitals, Africa has high cancer mortality rates and this demand a holistic approach toward cancer control and management such as boosting cancer awareness, adopting primary and secondary prevention, mitigating risk factors, improving cancer infrastructure and timely treatment (Sharma et al., 2022).

2.2 Needs of women caring for their husbands with cancer

Chua et al. (2020) report that patients with advanced cancer and their caregivers have many palliative care needs irrespective of their clinical settings (Chua et al., 2020). Lund et al. (2015) report that spouses expressed many needs to enable them to continue feeling valuable such as the need to be sustained by their partners, clinical team and community at large (Lund et al., 2015). Nijboer et al. (2000) suggest that due to the evidence of the spouses' experiences, clinical care teams must plan for them and give them comprehensive care and support (Nijboer et al., 2000). Braun et al. (2007) agree that the clinical care teams need to respond to the caregivers' need for support and care (Braun et al., 2007). A needs assessment must be conducted on spouses and their caregivers to render effective patient and family care.

Lund et al. (2015) report that caregivers expressed the need to be involved when their patients are been reviewed and followed up by doctors (Lund et al., 2015). This is because they wanted their efforts, role and competence to care for their patients to be acknowledged. Many health care personnel hardly notice the contribution of caregivers in the form of support and care for their patients (Lund et al., 2015). Tolbert et al. (2018) also report that caregivers expressed that their efforts caring for their loved ones, throughout the cancer disease continuum, were not recognized (Tolbert et al., 2018). The evidence supports that caregivers of cancer patients must be recognized as an active part of the health care system and their contribution as caregivers must be acknowledged.

Lund et al. (2015) highlight that caregivers of cancer patients, especially spouses, experience anxiety and depression and unfortunately these needs are not normally met (Lund et al., 2015). Tolbert et al. (2018) also report that caregivers experience psychological and physical distress while caring for their loved ones (Tolbert et al., 2018). They further explained that caring for their loved ones is emotionally draining. It is evident in the literature that caregivers of cancer patients do experience psychological distress which is manifested by anxiety and depression (Tolbert et al., 2018). Therefore, it is important to recognize and manage their psychological and emotional needs. Tolbert et al. (2018) report that caregivers are not given adequate information that they need to know for them to care for their loved ones (Tolbert et al., 2018). Caregivers have a huge role in communicating the needed information to their loved ones during cancer treatment (Tolbert et al., 2018). Likewise, Lund et al. (2015) also reported that caregivers expressed the need to be given information about the patient's condition, prognosis and treatment (Lund et al., 2015). Literature suggests that for caregivers to be effective in the care of their loved ones, they need to be given adequate information.

Lund et al. (2015) report that many caregivers have been involved in decision-making throughout the health care of their loved ones, however, their contribution are not recognized, and their decisions are not recognized and implemented (Lund et al., 2015). Tolbert et al. (2018) also agrees that caregivers expressed the need to be involved in the decision-making of their loved ones as they spend more time with their patients and may know quite a lot more than the nurses and doctors with regards to the effectiveness of the treatments and its side effects on the patient (Tolbert et al., 2018). Therefore, the literature suggests that it is important to involve caregivers in the decision-making regarding their family members' illnesses for effectiveness and efficiency of health care and good quality of life.

Wang et al. (2021) reports that many caregivers had a lot of social and financial need which were unmet and these needs include family and friends' support as this kind of support will enable them to cope with difficult situations (Wang et al., 2021). Tolbert et al. (2018) agree that caregivers require social and financial support as they experience quite many challenges that lead to them being financially handicapped such as: being laid off at work, being fired because of repeatedly taking leave days and caregivers resigning from their job to concentrate and care for their family member (Tolbert et al., 2018). Literature reports that despite the caregivers' caring role, they experience social and financial challenges.

Wang, et al. (2018) reports that caregivers express the spiritual need in terms of expressing the desire to know the meaning of life and death and what life is all about. They also express the need to know what happens after life is over (Wang et al., 2021). Tolbert et al. (2018) correlate that many caregivers undergo a period of self-reflection to understand what exactly could be causing their family member's problem

(Tolbert et al., 2018). Wang, et al. (2021) further articulates that caregivers usually express their spiritual need in the manner they ask questions about the cause of their situation, and the meaning of life and death (Wang et al., 2021). It is evident that cancer patients are not the only ones who have spiritual needs but also caregivers of cancer patients do experience the need to know the meaning of life and death.

Tolbert et al. (2018) stipulate that caregivers usually find it challenging to care for their loved ones at home without any medical help. They further report that many caregivers felt challenged to care for their family members at home despite receiving health education on how to care for the patient at home always and in case of any occurrences (Tolbert et al., 2018). Wang, et al. (2021) agrees that many caregivers find out they need to provide some form of medical care for their family member at home, a concept that may not be conversant with (Wang et al., 2021). It is evident that despite caregivers having sufficient information on how to care for their loved ones at home, they still need health care workers to visit them and assist them in rendering care.

2.3 Experiences of women caring for their husband with cancer

Challenges that emerged from the literature review include Limited Social activities, Disturbed psychological well-being, Physical problems and Economic challenges. Each of them will be highlighted below.

Tolbert et al., (2018) stated that spouses of men with cancer in the US reported limited social activities because of the gradual change in their roles both in the community and at home, such as from being wives to breadwinners (Takeuchi et al., 2018; Tolbert et al., 2018). These women reported having insufficient time to take care of their children and to watch movies or sports (Takeuchi et al., 2018). Other women in Japan and Türkiye have been documented to have had to quit their jobs and many lose their jobs as they spent more time taking care of their loved ones who are admitted to the hospital (Sercekus et al., 2014; Takeuchi et al., 2018). Qan'ir et al (2022) further reported that caregivers of cancer patients experience psychological burden due to the pain experienced by their patients (Qan'ir et al., 2022). Katende and Nakimera (2017) further reported that anxiety and depression are very common among caregivers of patients with cancer and recommends evidenced based psychological therapies to caregivers of cancer patients (Katende and Nakimera, 2017). Morgan et al. (2014) argue that women actually felt not supported by their husbands despite giving them moral support and care and quitting their jobs (Morgan et al., 2014). Nijboer et al. (2000) added that these women who were deprived of their social activities suffered from stress, anxiety, and psychological distress (Nijboer et al., 2000).

Therefore, limited social activities have a negative impact on spouses caring for their loved ones with cancer.

Owoo et al, (2022) reported that caregivers of cancer patients especially spouses of patients treated with prostate cancer experience physical consequences, which affects their physical health due to their caregiving role (Owoo et al., 2022). Spouses complained of experiencing many physical problems such as feeling sick, tired, general body malaise, anorexia, or excess eating and pain (Takeuchi et al., 2018). Turner et al. (2016) recommend that more research needs to be done to further understand the experiences, needs and coping strategies of patients and their caregivers, as research in this area is limited (Turner et al., 2016). Mossin and Landmark, (2011) argued that female caregivers tend to experience reduced physical strength in comparison to men because of the amount of time they spent with their loved ones and also because of their emotional exhaustion (Mossin and Landmark, 2011). Therefore, spouses of cancer patients must be monitored, identified, and managed.

Muliira and Kizza (2019) reported that family caregivers of patients with cancer in sub-Saharan undergo poor mental health caused by significant levels of depression and anxiety which need to be identified early in the course of illness and halted (Muliira and Kizza, 2019). Takeuchi et al. (2018) stated that psychological distress signs and symptoms have been noted in many spouses who care for men with cancer, including fear, anxiety, depression, worry and frustration (Takeuchi et al., 2018). Sercekus et al. (2014) clarify that these symptoms occur due to fear of what could happen to their loved ones in the future and possible impending death (Sercekus et al., 2014). Mystakidou et al. (2013) add that the anxiety and stress are caused by feelings of fear of the impending loss of the patient and of the future (Mystakidou et al., 2013). Huang et al., (2019) reports that Chinese caregivers often took part in medical decisions of their patients and tried to filter this information to their patients so that they do not suffer psychological trauma, which they previously saw in their caregiving experience (Huang et al., 2019). Mystakidou et al. (2013) added that the spouses of cancer patients also had fears of what could happen to the children once their husband dies (Mystakidou et al., 2013). The critical psychological distress is evident in spouses caring for their husbands with cancer.

The lengthy admission time for cancer patients causes economic devastation to their families (Sercekus et al., 2014; Takeuchi et al., 2018). Many families reported challenges in their finances, as they had to pay for hospital admission, food and at the same time take care of the families at home (Takeuchi et al., 2018; Tolbert et al., 2018). Braun et al. (2007) further added that spouses of cancer patients did not know how to balance their affection between their husbands in the hospital and their children at home,

and were worried that their children did not feel sufficient motherly love (Braun et al., 2007). Morgan et al. (2014) add that the hospital costs also include expensive investigations and treatment that patients need to pay for, Also, conveyance costs occur if the patient is coming from home every day to receive treatment.(Morgan et al., 2014) Taking care of cancer patients causes economic implications.

Similarly, Ketcher et al. (2019) urge researchers to research on experiences of spouses of patients with cancer and accurately differentiate their experiences according to their specific gender (Ketcher et al., 2020). Furthermore, Benson et al. (2020) further stipulate that exploring the experiences, needs and coping strategies of spouses of patients with cancer is important to determine their need for social support and effective care (Benson et al., 2020).

Despite the many reports of negative effects on women when they are giving care to spouses with cancer, there are also reports of positive effects. These positive effects include influence on one's character and enhanced communication with the health care team and are further discussed below.

Reblin et al., (2016) reported that caregivers who were enjoying their marital relationship with their patients with cancer while taking care of them were seen to have higher caregiver self-esteem (Reblin et al., 2016). Sercekus et al., (2014) add that spouses reported that this experience of seeing the suffering caused a positive effect on their character, as they wanted to be strong for their husbands and did not want their husbands to lose hope despite how bad the situation was (Sercekus et al., 2014). Mosher 2017 reported that caregivers and patients with cancer desired education regarding the patient's condition, symptoms, functional limitations, and emotional responses prior to cancer treatment to reduce their psychological distress (Mosher et al., 2017). Mosher et al. (2013) further report that spouses caring for their husbands with cancer experienced a strengthening in their personalities because they saw their husbands' suffering, especially at a point when they were dealing with distressing signs and symptoms (Mosher et al., 2013). The role of caring for their spouses made the women feel a sense of accomplishment and an improvement in their positive behaviours. The caring role does have a positive impact on caregivers.

Huang et al., (2019) stated that the commitment that spouses of cancer patients had towards the care of their loved ones, made them stronger and feel motivated to continue caregiving (Huang et al., 2019). Proper communication between the hospital team and families of patients with cancer caused a good working relationship among themselves (Morgan et al., 2014; Takeuchi et al., 2018). Braun et al. (2007) add that the spouses of patients with cancer to whom health care providers tell the truth about their sick husbands become very energetic partners of the health care team (Braun et al., 2007). Conversely,

Sercekus et al. (2014) argue that the spouses who are not involved in the care of their loved ones experience high levels of anxiety, anger, unrest and despair (Sercekus et al., 2014). Teamwork and good communication of health care workers with the spouses of patients with cancer have a positive impact.

2.4 Coping strategies of women caring for their husbands with cancer

Coping strategies are individualistic. They heavily depend on how people think or perceive situations, their behaviour, and the social network support that is available to them (Lazarotto et al., 2019). Vinci et al. (2019) report that there are five primary coping strategies, which include: physical activity, spirituality, hobbies, social support, and avoidance (Vinci et al., 2019).

Walubita et al. (2018) reported that the caregivers of pediatric patients with cancer in Zambia depend solely on spirituality and traditional healing for their patients (Walubita et al., 2018). Sibulwa et al. (2019) found that both adolescents with cancer and their caregivers in Zambia used spirituality (prayer) as coping mechanisms. Aydogan, et al., (2016) states that the coping strategies among individuals differ due to culture, gender, age and disease which is diagnosed (Aydogan et al., 2016). There are two main types of coping strategies as identified by Lazarus and Folkman., (2015), Problem-focused coping lifestyle, which aims at resolving the current bad situations; Emotion-focused/ avoidant coping lifestyle, which aims at modifying the stress-related emotions and Dysfunctional coping (Lazarus and Folkman, 2015a). Problem-focused coping strategies involve getting enough information on ways about how the situation can be changed or relieved whilst emotion-focused or avoidance coping strategies involve the act of not thinking and talking about the situation with no focus on changing it (Lazarus and Folkman, 2015b). The coping strategies that were revealed in the literature review were grouped under problem-based coping strategies and emotion-focused or avoidant coping strategies, and are discussed below.

Lazarotto et al. (2019) assert that caregivers of cancer patients who used positive thinking as a coping strategy had a better quality of life throughout the whole disease continuum. They further report that other caregivers would embark on a problem-solving adventure as a way to cope with their situation (Lazarotto et al., 2019). Aydogan, et al. (2016) report that many spouses of cancer patients utilized acceptance of the whole situation as a coping strategy and that found it was helpful to their own quality of life (Aydogan et al., 2016). Benson et al. (2020) reports that caregivers employed several strategies to enable them to cope during the care of their loved one in the hospital and at home such as: praying, performing house chores, watching movies, sowing, tailoring, carrying out handcrafts, and using faith (Benson et al., 2020). The literature suggests that problem-based coping strategies, which are categorized under positive coping strategies, enable spouses to move through the cancer continuum of care smoothly.

Lazarotto et al. (2019) add that some caregivers used avoidance of the situation as a coping strategy while others preferred to have social support as a coping strategy (Lazarotto et al., 2019). Aydogan, et al. (2016) state that for someone to be successful with denial as a coping strategy, they must have good problem-solving skills (Aydogan et al., 2016). Aydogan, et al. (2016) further add that some spouses of cancer patients have employed denial of the existing situation as a coping strategy and that some women engage in alcohol consumption and smoking to cope during the care of their loved ones (Aydogan et al., 2016). Lazarotto et al. (2016) further suggest that attending a support group is a vital coping strategy (Lazarotto et al., 2019). Therefore, avoidant coping strategies are not very useful coping strategies. When caregivers who are facing the same challenge meet together, they tend to cope very well and overcome their present challenge.

LeSeure and Chongkham-ang (2015) asserted that findings from their systematic review revealed a sense of accomplishment that was felt by caregivers when they saw that their role of caring for their loved ones and making them comfortable was recognized and reinforced (LeSeure and Chongkham-ang, 2015). Benson et al., (2020) reported that caregivers of patients with breast cancer in Ghana employed several strategies to enable them to cope during the care of their loved one in the hospital and at home such as praying, performing house chores, watching movies, sewing, tailoring, carrying out handcrafts, and using faith (Benson et al., 2020). Semenova and Stadlander (2016) recommended rendering counselling, support, and information to the spouses of patients with cancer in the US (Semenova and Stadlander, 2016). The authors also reported some positive spousal experiences of caregiving such as their motivation to care and give moral support (Semenova and Stadlander, 2016). Caring for patients with cancer across the world has been documented as stressful and with negative impacts.

2.5 Conclusion

The literature review has highlighted the experiences, needs and coping strategies of women or caregivers caring for husbands with cancer. It has revealed that spouses of cancer patients experience many challenges such as limited Social activities, Disturbed psychological wellbeing, Physical problems and Economic challenges. Despite the many reports of negative effects on women when they are giving care to spouses with cancer, the literature review also revealed reports of positive effects such as influence on one's character and enhanced communication with the health care team. Literature also revealed that the needs of spouses of cancer patients include; desire to be part of the health care team in decision making, psychological and emotional needs and information needs. Moreover, the specific needs of female spouses and their experiences while caring for their husbands with cancer were not exhaustive as most articles looked at general spouses' experiences, whether female or male spouses.

Hence, this particular research seeks to close the gap by assessing the needs and exploring the experiences and coping strategies of specifically wives of men with cancer. The literature further suggests that problem-based coping strategies, which are categorized under positive coping strategies, enable spouses to move through the cancer continuum of care smoothly unlike the avoidant coping lifestyle.

CHAPTER THREE METHODOLOGY

3.0 Introduction

This chapter presented the methodology that guided the study to achieve the aforementioned study purpose. Research design, study setting, study population, sample size, eligibility criteria, Data collection, study population, validity, reliability, and trustworthiness of the study and data analysis have been described in order to provide an overview of how the study was conducted. The chapter also outlines the ethical considerations that were adhered to in order to ensure that the study did not violate the participants' rights.

3.1 Research design

This mixed study employed both qualitative and quantitative study methods. The study used a concurrent convergent mixed methods design (Polit and Beck, 2021). This concurrent convergent design enabled the collection of both qualitative and quantitative data and analysis separately but at the same time (Kroll and Neri, 2009). The use of multiple sources or referents to conclude what constitutes the truth was applied to both qualitative and the quantitative data that was collected (Polit and Beck, 2021). At the point of discussion, data was triangulated, quantitative and qualitative data was compared and contrasted complementarily (Polit and Beck, 2021). The qualitative component was the main component of the study while the quantitative component was mainly used to quantify data on the needs of women caring for their husbands with cancer (Creswell, 2012). The study results of both qualitative and quantitative components were combined into one overall result which was later interpreted (Kroll and Neri, 2009). This research design also enabled the researcher to validate the evidence which was generated by both qualitative and quantitative research design (Polit and Beck, 2021).

Specifically, the qualitative component employed an exploratory qualitative research (Creswell, 2012) using a descriptive phenomenological approach (Polit and Beck, 2021). Phenomenology involves focusing on the experiences of individuals who are in a situation of interest to understand how they interpret their experiences descriptively (Gray et al., 2020). On the other hand, the quantitative component employed analytical non-intervention, cross-sectional survey where the investigator did not introduce any form of intervention in form of treatment or any control group. In analytical research, the researcher used facts or information already available, and analyzed these, to make a critical evaluation of the material (Polit and Beck, 2021).

3.2 Study setting

The study was conducted at the CDH in Lusaka, Zambia. CDH is a government hospital that is situated within University Teaching Hospital (UTH) serving patients from across the country and neighbouring countries such as Malawi, Zimbabwe and Democratic Republic of Congo. The reason for collecting data at this hospital was to maintain as possible the natural setting where the phenomenon occurs. The hospital offers specialist inpatient and outpatient services and serves as a referral hospital for all confirmed cancer cases. The hospital offers various specialized services which include treatment with chemotherapy and radiotherapy as major treatment modalities for the management of cancer. The radiation section offers radiation treatment through External beam radiation therapy (EBRT) and brachytherapy, which is a high dose rate (HDR) while the Chemotherapy section offers chemotherapy treatment using different drugs on an outpatient basis. Patients who are acutely ill are admitted to the inpatient unit for observation and further treatment.

3.3 Study Populations

The study population comprised the female spouses caring for their husbands who have cancer attending the CDH in Lusaka; however, the type of cancer in men were not specified because the researcher wanted to highlight the general experiences of female spouses caring for their husbands with different types of cancer. This also enabled the researcher to make comparisons of the needs, experiences and coping strategies of spouses of men with different categories of cancer.

3.3 Sample selection and Sample Size

Qualitatively, Stratified purposeful sampling was used in order to obtain a stratified purposeful sample, the sampling frame was first divided into strata, and then a purposeful sample was selected from each stratum (Omona, 2013). Such a sampling design facilitated group comparisons (Gray et al., 2020) because the researcher wanted to have a general experience of the experiences of wives of men with different types of cancer (Gray et al., 2020). Purposive sampling was used so that participants with the relevant experience appropriate to this study were recruited (Polit and Beck, 2021). The sample size was determined by data saturation (Bryman, 2016). Data saturation was reached when there was no enough information to replicate the study when the ability to obtain additional new information has been attained, and when further coding was no longer feasible (Creswell, 2012). Creswell (2012) suggests that data saturation occurs to the point where no new information emerges from the study participants during data collection and when the ability to obtain new information has been attained (Creswell, 2012). Cotterill Walker (2012) also adds that data saturation can reached when additional coding is no longer feasible or when enough information is gathered to replicate the study (Cotterill-Walker, 2012). In this study female

spouses of husbands with cancer participated in the study and the number of the sample was determined by saturation.

On the other hand, quantitatively, Participants were selected using random purposive sampling. In random purposive sampling, the researcher chose cases at random from the sampling frame consisting of a purposefully selected sample (Gray et al., 2020). That is, the researcher first obtained a list of individuals of interest for the study using purposive sampling, and then randomly selected a desired number of individuals from the list. According to Sandelowski (2000), random purposeful sampling adds credibility to the sample when the potential purposeful sample is too large (Sandelowski, 2000; Huberman and Miles, 1994). At CDH, approximately, five male cancer patients are seen every day on out-patient basis, meaning that 25 patients are seen in a week. Therefore, twenty-five pieces of paper were written and put in a box; twenty of them with a YES written while the other five will have a NO. These papers were given to a stratum that was purposely selected. Those patients who picked a YES were recruited in the study while those with a NO were not. The sample was administered to, the Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool which is an internationally validated tool. This tool was used to quantify the needs of wives of men with cancer receiving treatment at CDH (Kim et al., 2010; Yang et al., 2020).

Population size that was sampled from

$$= 5/\text{day} \times 60 \text{ days} = 300$$

A sample size of respondents was calculated using **Krejcie and Morgan's 1970s** formula for a finite population (Krejcie and Morgan, 1970)

$$n = \frac{Z^2 NP (1-P)}{d^2 (N-1) + Z^2 P (1-P)}$$

Where:

n = Required Sample size

Z = Standard normal variate at 95% confidence level = 1.96

N = Population Size = 300

P = Prevalence of the study (Needs of women caring for their husbands with cancer) = 0.5 (50%)

d = Degree of accuracy (5%), expressed as a proportion (0.05); It is the margin of error.

Therefore

$$n = \frac{1.96^2 \times 300 \times 0.5 \times 0.958}{0.05^2 (300-1) + 1.96^2 \times 0.5 \times 0.958} = \frac{552.04}{2.588} = \underline{\underline{213}}$$

3.4 Eligibility criteria

3.4.1 The Inclusion criteria

1. Women whose husbands have just been diagnosed with cancer
2. Women who were currently caring for their husbands with cancer attend the CDH, whether the patient is in an out-patient or inpatient.
3. Women who cared for their husbands with cancer who are now cancer survivors still attending the CDH for follow up services, whether the patient is an out-patient or inpatient.

3.4.2 The Exclusion criteria

1. Women who were nursing critically ill husbands with cancer.
2. Women who had husbands with cancer who passed on.
3. Women who were nursing husbands at end of life.

3.4 Methods

3.4.1 Data collection tool

The semi-structured interview schedule was used to consult an in-depth face-to-face interview to generate rich data on the experiences and coping strategies (Bryman, 2016). The researcher probed and was in control of the interview to ensure that participants understand the question asked (Walliman, 2010). The semi-structured interview data collection allowed for the free flow of information.

Quantitatively, a structured questionnaire titled the Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool which is an internationally validated tool, (Kim et al., 2010; Yang et al., 2020) was used to quantify the participants' needs of the women with husbands who have cancer. The tool contains standardized fixed questions where little or no probing is used. (Bryman, 2016; Walliman, 2010). The modified Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool consists of 27 questions. The NAFC-C measures four overarching factors: 1) psychosocial unmet needs, 2) medical unmet needs, 3) financial unmet needs, and 4) daily activity unmet needs. Additionally, these factors are rated on two important dimensions: the importance of the need, and the satisfaction with the fulfilment of the need during the past 4 weeks (Yang et al. 2020; Kim et al. 2010).

3.4.2. Pilot Study

A pilot study was conducted at the CDH. The sample size of the pilot study was calculated at 10% of the overall actual study sample population. This was 21 participants quantitatively and 2 participants qualitatively. These participants were not part of the sample for the main research. The participants for

the qualitative component of the study were selected using stratified purposeful sampling and quantitatively, participants were selected using a random purposive sampling method.

3.4.3 Data Collection technique

Potential participants were identified and informed about the study by the researcher. Participants were given the participant information sheet and a full informed consent before the data were collected and were informed that their data will be treated anonymously and transcribed anonymously (Polit and Beck, 2021; Walliman, 2010). The participants were informed that actual verbatim from participants was used in the write-up but no names were used.

3.4.5.1 Data collection technique for quantitative data

Quantitatively, a structured questionnaire which was used, is the Needs Assessment of Family Caregivers-Cancer (NAFC-C) tool and is an internationally validated tool, (Kim et al., 2010; Yang et al., 2020). The NAFC-C measures four overarching factors: 1) psychosocial unmet needs, 2) medical unmet needs, 3) financial unmet needs, and 4) daily activity unmet needs. Each of these unmet needs includes several sub-factors which provide a comprehensive evaluation of needs: 1) emotional distress, finding meaning and relationship loading on the psychosocial unmet needs, 2) medical care and symptom management on medical unmet needs and 3) caregiver personal care and balancing roles for survival care on the daily activity unmet needs (Kim et al., 2010; Yang et al., 2020).

The participant information sheet, the informed consent form and the quantitative questionnaire were translated into Zambian local languages of Chichewa and Tonga, which are normally spoken by patients at CDH and are attached as appendices in the appendix section.

Data was collected from the participants from October 2021 to January 2022. The purpose of the study was explained to participants for them to give informed consent. Questions were read out to the participants and clarifications on questions not fully understood were done before the signing of the consent form. Consent, both verbal and written was obtained before giving the questionnaire. A structured questionnaire was distributed to participants who consented to participate in the study. Confidentiality was assured with the use of unique identification codes and not names. The participants were informed that participation was voluntary and that they were free to decline participation or withdraw from the study at any point, without giving any explanations or fear of penalty. The questions

were read to participants and participants were allowed to complete the form and return within 24 hours. None of the participants who met the inclusion criteria declined to return the questionnaire.

3.4.5.2 Data collection technique for qualitative data

Permission from the participants was obtained before data collection. The participants were given the full information as indicated on the patient information sheet (Appendix 1), which contained the purpose, nature, benefits and risks of the study, and these were explained to the participants including how the findings were going to be utilized. Participants were availed with the consent form (Appendix 2) on which they appended their signatures as an endorsement to participate in the study. Permission to use the tape recorder was sought from the participants and assurances were given that all the information that was provided by the participants was treated with confidentiality.

Confidentiality was maintained when interviewing the participants by maintaining privacy in the room where the interview was held and addressing the participants anonymously. The data generated during the interview was stored on the Compact Disc (CD) drive and erased from the institutional computer. The gadgets that were used to store the research data were sealed and kept in a private locked room at least for 10 years, thereafter, the stored data and records will be destroyed.

The interviews began once the participants signed the consent form and expressed willingness to be enrolled in the study. Interviews lasted approximately 30 minutes and probes were used to increase detailed analysis explorations. During the interview process, audio tapes were used for recording the interview. Field notes were also used to ensure no important points were missed while conducting data collection (Bryman, 2016; Walliman, 2010). Using the phenomenology research design, the researcher followed the participants where they were and data was collected in a naturalistic environment, which is a natural setting where caregivers of cancer patients were, instead of removing them from their settings (Bryman, 2016; Walliman, 2010).

3.5 Validity and Reliability

3.5.1 Validity of quantitative research

3.5.1.1 Validity

NAFC-C tool- is an international tool, which is widely used and is validated tool for measuring needs of women caring for their husbands with cancer; it was modified and adopted (Kim et al 2010). Needs Assessment of Family Caregivers-Cancer (NAFC-C) tool was adopted and was used to measure the needs of women caring for their husbands with cancer. NAFC-C tool is an international tool which is widely used and is a validated tool for measuring needs of women caring for their husbands with cancer.

It has a Cronbach's alpha score of ($\alpha = 0.71-0.90$) (Kim et al. 2010; Yang et al. 2020). The researcher ensured that the supervisor of the research checked the research instrument. Content validity was maintained which looks at the relevance and representativeness of items, which are individual questions in a questionnaire, to the intended setting (Greenhalgh, 2010). The content validity was ensured by taking suggestions from experts, lecturers and advisors that looked at the tool's relevancy, clarity and consistence to the study. However, there was no need to amend the questionnaire as no major changes were suggested after review.

An extensive literature search to have adequate content coverage was conducted by the researcher to ensure the validity of the research tool (Kroll and Neri, 2009; Creswell, 2012). The required number of patients were interviewed to sustain and ensure external validity (Polit and Beck, 2021).

3.4.2.2 Reliability

Reliability of the research instrument was achieved by using the same instrument to collect data from the respondents and clarifications were done so that they did not misunderstand the questions. The re-test analysis was employed by conducting a pilot study, which tested the research tool before the main research was conducted. Sections which required modifications and adjustments were done to ensure that the questions were clear (Polit and Beck, 2021; Kroll and Neri, 2009). The 10% pilot study was calculated from the quantitative population, which was 21.

The re-test analysis gave no differences in findings; this proved the validity and reliability of the data collection instrument.

3.5.2 Trustworthiness of the Qualitative component

Lincoln and Guba (1985) suggest that trustworthiness of a research study is important to evaluate its worth. They developed the Four Dimensional Criteria for rigor, which focuses on credibility, dependability, confirmability and transferability. All these components were utilized by this study, to maintain the research quality (Nowell et al., 2017; Lincoln and Guba, 1985). Trustworthiness involves establishing the study's credibility which is confidence in the 'truth' of the findings, transferability shows that the findings have applicability in other contexts, dependability demonstrates consistency in the findings and that they can be found in similar studies and confirmability connotes a degree of neutrality or the extent to which the study findings are shaped by the respondents and not researcher bias, motivation, or interest (Lincoln and Guba, 1985; Nowell et al., 2017).

3.5.2.1 Credibility

Participants were informed to voluntarily participate or withdraw from the study anytime they felt like; probes were used during the interviews to elicit detailed data and rephrasing questions to ensure what was recorded was exactly what the participants said (Nowell et al., 2017; Huberman and Miles, 1994). Member checks relating to the accuracy of the data was done on the spot by paraphrasing the questions and the researcher gave a summary at the end of the interview to check if she had recorded according to what was being said by the participants (Nowell et al., 2017; Sandelowski, 2000). The researcher used audio recorded interviews and when transcribing both verbal and non-verbal expressions were transcribed. At the end of data analysis, verification of the emerged themes was done where some participants confirmed the emerged themes were a true reflection of the data collected during the interviews (Creswell, 2012). Bracketing in the study was ensured from the onset, where the thoughts, feelings, and perceptions of the researcher(s) were 'suspended' and not allowed to bias the views and experiences of caregivers (Lincoln and Guba, 1985). Also, during data collection, the interview was guided by a scheduled prepared interview guide rather than dictated by it. The research assistants probed freely on areas of interest/concern that came up during the interviews.

3.5.2.2 Dependability

Dependability refers to the stability, that is, reliability of data over time and conditions (Polit and Beck, 2021). A detailed explanation of the research design and implementation was given to all participants to allow for dependable results and the study to be repeated (Creswell, 2012; Kroll and Neri, 2009). Dependability was strengthened by ensuring rich data grounding our analysis. Audit trails, including data collection and analysis processes such as audio files, transcripts, and field notes, were detailed and regularly consulted during data analysis and interpretation

3.5.2.3 Confirmability

Confirmability is concerned with establishing that data represents information participants provided, findings will reflect the participants voice and not that of the researcher (Polit and Beck, 2010). An in-depth methodological description of the study has been given and Shenton (2004) was of the view that this allowed for scrutiny of the research results (Creswell, 2012). Moreover, the supervisor was asked to review some transcripts and review the themes.

3.5.2.4 Transferability

Sufficient description of the context, the number of participants, data collection methods described and limitations have been provided to allow for transferability of the results. Transferability of the findings were also ensured by providing a detailed description of the study background, methods, and conclusions and using a purposive sampling method to choose our participants (Creswell, 2012; Kroll and Neri, 2009).

3.6 Ethical Considerations

Ethical clearance was obtained from the University of Zambia Biomedical Research Ethics Committee. Permission to conduct the study was also obtained from the CDH Management and National Health Research Authority (NRHA). Personal consent was obtained from the respondents who participated in the study following a brief explanation of the purpose, procedure, discomforts and benefits of the study. Respondents were reassured of the right to participate or withdraw from the study and that no privileges will be taken away if they decide not to take part in the study. Those who were willing to participate were made to sign the consent form. The participants were reassured of anonymity and confidentiality of personal information that was shared with the researcher as no name was written on the semi-structured interview schedule, and the information given was not attached to any name.

Participants were not subjected to any physical harm as the research did not involve any invasive procedures. It was anticipated that women may be overwhelmed by the stress of recalling their stressful experiences and so women who will indicate being uncomfortable and stressed during the interview were referred for psychosocial counselling right away and afterwards depending on the need. In addition, the researcher involved a psychologist or a psychosocial counsellor to counsel spouses of cancer patients and their families and making appropriate referrals where there was a need. The participants may also be inconvenienced by the time spent when collecting data either through a questionnaire or interviews and this was addressed by making sure that the interview is conducted within thirty minutes or less. Therefore, it was made clear that participation in the study was voluntary and that they had an option to leave anytime. Additionally, for those who became distressed during the interview were told to stop to allow them to decide whether to continue or not.

3.7 Data Process and Analysis

3.7.1 Quantitative data

After data was collected, the questionnaires were checked for completeness, consistency, legibility and accuracy. Categorization of the open-ended questions, which involved reading through all responses and grouping answers that belonged together, was conducted. This enabled the researcher to report the percentage of respondents giving answers that fell in each category. Codes were assigned to each category, entered and analysed using SPSS version 23.0 software and STATA version 17 to automate the data analysis process and also in SPSS there are no provisions for Cox regression and the other extensive duration analysis procedures that Stata offers (Eboli and Mazzulla, 2009). The confidence interval was set at 95%. A 5% level of significance were set. The descriptive statistics for quantitative

data and the Chi-Square test were used to test for association between the dependent variable and independent variables. Frequency tables, charts and graphs were used to present data.

The modified Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool was used to measure the needs of wives of men with cancer. The tool already has predetermined needs that are supposed to be met or satisfied for the caregivers to have a good quality of life. The NAFC-C consist of 27 questions and measures four overarching factors: 1) psychosocial unmet needs, 2) medical unmet needs, 3) financial unmet needs, and 4) daily activity unmet needs. Additionally, these factors are rated on two important dimensions: the importance of the need, and the satisfaction with the fulfilment of the need during the past 4 weeks (Kim et al., 2010; Yang et al., 2020). The NAFC-C measures needs in terms of its importance and satisfaction which is the key indicator of the degree to which a need has been fulfilled. In other words, when a need is very important and when the person is completely satisfied with meeting of the need, fulfilment is greatest. In contrast, when a need is very important and the need was not satisfactorily met, the insufficiency is greatest therefore, the need is largely unmet. This strongly agrees with Maslow's Hierarchy of needs motivational theory which states that when needs are met, there is satisfaction and when needs are not met, there is frustration (Maslow, 1943).

Data analysis methodology for the investigation of the effectiveness of met needs of wives caring for their husbands with cancer on emotional distress. Ordinal logistic regression was used to conduct this evaluation. Fourteen (14) interventions were evaluated as independent variables. In addition, six demographic covariates and three cancer diagnostic variables were included as confounders in the model. Table 4.15 describes the setup of the regression model covariates.

This research question was answered using ordinal logistic regression in STATA version 17 since the Likert scale is an ordinal scale with a response variable is ordinal with the distance between the categories which cannot be assumed to be constant. The distance between the ordinal satisfaction level/categories can't be assumed to be constant/continuous, then we cannot assume the satisfaction scale is on a linear scale and should not use linear regression to investigate this research question (Eboli and Mazzulla, 2009).

3.7.2 Qualitative data

Thematic analysis was conducted by the researcher (Greenhalgh, 2010; Kroll and Neri, 2009; Polit and Beck, 2021). Themes were not pre-determined, they emerged from the data. When a full transcription was conducted, data analysis commenced and continued to a point where no new information came up (Kroll and Neri, 2009). During data analysis, the researcher read and reread the transcriptions several

times to understand the content of the participants of what they talked about. This enabled the researcher to find meaning units or content topics shared by the participants; then these were coded into categories through a coding framework; then the content in each of the categories was analyzed and themes were identified at that point. The content was understood and its interpretation and abstraction led to themes being identified, generated, reviewed and defined (Creswell, 2012; Greenhalgh, 2010).

Interviews were recorded using a tape recorder and transcribed word by word by the researcher (Polit and Beck, 2021). Field notes were collected and maintained throughout the data collection process. The transcriptions were compared with the information in the field notes to check and identify errors made on the transcriptions (Creswell, 2012). The transcriptions for the study were reviewed to find themes which were then coded into categories (Greenhalgh, 2010). The transcriptions and field notes were read and re-read, the researcher listened to the recorded audio over, and over again to be familiar with the information obtained (Creswell, 2012). Reading, re-reading and listening to recorded audios aided in the identification of repetitive themes. The examination of the transcriptions was conducted several times to find out if any more themes emerged (Polit and Beck, 2021). The researcher shared the codes and the themes identified from the analysis process together with the transcriptions to the supervisor for verification and to the researcher's colleague for peer review.

CHAPTER FOUR PRESENTATION OF RESULTS AND FINDINGS

4.0 Introduction

This chapter presents the approaches to data analyses and the conclusions drawn from the data. A total of 213 women filled in the questionnaire. However, two questionnaires were incomplete and not included in the analysis of the final 211 questionnaires.

4.1 Data Presentation

Research findings were presented according to the sections of the questionnaire. Some data were grouped together to give an overall picture. Frequency tables, charts and graphs are used to present data.

4.1.1 Section A: Demographic Characteristics of Participants

The demographic characteristics of the women in this study included; age, education, marital status, religious denomination, income, occupation and province of residence. The demographic characteristics are shown in Table 4.1 below.

Table 4.1a: Demographic Characteristic of Participants (N=211)

Variable	Category	Frequency	Percent
Age	20-29	25	11.8%
	30-39	85	40.3%
	40-49	50	23.7%
	50-69	48	22.7%
	70-89	3	1.4%
	Total		211
Education	No Formal Education	11	5.2%
	Primary Education	52	24.6%
	Secondary Education	77	36.5%
	Tertiary	71	33.6%
	Total		211
Marital	Married	211	100
	Total	211	100.0%
Religious Denomination	Baptist	2	.9%
	Jehovah's Witnesses	35	16.6%
	Methodist Church	2	.9%
	New Apostolic Church	4	1.9%
	Pentecostal	62	29.4%
	Reformed Church	10	4.7%
	Roman Catholic Church	42	19.9%
	Salvation Army	1	.5%
	Seventh Day Adventist	44	20.9%
	United Church of Zambia	8	3.8%
	Muslim	1	.5%
	Total		211

Table 4.1b: Demographic Characteristic of Participants (N=211)

Variable	Category	Frequency	Percent
Occupation	Civil Servant	52	24.6%
	Self Employed	115	54.5%
	Others	3	1.4%
	Retired	5	2.4%
	Unemployed	36	17.1%
	Total	211	100.0%
Income per Month	< K1,000	67	31.8%
	K1,000- K3,000	44	20.9%
	K3,000-K5,000	65	30.8%
	>K5,000	35	16.6%
	Total	211	100.0%
Province of Residence	Central	22	10.4%
	Copperbelt	35	16.6%
	Eastern	14	6.6%
	Luapula	19	9.0%
	Lusaka	56	26.5%
	Muchinga	8	3.8%
	Northern	10	4.7%
	Northwestern	11	5.2%
	Western	7	3.3%
	Southern	24	11.4%
	Missing Values	5	2.4%
Total	211	100.0%	

Demographic characteristics of participants

The demographic characteristics of the women in this study included age, education, marital status, religious denomination, income, occupation, and province of residence. The full description of demographic characteristics is shown in Table 4.1. The majority of the women were 30–39 years old (n=85) (40.3%), followed by 40–49 years old (n=50) (23.7%). Most of these women were married (n=208) (98.6%) and had secondary (n=77) (36.5%) level of education. Almost half (n=115) (54.5%) were self-employed. Pentecostal Christians (n=62) (29.4%) were the most common followed by Seventh Day Adventists, (n=44) (20.9). A third of the women (n=67) (31.8%) reported less than Zambian Kwacha 1,000 income per month (approximately USD50). Most participants came from the capital, Lusaka (n=56) (26.5%).

4.1.2 Section B: Cancer and treatment characteristics of husbands of participants

The different cancers were classified based on category, stage and treatment as shown in table 4.2 below.

Table 4.2: Cancer category, stage and treatment characteristics of husbands of participants

Variable	Classification	Frequency	Per cent
Cancer Category	Gastro- Intestinal cancers	91	43.1%
	Genital-Urinary Cancers	47	22.3%
	Skin Cancers	4	1.9%
	Haematological Cancers	14	6.6%
	Respiratory Cancers	12	5.7%
	Head & Neck Cancer	33	15.6%
	Breast Cancer	3	1.4%
	Others	7	3.3%
	Total	211	100.0%
Cancer Stage	Stage I	9	4.3%
	Stage II	51	24.2%
	Stage III	52	24.6%
	Stage IV	86	40.8%
	Unknown	13	6.2%
	Total	211	100.0%
Cancer Treatment	Chemotherapy	151	71.6%
	Radiotherapy	33	15.6%
	Chemotherapy & Radiotherapy	14	6.6%
	Surgery	2	.9%
	Surgery & Radiotherapy	1	.5%
	Palliative treatment	4	1.9%
	Pretreatment for cancer	6	2.8%
	Total	211	100.0%

Cancer category, stage and treatment

According to Table 4.2 above, when the wives of men with cancer were asked about their husbands' cancer type, stage and treatment received, women expressed that they knew their husbands cancer type, stage and treatment. When the researcher verified with the patients files, the reported cancer diagnosis, stage and treatment were correct.

Cancers were classified based on category, stage and treatment as shown in Table 4.2. The majority of the husbands of participants had gastrointestinal cancers (n=91) (43.1%), followed by genital-urinary cancers (n=47) (22.3%), head and neck cancer (n=33) (15.6%). Most of the husbands of participants were diagnosed with stage IV cancer (n=86) (40.8%) or Stage III (n=52) (24.6). Regarding treatment,

the majority of husbands of participants were receiving chemotherapy (n=151) (71.6%), followed by radiotherapy (n=33) (15.6%). A few had not yet started cancer treatment and so were classified as pretreatment (n=6) (2.8%).

4.2 Section C: Needs of Women Caring For Men with Cancer

In the Likert scale used for the (NAFC-C) tool to measure the needs of wives of men with cancer, responses of slightly, moderately and very satisfied were grouped to mean satisfied in the narratives as follows:

4.2.1 Caregivers Financial needs

For financial needs, the women were asked how satisfied they were with paying non-GRZ (Government of the Republic of Zambia) costs. GRZ pays for chemotherapy, radiotherapy and other cancer treatments, and it provides these treatment modalities free of charge to Zambians. Pharmacists from hospitals order medicines covered by GRZ from the Ministry of Health medical stores department. Non-GRZ medical expenses can include laboratory and diagnostic investigations, hospital bed space payment (for those in high-cost wards), foodstuff other than what the hospital provides and medicine that is in stockout status in the hospital pharmacy. The participants' responses about their husband's financial needs being paid by insurance or other means and the management of these finances are shown in Table 4.3. Most women (n=171) (81%) were at least slightly, moderately or very satisfied about having to pay non-GRZ medical expenses. Most non-GRZ medical expenses were met by National Health Insurance (n=133) (63%) or out-of-pocket sources (n=54) (25.6%). When asked how satisfied they were regarding insurance meeting the cost of their husband's non-GRZ medical expenses, most women stated they were moderately satisfied (n=85) (40.3%).

Satisfaction of the participants towards paying Non-GRZ Medical Expenses

A total of (n=151) (71.6%) women were at least satisfied with their husbands' insurance coverage for non-GRZ medical expenses. A total of (n=171) (81%) women were at least satisfied with their insurance payments of medical fees during their husbands' stay in hospital. Other medical fees can include medicines that have become scarce in the hospital. Most women (n=154) (73%) were satisfied the utilization of their insurance to sort out medical bills from one point to another.

Table 4.3: Women's Satisfaction with Financial Management of Insurance Coverage and Other Payment of Husband's Care.

Variable	Satisfaction Level	N= 211 Frequency	Per cent
Satisfaction with having to pay non-GRZ treatment costs	Not satisfied	59	28.2%
	Slightly satisfied	22	10.5%
	Moderately satisfied	73	34.9%
	Very satisfied	56	26.8%
	No response	1	0.47%
	Total	211	100%
Variable	Category	N= 211 Frequency	Per cent
Sources of payment for non-GRZ treatment costs	Faith-Based	3	1.4%
	National Health Insurance	133	63%
	Out of Pocket	54	25.6%
	Private Insurance	5	2.4%
	Social Welfare	14	6.6%
	Others	2	0.9%
	Total	211	100.0%
Variable	Satisfaction level	N= 211 Frequency	Per cent
Insurance payments of non-GRZ treatment costs	Not satisfied	38	18%
	Slightly satisfied	48	22.9%
	Moderately satisfied	85	40.7%
	Very satisfied	38	18.1%
	No response	2	0.95%
		211	100
Variable	Satisfaction level	N=211 Frequency	Per cent
Navigating through insurance and medical fee payments for husband's care	Not satisfied	55	26.3
	Slightly satisfied	36	17.2
	Moderately satisfied	66	31.1
	Very satisfied	52	24.5
	No response	2	0.9
	Total	211	100

4.2.2 Psychological and Emotional Needs

Table 4.4: Women's levels of satisfaction with psychological and emotional needs

Statement	Response				
	Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response
Being helped to adjust to life after a cancer diagnosis	13(6.2)	44(20.9)	69(32.7)	83(39.3)	2(.9)
Ability to deal with emotional distress or needing extra help	15(7.1)	51(24.2)	81(38.4)	62(29.4)	2(.9)
Receiving help from the health care staff with emotional distress	22(10.4)	32(15.2)	88(41.7)	68(32.2)	1(.5)

The psychological needs of the women were assessed by asking the women how satisfied they were being helped to adjust to life after cancer, dealing with their emotional distress or if they needed extra and receiving help from healthcare staff about their emotional distress. The majority of the women (n=196) (92.9%) were satisfied with the help they received to adjust to life after cancer. Those who reported dealing with their emotional distress sought extra help (n=194) (91.9%) or received help from the health care staff about emotional distress (n=188) (89.1%) and were satisfied. (Table 4.4)

4.2.3 Physical Needs

Table 4.5: Satisfaction with the physical needs of the women.

Statement	Responses				
	Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response
Balancing work/school with caring for husband	47(22.3)	83(39.3)	53(25.1)	28(13.3)	0(0)
Being satisfied with relationship with husband	4(1.9)	11(5.2)	66(31.3)	129(61.1)	1(.5)
Having an intimate relationship with husband	85(40.3)	57(27)	40(19)	26(12.3)	3(1.4)
Dealing with lifestyle changes	55(26.5)	63(29.9)	48(22.7)	43(20.4)	1(.5)
Managing to meet personal needs as a Spouse	26(12.3)	48(22.7)	101(47.9)	35(16.6)	1(.5)

The physical needs of the women were assessed by asking how satisfied they were balancing work/school with caring for their husbands, being satisfied with their relationships with husbands, having

an intimate relationship with husbands, dealing with lifestyle changes and managing to meet personal needs as a spouse. Most of the women (n=164) (77.7%) were satisfied with balancing work/school with caring for their husbands. Similarly, almost all women (n=199) (94.3%) were satisfied with their relationship with their husband. Regarding having an intimate relationship with their husbands, 123 (58.3%) of the women were satisfied with this aspect of their relationship. For dealing with lifestyle changes, (n=161) (76.3%) were satisfied. Most women were satisfied with managing to meet the personal needs of their spouse (n=184) (87.2%).

4.2.4 Spiritual Needs

The spiritual needs of the women were assessed by asking them how satisfied they were finding meaning out of their husbands' cancer and the healthcare staff helped them to find meaning out of cancer. Regarding satisfaction in finding meaning out their husbands' cancers, almost all women who answered this item (n=202/204) (95.7%) were satisfied.

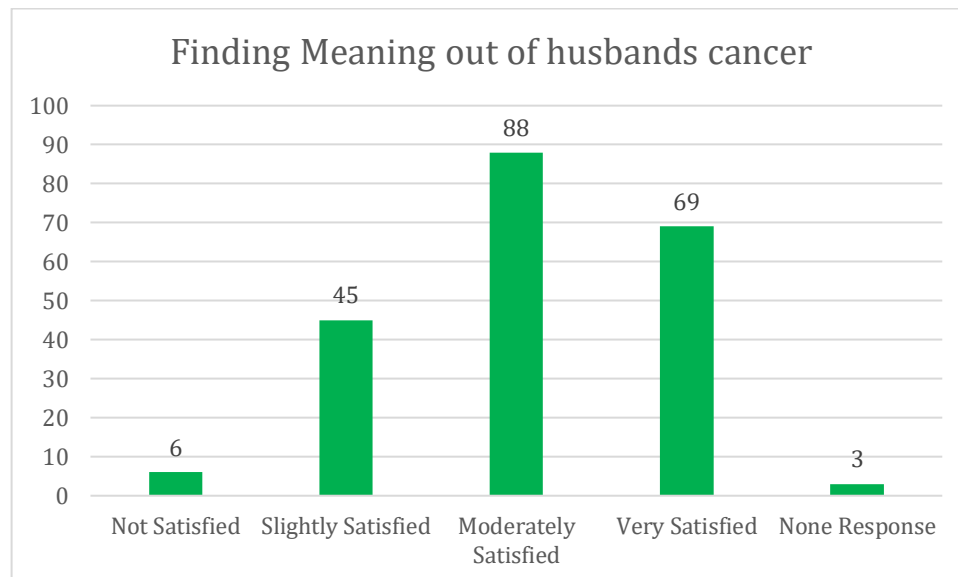


Figure 4.1: Satisfaction on finding meaning out the husband's cancer.

Regarding satisfaction in finding meaning out their husbands' cancers, 202 (95.7%) of the women were satisfied while 6 (2.8%) were not satisfied.

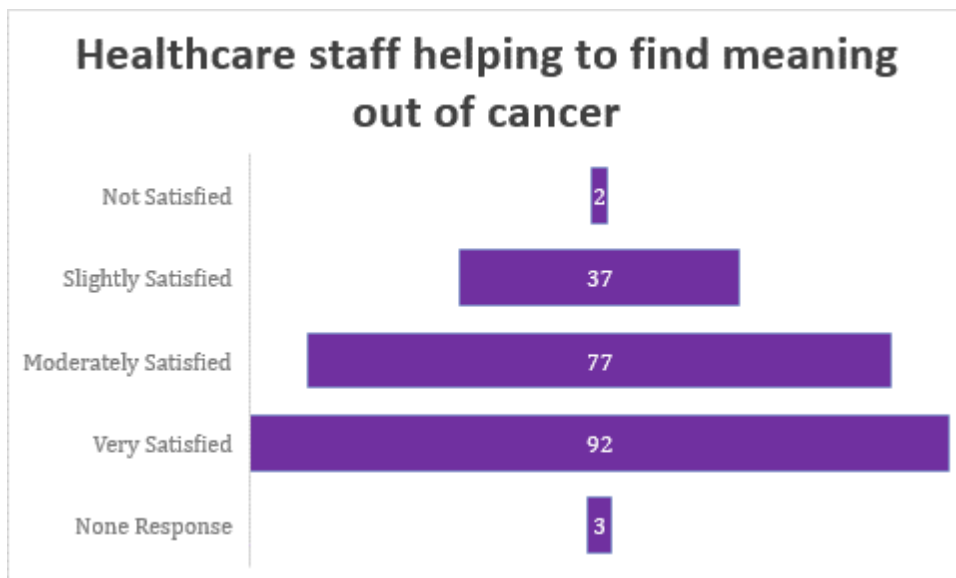


Figure 4.2: Satisfaction of healthcare staff helping to find meaning out of cancer.

According to figure 4.2 above, 206 (97.6%) of the women were satisfied while 2 (0.9) were not satisfied.

4.2.5 Social Needs

Table 4.6: Social Support Received by Participants.

Statement	Response	Frequency	Per cent
Social support being received	Counselling	91	43.1
	Family Support	1	.5
	Family and Counselling	2	.9
	Family and Friends	68	32.2
	Family and leave	2	.9
	Family, Friends and Finances	24	11.4
	Family, Friends and Leave	2	.9
	Financial support	7	3.3
	Support from friends	12	5.7
	Leave from work	2	.9
	Total	211	100.0

According to Table 4.6, most of the women got social support in form of counselling 91(43.1%), family and friends 68 (32.2%) and 24 (11.4%) from family, friends and financial support.

Table 4.7: Satisfaction on the Social Needs

Statement	Responses				
	Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response
Satisfaction in taking time off work	39(18.5)	95(45)	46(21.8)	28(13.3)	3(1.4)
Satisfaction getting together with family and friends during husband's cancer	7(3.3)	33(15.6)	89(42.2)	80(37.9)	2(.9)
Satisfaction with a relationship with other family members and friends	11(5.2)	24(11.4)	83(39.3)	91(43.1)	2(.9)
Satisfaction in reorganizing roles among family members	22(10.4)	46(21.8)	83(39.3)	58(27.5)	2(.9)
Satisfaction is getting help from others in order to take time for oneself	30(14.2)	76(36)	68(32.2)	35(16.6)	2(.9)

According to table 4.7 above, Women's social needs were assessed by asking about the type of social support they were receiving. Further satisfaction was assessed by asking the women how satisfied they were with taking time off work, getting together with their families and friends during their husbands' cancer, their relationship with other family members and friends, reorganizing roles among family members and getting help from others to take time for yourself. Most of the women received social support in form of counselling (n=91) (43.1%), or family and friends (n=68) (32.2%) and (n=24) (11.4%) from family, friends and financial support.

When the women were asked how satisfied they were taking time off work, the majority (n=169) (80.1%) were satisfied. Almost all women (n=202) (95.7%) were satisfied with getting together with their families and friends during their husbands' cancer illness. Almost all women were satisfied with their relationships with family members and friends (n=198) (93.8%). Regarding reorganizing roles among their family members, the majority of the women were satisfied (n=187) (88.6%). For getting help from others to take time for themselves, most women (n=179) (84.3%) were satisfied.

4.2.6 Communication Needs

Communication needs were assessed by asking the women how satisfied they were with the communication they were receiving from healthcare staff (Figure 4.3) and caregivers' ability to communicate with medical staff (Figure 4.4).

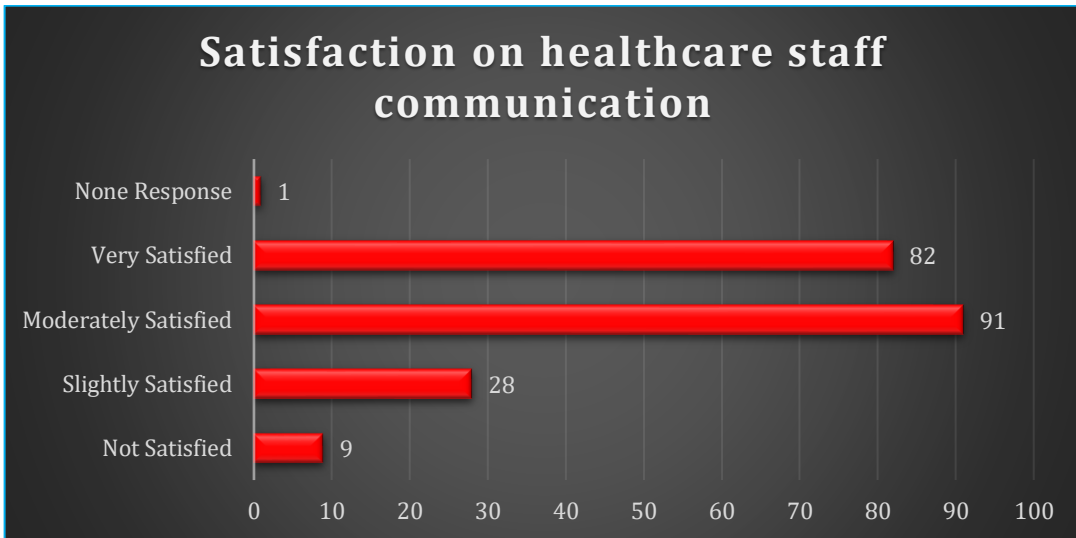


Figure 4.3: Satisfaction in healthcare communication

Table 4.8: Ability to communicate with medical staff (N=210)

Level of Satisfaction	N	Proportion (%)
1. Not Satisfied	1	0.47
2. Slightly Satisfied	19	9.00
3. Moderately Satisfied	45	21.33
4. Very Satisfied	146	69.19

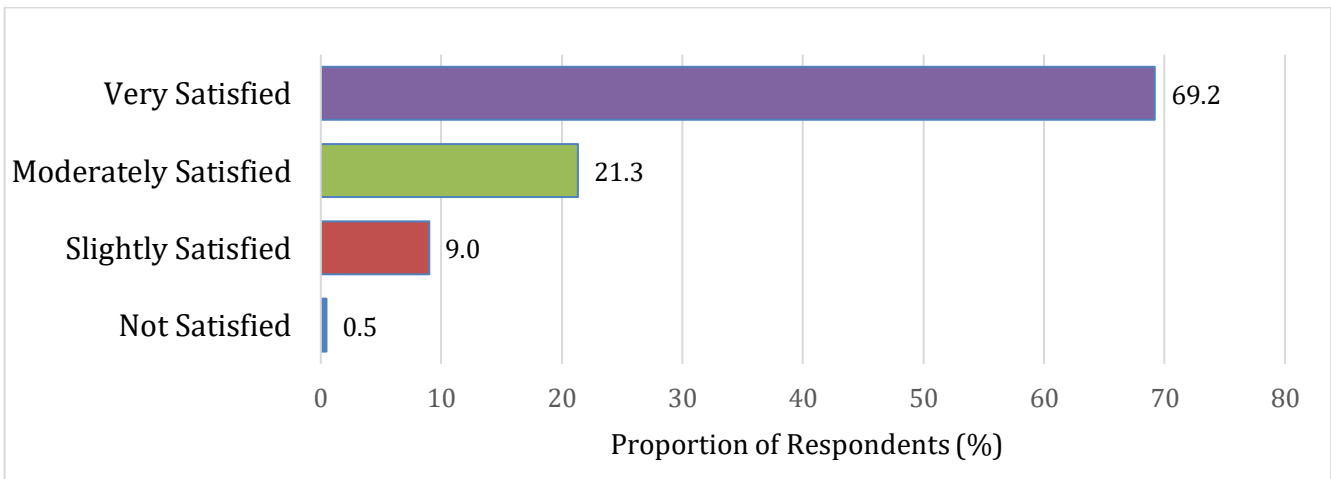


Figure 4.4: Ability to communicate with medical staff.

Most women (n=201) (95.3%) were satisfied with the communication they were receiving from healthcare staff and were satisfied and almost all (n=208) (99%) stated that they were able to communicate their concerns to the medical staff.

4.2.7 Healthcare Needs

The Health Care needs of the women caring for their husbands with cancer included: Getting involved in medical decisions in relation to their husbands' care and treatment, being able to manage their husbands' cancer-related pain, being able to manage their husbands' other cancer-related symptoms (for example, fatigue, nausea) assisting their husbands' daily needs (for example, preparing meals, transportation, etc.) and being able to get the best possible care for their husbands' satisfied women.

Table 4.9: Satisfaction levels of the women on healthcare needs

Statement	Responses				
	Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response
Getting involved in medical decisions affecting husbands' care and treatment	9(4.3)	22(10.4)	83(39.3)	95(45)	2(.9)
Ability to manage husbands' cancer-related pain	2(.9)	13(6.2)	87(41.2)	107(50.7)	2(.9)
Ability to manage husbands' other cancer-related symptoms (e.g. fatigue, nausea)?	2(.9)	26(12.3)	81(38.4)	102(48.3)	0(0)
Assisting in husbands' daily needs (e.g. preparing meals, transportation, etc.)	1(.5)	21(10)	68(32.2)	119(56.4)	2(.9)
Ability to get the best possible care for the husband	4(1.9)	37(17.5)	99(46.9)	66(32.7)	2(.9)

From Table 4.9 above, the majority of the women were satisfied with most health needs such as getting involved in medical decisions affecting their husband's care and treatment (n=200) (94.8%), being able to manage their husbands' cancer-related pain (n=207) (98.1), being able to manage their husbands' other cancer-related symptoms (e.g., fatigue, nausea) (n=209) (99.5%), assisting their husbands' daily needs (e.g., preparing meals, transportation, etc.) (n=208) (98.6%) and being able to get the best possible care for their husbands, (n=202) (95.7%).

4.2.8 Association between Women's ability to pay Medical Fees and Demographic Characteristics.

The table below shows an association between the ability to pay husband's medical fees and the demographic characteristics of the women

Table 4.10a: Association between Women's ability to pay Medical Fees and Demographic Characteristics.

Variable	Category	Women's ability to pay Medical Fees					Total	P-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response		
Age	20-29	2	8	12	3	0	25	0.048
	30-39	6	12	45	22	0	85	
	40-49	4	8	28	10	0	50	
	50-69	12	11	17	8	0	48	
	70-89	1	0	2	0	0	3	
Education	No Formal Education	3	1	5	2	0	11	0.000
	Primary Education	16	15	16	5	0	52	
	Secondary Education	2	13	51	11	0	77	
	Tertiary	4	10	32	25	0	71	
Occupation	Civil Servant	3	6	29	14	0	52	0.003
	Self Employed	11	21	58	25	0	115	
	Others	0	3	0	0	0	3	
	Retired	1	1	2	1	0	5	
	Unemployed	10	8	15	3	0	36	
Income	< K1,000	19	18	24	6	0	67	0.000
	K1,000- K3,000	4	13	21	6	0	44	
	K3,000-K5,000	2	8	51	4	0	65	
	>K5,000	0	0	8	27	0	35	
Non-GRZ Treatment Costs	Faith Based	0	1	2	0	0	3	0.000
	National Health Insurance	13	21	80	19	0	133	
	Out of Pocket	9	8	17	20	0	54	
	Private Insurance	0	0	2	3	0	5	
	Social Welfare	3	8	2	1	0	14	
	Others	0	0	1	1	0	2	
Province of residence	Copperbelt	5	5	21	4	0	35	0.290
	Central	1	5	13	3	0	22	
	Eastern	5	2	5	2	0	14	
	Luapula	4	5	9	1	0	19	
	Lusaka	4	10	24	18	0	56	
	Muchinga	0	2	4	2	0	8	
	Northern	1	1	4	4	0	10	

Northwestern	1	2	6	2	0	11
Western	0	2	3	2	0	7

According to table 4.10, a chi-square test for an association between categorical variables was conducted. Regarding the association between the ability to pay husband's medical fees and the demographic characteristics of the women, there was a strong statistical association between a woman's ability to pay their husband's medical fees and the following demographic factors: education ($p = 0.000$), cancer stage ($p=0.000$), occupation ($p = 0.003$), income ($p = 0.000$) and non-GRZ treatment costs ($p= 0.000$) and a weak relationship was found for age ($p = 0.048$) (Table 5).

Table 4:10b Association between Women's ability to pay Medical Fees and Demographic Characteristics.

Variable	Category	Women's ability to pay Medical Fees					Total	P-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response		
Cancer Category	GIT Cancers	18	15	43	15	0	91	0.020
	Genital-Urinary Cancers	2	4	30	11	0	47	
	Skin Cancers	0	0	2	2	0	4	
	Hematological Cancers	0	5	6	3	0	14	
	Respiratory Cancers	1	4	4	3	0	12	
	Head & Neck Cancer	3	7	15	8	0	33	
	Breast Cancer	0	3	0	0	0	3	
	Others	1	1	4	1	0	7	
Cancer Stage	Stage I	1	6	2	0	0	9	0.000
	Stage II	10	13	19	9	0	51	
	Stage III	0	6	33	13	0	52	
	Stage IV	9	2	44	6	0	61	
	Unknown	5	2	6	0	0	13	
Cancer Treatment	Chemotherapy	18	29	70	34	0	151	0.542
	Radiotherapy	4	8	15	6	0	33	
	Chemotherapy & Radiotherapy	0	2	1	2	0	5	
	Surgery	1	0	10	0	0	11	
	Surgery & Radiotherapy	0	0	1	0	0	1	
	Palliative	0	0	4	0	0	4	
	Pretreatment	2	0	3	1	0	6	

Table 4.10 highlights the association between the women's satisfaction with payment of their husbands' medical fees and the husband's cancer diagnosis, stage, and treatment. A statistically significant

association was found between cancer diagnosis ($p = 0.02$) and stage ($p = 0.000$) and the women's satisfaction with payment of medical fees, but not for treatment ($p = 0.542$).

4.2.9 Association between Emotional distress and Social Needs of wives of men with cancer

Table 4.11a: Association between Emotional distress and Social Needs

Variable	Category	Response: Emotional Distress					Total	P-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response		
Getting help from others to take time for oneself	Not Satisfied	5	5	3	2	0	15	0.000
	Slightly Satisfied	6	23	19	2	0	50	
	Moderately Satisfied	8	37	28	8	0	81	
	Very Satisfied	11	9	18	23	0	61	
	Total	30	74	68	35	0	207	
Getting together as family and friends during their husbands' cancer	Not Satisfied	1	3	4	7	0	15	0.000
	Slightly Satisfied	1	12	24	14	0	51	
	Moderately Satisfied	2	14	47	18	0	81	
	Very Satisfied	3	3	14	40	0	60	
	Total	7	32	89	79	0	207	
Satisfaction with relationship with other family members and friends	Not Satisfied	0	3	6	6	0	15	0.000
	Slightly Satisfied	2	7	27	15	0	51	
	Moderately Satisfied	2	11	42	23	0	78	
	Very Satisfied	6	3	8	46	0	63	
	Total	10	24	83	90	0	207	
Reorganizing roles as family members	Not Satisfied	3	2	8	2	0	15	0.000
	Slightly Satisfied	3	14	25	9	0	51	
	Moderately Satisfied	6	23	39	11	0	79	
	Very Satisfied	10	7	10	35	0	62	
	Total	22	46	82	57	0	207	

Table 4.11b: Association between Emotional distress and Social Needs (continued)

Variable	Category	Response: Emotional Distress					Total	P-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied	None Response		
Dealing with lifestyle changes	Not Satisfied	9	3	2	1	0	15	0.000
	Slightly Satisfied	15	18	17	1	0	51	
	Moderately Satisfied	18	35	18	9	0	80	
	Very Satisfied	14	6	11	31	0	62	
	Total	56	62	48	42	0	208	
Being helped to adjust to life after cancer	Not Satisfied	2	8	12	3	0	25	0.000
	Slightly Satisfied	6	12	45	22	0	85	
	Moderately Satisfied	4	8	28	10	0	50	
	Very Satisfied	12	11	17	8	0	48	
	Total	24	39	102	43	0	208	
Taking time off work	Not Satisfied	8	3	2	2	0	15	0.000
	Slightly Satisfied	7	30	9	3	0	49	
	Moderately Satisfied	15	43	13	10	0	81	
	Very Satisfied	9	18	22	12	0	61	
	Total	39	94	46	27	0	206	

A chi-square test was used to test the association between emotional distress and social needs. Emotional distress was strongly associated with all social need items ($p=0.000$). Examples included “getting help from others in order to take time for yourself”, “getting together as family and friends during husband’s cancer illness” and “being satisfied with relationships with other family members and friends” (Table 4.11).

4.2.10 Association between Medical Fees and Cancer Category, Cancer Stage and Cancer Treatment

Table 4.12: Association between Medical Fees and Cancer Category, Cancer Stage and Cancer Treatment.

Variable	Category	Response: Payment of Medical Fees				Total	p-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied		
Cancer Category	GIT Cancers	18	15	43	15	91	0.02
	Genital-Urinary Cancers	2	4	30	11	47	
	Skin Cancers	0	0	2	2	4	
	Hematological Cancers	0	5	6	3	14	
	Respiratory Cancers	1	4	4	3	12	
	Head & Neck Cancer	3	7	15	8	33	
	Breast Cancer	0	3	0	0	3	
	Others	1	1	4	1	7	
Total		25	39	104	43	211	
What is your husband's stage of cancer?	Stage I	1	6	2	0	9	0.000
	Stage II	10	13	19	9	51	
	Stage III	0	6	33	13	52	
	Stage IV	9	12	44	21	86	
	Unknown	5	2	6	0	13	
	Total		25	39	104	43	
What treatment is your husbands currently receiving?	Chemotherapy	18	29	70	34	151	0.542
	Radiotherapy	4	8	15	6	33	
	Chemotherapy & Radiotherapy	0	2	10	2	14	
	Surgery	1	0	1	0	2	
	Surgery & Radiotherapy	0	0	1	0	1	
	Palliative	0	0	4	0	4	
	Pretreatment	2	0	3	1	6	
Total		25	39	104	43	211	

According to table 4.12 above, the ability to pay the husband's medical bills was associated with cancer category (0.02) and cancer stage (0.000) but was not associated with cancer treatment (0.542).

4.2.11 Association between communication needs and health needs of wives of men with cancer

Table 4.13: Association between communication needs and health needs

Variable	Response	Response: Communication Needs				Total	p-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied		
Involvement in medical decisions affecting the husband's care and treatment	Not Satisfied	1	2	1	5	9	0.000
	Slightly Satisfied	2	4	18	4	28	
	Moderately Satisfied	6	12	48	25	91	
	Very Satisfied	0	4	16	61	81	
Total		9	22	83	95	209	
Assisting husbands' daily needs	Not Satisfied	0	0	1	7	8	0.003
	Slightly Satisfied	0	7	12	9	28	
	Moderately Satisfied	1	12	33	44	90	
	Very Satisfied	0	2	22	58	82	
Total		1	21	68	118	208	
Ability to get the best possible care for husband	Not Satisfied	0	3	2	4	9	0.131
	Slightly Satisfied	0	6	17	5	28	
	Moderately Satisfied	2	18	46	24	90	
	Very Satisfied	2	10	33	36	81	
Total		4	37	98	69	208	
Getting information about cancer that their husband diagnosed with	Not Satisfied	5	1	2	1	9	0.000
	Slightly Satisfied	3	12	9	4	28	
	Moderately Satisfied	10	20	40	21	91	
	Very Satisfied	4	5	27	44	80	
Total		22	38	78	70	208	
Ability to manage husbands' cancer-related pain	Not Satisfied	0	1	3	5	9	0.000
	Slightly Satisfied	1	5	13	9	28	
	Moderately Satisfied	0	5	51	35	91	
	Very Satisfied	1	2	19	58	80	
Total		2	13	86	107	208	
Ability to manage husbands' other cancer-related symptoms	Not Satisfied	0	1	3	5	9	0.070
	Slightly Satisfied	0	5	14	9	28	
	Moderately Satisfied	2	14	39	36	91	
	Very Satisfied	0	6	24	52	82	
Total		2	26	80	102	210	

The women's satisfaction with communication needs was associated with getting information about her husband's cancer ($p = 0.000$) and managing her husband's cancer-related pain ($p= 0.000$). The relationships between communication needs and getting the best care for her husband ($p = 0.131$) and managing her husband's cancer-related symptoms ($p=0.070$) were not significant (Table 4.13).

Table 4.14: Association between personal needs and social needs.

Statement	Response	Response: Personal Needs				Total	p-value
		Not Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied		
Reorganizing roles among family members	Not Satisfied	9	6	4	5	24	0.000
	Slightly Satisfied	6	12	26	4	48	
	Moderately Satisfied	3	26	49	23	101	
	Very Satisfied	4	2	3	26	35	
Total		22	46	82	58	208	
Satisfaction with relationship with other family members and friends	Not Satisfied	7	2	9	7	25	0.000
	Slightly Satisfied	1	6	21	20	48	
	Moderately Satisfied	2	16	46	36	100	
	Very Satisfied	1	0	7	27	35	
Total		11	24	83	90	208	
Getting help from others in order to take time for oneself	Not Satisfied	14	8	3	1	26	0.000
	Slightly Satisfied	5	26	9	8	48	
	Moderately Satisfied	8	39	47	6	100	
	Very Satisfied	3	2	9	20	34	
Total		30	75	68	35	208	
Getting together with family and friends during your husbands' cancer	Not Satisfied	5	3	5	12	25	0.000
	Slightly Satisfied	1	8	19	20	48	
	Moderately Satisfied	0	22	56	22	100	
	Very Satisfied	1	0	9	25	35	
Total		7	33	89	79	208	
Being helped to adjust to life after cancer	Not Satisfied	1	1	8	14	24	0.000
	Slightly Satisfied	1	9	18	20	48	
	Moderately Satisfied	8	33	37	23	101	
	Very Satisfied	3	1	6	25	35	
Total		13	44	69	82	208	

According to table 4.14, there was a significant relationship between personal needs and all social needs; reorganizing roles among family members, being satisfied with the relationship with other family members and friends, getting together with family and friends during husbands' cancer and being helped to adjust to life after cancer ($p = 0.000$).

4.3 Ordinal Logistic regression Results

Table 4.15. Investigating the effects of met needs on levels of emotional distress among participants.

Emotional Distress	Odds ratio	P> z	[95% confidence interval]	
Emotional distress coping measures under investigation				
1. Help From Others	1.24	0.313	0.82	1.88
2. Reorganizing Roles	1.18	0.498	0.73	1.89
3. Relationship Others	0.83	0.426	0.51	1.32
4. Lifestyle Changes	1.26	0.191	0.89	1.77
5. Time Off Work	0.87	0.538	0.57	1.34
6. Family Unit	0.73	0.222	0.45	1.21
7. Health Care Staff Help	1.69	0.022*	1.08	2.64
8. Medical Insurance	1.59	0.013*	1.10	2.28
9. Managing Pain	2.26	0.006*	1.26	4.03
10. Managing Symptoms	2.13	0.003*	1.29	3.51
11. Balancing	1.17	0.460	0.77	1.76
12. Relationship Husband	1.17	0.506	0.74	1.85
13. Intimate Relationship	0.87	0.421	0.63	1.21
14. Being Helped	1.10	0.623	0.75	1.60
Demographic and cancer therapy confounders controlled for in regression analysis				
1. Age	0.93	0.657	0.67	1.29
2. Education	0.67	0.104	0.42	1.08
3. Religious Denomination	1.10	0.100	0.98	1.24
4. Occupation	0.91	0.530	0.66	1.23
5. Income	0.93	0.752	0.57	1.50
Cancer therapy confounders controlled for in regression analysis				
1. Cancer Type	1.03	0.236	0.98	1.08
2. Cancer Stage	1.24	0.189	0.90	1.72
3. Cancer Treatment	0.88	0.259	0.70	1.10
<i>*Covariates with significant effects</i>				

Table 4.15 illustrates the ordinal logistic regression analysis of the effects of met needs on levels of emotional distress among participants. The analysis revealed that four met needs were statistically significant in affecting the level of participant emotional distress namely, satisfaction with health care

staff help (OR=1.69; p=0.022), medical insurance (OR=1.59, p=0.013), ability to manage husbands' pain (OR=2.26, p=0.006), and ability to manage husband's symptom (OR=2.13, p=0.003).

An important assumption that should be verified before using ordered logistic regression is that the relationship between each pair of outcome groups is the same. This means that the coefficients describe the effects between the lowest versus all higher categories of emotional distress should be the same as those that define the relationship between the next lowest category and all higher categories, etc. This is called the proportional odds assumption or the parallel regression assumption. The results of the likelihood-ratio test of proportionality of odds assumption ($\chi^2 = 45.01$; p Value = 0.5136. A p-value >0.05) accept the null hypothesis that the odds ratios are proportionally justifying the use of Ordinal logistic regression (Koletsi et al. 2018; Fullerton, 2009; Eboli et al. 2009).

The researcher found that improving a woman's satisfaction with this coping strategy (health care staff help) by one level increased the probability of their ability to cope with emotional distress from their current satisfaction level to the next higher level (e.g., moderately satisfied to very satisfied) by a factor of 1.68 or 68%. For managing pain, an increase of one level in women's ability to manage their husbands' cancer-related pain increased the probability of their ability to cope with emotional distress by a factor of 2.26, hence doubled the chances of increasing her ability to cope with emotional distress. For medical insurance, the odds ratio of 1.59 (p=0.013) meant one-level increase in satisfaction with medical insurance coverage would result in a 59% increase in the probability of elevating their ability to cope with emotional distress from their current level of coping with emotional distress to a higher level. Just increasing a woman's ability to manage their husband's symptoms by a single level would double (OR=2.13, p=0.003) the chances of being elevated to a higher level of ability to cope with emotional distress.

4.4 Section D: Experiences of women caring for husbands with cancer

The qualitative component of the study explored the experiences, coping strategies and needs of women of men with cancer. Nine themes that emerged from the data and were not predetermined. The themes were broadly classified as challenges/barriers, facilitators/benefits, needs and coping strategies. The women's challenges include mobility difficulties and frequent hospital admissions, inadequate caregiver accommodation and poor hospital environment, social-economic problems, psychological and emotional distress, caregiving liability and childcare, spiritual anguish and some participants stated that they learnt nothing. Facilitator or benefits of caregiving for spouses of men with cancer included knowledge about cancer and infection prevention, a strong marital relationship, development of good virtues such as tolerance, perseverance, resilience and hope and good relationships with other caregivers and healthcare workers. Coping strategies included spiritual support from spiritual carers, prayer and meditation, music and storytelling, social support, ignoring and avoiding the distressing situation and good marital relationship. The women's needs that emerged from the data included financial support, physical needs, psychosocial counselling, sexual intimacy and contact, caregiver accommodation, time off from caregiving and information need. Qualitative analysis revealed the experiences and coping strategies of wives of men with cancer.

The total sample was 20 women. Seven were 20-29, seven were 40-49, three were 30-39 and three were 50-69 years old. All the women were married, and two had no formal education, 11 had attained primary education followed by 5 with a secondary education, and two had a tertiary education. Twelve women were self-employed, three were civil servants, five were unemployed. Six women were Pentecostal, three Roman Catholic, two Jehovah's Witnesses, two New Apostolic Church, two Reformed Church, two Seventh Day Adventist, and one each Baptist, Methodist Church, and United Church of Zambia. Eight women reported less than Zambian Kwacha 1,000 (~USD 50) income per month, six K1,000- K3,000, four K3,000-K5,000 and two above K5,000 income per month. Eight women came from Lusaka, five from the Eastern province, two each from Central, Copper belt, and Luapula, and one from the Northern Province.

Table 4.4.1 shows the cancer and treatment characteristics of husbands of participants and highlights that different kinds of experiences was captured from women married to men with different types of cancer category, stage and treatment at CDH.

Table 4.4.1: Cancer and Treatment Characteristics of Husbands of Participants

Variable	Classification	Frequency	Per cent
Cancer Category	Gastro- Intestinal cancers	9	45%
	Genital-Urinary Cancers	4	20%
	Skin Cancers	2	10%
	Hematological Cancers	3	15%
	Respiratory Cancers	0	0%
	Head & Neck Cancer	2	10%
	Breast Cancer	0	0%
	Others	0	20%
	Total	20	100%
Cancer Stage	Stage I	4	20%
	Stage II	2	10%
	Stage III	4	20%
	Stage IV	8	40%
	Unknown	2	10%
	Total	20	100%
Cancer Treatment	Chemotherapy	14	70%
	Radiotherapy	1	5%
	Chemotherapy & Radiotherapy	2	10%
	Surgery	0	0%
	Surgery & Radiotherapy	0	0%
	Palliative treatment	2	10%
	Pretreatment for cancer	1	5%
	Total	20	100%

Table 4.4.2 Themes identified from interview data

CHALLENGES/BARRIERS			
Mobility difficulties and hospital admissions/problems		Socio-Economic Problems	
Hospital admission	Transportation difficulties	Financial challenges	Food
Poor hospital environment		disrupted social life	career halt
		Inadequate hospital food supply,	Inability to continue with businesses,
		Health care bills	Farming challenges
Psychological and Emotional Distress		Caregiving Liability and child care	
Psychological distress	Loss of sexual interest	Caregiving burden,	role and lifestyle changes,
		Inability to provide child support	Role changes
		Spiritual Anguish	
Spiritual distress	Uncertainties about the condition	New perspectives about life occurrences	
FACILITATORS/BENEFITS			
knowledgeable about cancer and infection prevention		A strong marital relationship	
Increase in cancer knowledge	Knowledge increase in infection prevention	Reinforced marital emotional bond	perform numerous activities and spend time together
Development of virtues			
Tolerance and Perseverance	Resilience and hope	Good hospital environment	Positive outlook (hope) despite the current circumstances
Good relationships with health care workers	Support from others	New perspectives about life occurrences.	Tolerance and perseverance
NEEDS OF SPOUSES			
Inability to continue their businesses Need to go back for work	Information need	Rentals and household expenses	Support for food
Sexual intimacy	Attend social gatherings	Time off from sickness to socialize with friends	Financial support
Overburdened with other things	caregiver accommodation	Need to know about the problem	Psychosocial counseling
COPING STRATEGIES			
Good marital relationship	Spiritual support from spiritual carers	Prayer and meditation	Music and Story telling
Social support	Ignoring and avoiding the situation	Friendship and family support	

4.4.3 Experiences of women caring for husbands with cancer

THEMES	SUB THEMES	KEY STATEMENTS
EXPERIENCES-CHALLENGES		
Mobility difficulties and frequent hospital admissions	Frequent Hospital visits and Admissions	"He's in hospital always, there I can't go to work am always there by his bedside am not able to go to church cause he will be there from Thursday sometimes till Saturday". Respondent 6.
	Transportation Difficulties	"Well, we have challenges with transport, ummmm...to move to and from home to the hospital is a challenge at times. Respondent 5.
Inadequate Caregiver Accommodation and Poor hospital environment	Poor Hospital Environment,	"Coming there to Lusaka every time when he's review is due...Mmmm... Challenges are there at the hospital, there is no water, yeah... The bathrooms maybe there are dirty, my husband is that person who doesn't like dirty, so it is very difficult to go to the toilet when he finds water on the floor." Respondent 6
	Inadequate Caregiver Accommodation	"Because am here I have nowhere to sleep, I just sleep down, the challenges are a lot, all I want is for my partner to get well because life here is hard." Respondent 3
Psychological and Emotional Distress	Psychological distress	"Uhhmm... the impact is huge, especially mentally, its affected me psychologically because sometimes you find that am not thinking straight, am thinking about his illness." Respondent 1
	Loss of sexual interest	"I stopped everything, I can't go anywhere I can't do anything, even the feeling of wanting to be with a man it has passed I don't have at this time, and I just want to see the patient." Respondent 15
Caregiving Liability and child care	Inability to Provide Child Support	"All I want is for my partner to get well, cos when your friend is complaining you feel sad and have left young children back home because if we keep on staying here what are we going to be eating? Because life here is hard" Respondent 3
	Caregiving burden	"We are passing through a lot I tell you... kikikiki (laughing) it's only God who knows... this wound on the neck is getting worse, the neck will be cut... Because most of the time it's me who washes it cleans it it and tying it and I feel bad when doing that... Respondent 11
	Career Halt	"It has a great impact on my occupation as I do not report for work due to my husband's condition." Respondent 10.

Challenges/Barriers

There are many challenges that female spousal caregivers go through when caring for a husband with cancer in Zambia. The challenges/barriers identified from the qualitative analysis are highlighted below.

4.4.2.1 Mobility difficulties and hospital admissions

Frequent hospital admissions

Many women highlighted that they experienced frequent hospital admissions due to their husbands' cancer. Most expressed that they accompanied their husband to the hospital for his treatment such as chemotherapy, on average of 3-7 days. Some participants said that they stopped the usual schedules of their lives due to frequent admissions.

“Uhm....like when, like when we start chemotherapy, they admit us for 3 days. So, we find that what to buy becomes a lot for us to meet the three days or... he needs a lot of things maybe this week you will manage but the other week you won't. Respondent 1.

“He's in hospital [and I] am always there I can't go to work am always there by his bedside am not able to go to church cause he will be there from Thursday sometimes till Saturday”. Respondent 6.

Some participants expressed that they were not even able to adequately take care of their children at home because of the frequent admissions.

“Uh, it is a challenge to look after our children causing to the fact that we are ever going to the hospital for his treatment.” Respondent 5.

“The challenges that aaah...it's now four months we are away from home yes.” Respondent 7.

Some women stated that hospital admissions took most of their time.

“Most of the times you find that like this we are in hospital uhmmm....” Respondent 15.

Others expressed that they feared that their husbands would be admitted when they come to CDH even for follow-up services and review of their patient's cancer condition.

“I would ask him to go to the hospital; he would refuse because he was scared. I would ask ‘you are scared of what?’ He would say he’s scared of been admitted.” Respondent 9.

Transportation Difficulties

All the participants expressed that they had transportation difficulties whilst caring for their husbands. They mentioned that their transportation challenges included the distance they had to travel before they could come to CDH to access the cancer services and the frequency of coming to and from CDH during their husbands’ illness.

“Well, we have challenges with transport, ummmm...to move to and from home to the hospital is a challenge at times. Respondent 5.

“Challenges like you know loss of finances, and then Ummm... Moving is hard, it’s Ummm mobility... Coming there to Lusaka every time when he’s review is due...” Respondent 6

“It’s transport, because here we come three times...yes, so this 3rd time, we thought no, this want is getting worse, the neck will be cut...” Respondent 11.

4.4.2.2 Inadequate caregiver accommodation and poor hospital environment

Inadequate caregiver accommodation

The women reported that they had struggles finding where to sleep at the night or when their husbands were sleeping or resting at any time of the day.

“Because am here I have nowhere to sleep, I just sleep down, the challenges are a lot, all I want is for my partner to get well because life here is hard.” Respondent 3

“When we are admitted to the hospital, he will be sleeping, I just go to sit on the chair, I do not have where to sleep.” Respondent 2

Poor hospital environment

The women also complained of at being in a poor hospital environment, which was a challenge. They talked of an inadequate water supply, dirty water on the hospital floor and dirty toilets and bathrooms.

“Coming there to Lusaka every time when his review is due...Mmmm... Challenges are there at the hospital, there is no water, yeah... The bathrooms maybe there are dirty, my husband is that person who doesn't like dirty, so it is very difficult to go to the toilet when he finds water on the floor.” Respondent 6

4.4.2.3 Socio-Economic Problems

THEMES	SUB THEMES	KEY STATEMENTS
Socio-Economic difficulties	Disrupted Social Life	“There is no entertainment, I'm being isolated, I can't visit my friends no see them and family as I'm looking after him all the time” Respondent 4.
	Financial Constraints	“So we find that what to buy becomes a lot for us to meet the three days or... he needs a lot of things maybe this week you will manage but the other week you won't manage and we need to stay in for three days.” Respondent 1
	Health Care Bills	“Lifestyle (the way we stay) at home and the medicine what is it Mesina is a problem so now it has given us a problem, to buy. Even the way we stay at home it's slow we not able to buy food” Respondent 13.
	Inadequate Hospital Food Supply	“Money is a problem for food, for example, when some have been discharged they leave food for me sometimes money. Like today I was given a k50 buy food from a well-wisher” Respondent 9.
	Role and Lifestyle Changes	“No... I have learnt, because that one is my helper, now he's sick, you you are there, so who is going to help, so who is going to help me I can't help, a man helps isn't it?... Where he goes he brings something now like this is nothing no... It's hard I have learnt it's hard when your friend is sick it's hard...” Respondent 11

Disrupted social life

Caregivers reported having a serious disruption in their social lives including interactions with family, social gatherings, friends, work, jobs and entertainment. They stated that they could not visit their families and friends and attend social gatherings such as funerals and churches. They felt that they were isolated from the world due to the situation of caring for their spouses with cancer.

“There is no entertainment, I'm being isolated, I can't visit my friends no see them and family as I'm looking after him all the time” Respondent 4.

“I can’t socialize with my friends, I can’t visit family, I don’t normally go to church, on social, I can say am not doing anything.” Respondent 6

“I can’t tell any entertainment sprees like I used to, I live in isolation in taking care of him uhmmm... I don’t visit my friends and family like I used to before. Finances are also affected as I don’t go for work and he doesn’t too so income is low nowadays.” Respondent 10.

Financial constraints

Financial constraints came out loudly in the analysis. Many women expressed that they lacked money that would meet up to their needs and their patients’ needs. This could also be attributed to the fact that participants left their homes to live in the hospital. Others mentioned that the lack of money was a result of frequent hospital admissions, long duration of hospital stays and inability to find means of finding money due to their caregiving role.

“So we find that what to buy becomes a lot for us to meet the three days or... he needs a lot of things maybe this week you will manage but the other week you won’t manage and we need to stay in for three days.” Respondent 1

“I worry about what they will eat because at least when am home,a lot of bills at home, I have to buy water and pay for electricity, just a lot.....” Respondent 2

“Well, we have challenges ummmm...to move to and from home to the hospital is a challenge at times, finances have become a challenge, ummm....” Respondent 5

Some women highlighted that lack of money led to them being subjected to the hospital food that they had to eat, even on the days that they did not even want such type of food, all because they did not have control with money over what they should eat.

“The other challenge is finances which we currently are lacking now, it’s hard to buy the food he wants/needs.” Respondent 10

“Yes even the food in the hospital is not enough, no proper diet, if you don’t have money, so sometimes if you don’t have money they just bring the food you don’t like.” Respondent 15

Other participants highlighted that despite in hospital, they also needed to run their homes by continuous payment of household bills such as rent, electricity and water.

“Since I’m here taking care of him, there the house is not being paid for, at least when I was outside I could give my in-law to work some and I pay for the house. But now money for rent is now hard to find so I was thinking of going to remove my things and take them to my mother, and try to pay the arrears for 2 months then we see how far the sickness is going”. Respondent 14

Again, rentals again food prices have gone up and we do not doing anything so it’s hard.
Respondent 1

Health care bills

The women reported that they had challenges with payments of health care bills. These are health care bills that are not normally funded by the Government of the Republic of Zambia (GRZ) through Ministry of Health (MoH) such as laboratory and diagnostic investigations, hospital bed space payment (for those in high-cost wards), foodstuff other than what the hospital provides and medicine that has run out of the hospital pharmacy.

“Lifestyle (the way we stay) at home and the medicine what is it ‘Mesina’ is a problem, so now it has given us a problem, to buy. Even the way we stay at home it’s slow we not able to buy food” Respondent 13.

“Some of the challenges I forgot to say, are the drugs are too expensive sometimes we run out, we don’t have money. Respondent 6

“My question is on drugs, because the pharmacy most of the time they don’t have drugs, you know drugs are supposed to be there.” Respondent 15

Inadequate hospital food supply

The women highlighted that they experienced inadequate foodstuff during their caregiving role. Some mentioned that the hospital food was not sufficient to cater for the patient and them. While

others added that the free hospital food that they were given was not according to their diet preferences, as the food served is generally the same to everyone. Moreover, women stated that they lacked food due to long hospital admissions and generally, lack of funds.

“Money is a problem for food, for example, when some have been discharged, they leave food for me sometimes money. Like today I was given a k50 buy food from a well-wisher”

Respondent 9.

“The other challenge is finances which we currently are lacking now, it’s hard to buy the food he wants/needs”. Respondent 10

“And all what else... Yes even the food in the hospital is not enough, no proper diet, if you don’t have money” Respondent 6

Career halt

Many women reported having a career halt since they were self-employed or civil servants. Some were retired, and others were unemployed. The self-employed women reported to have a business, which they were running, and others were farmers. Many women said that everything else stopped as they were focused on caring for their sick husbands.

“Everything has come to a standstill because of my husband’s condition.” Respondent 1

“The challenges that aaah...it’s now four months we are away from home yes. Am not able to take care of the children we are away from them and the family. And...As of now as I was working doing part-time work as a teacher, I have held on and also his lying on the bed his not working, those are the challenges am facing.” Respondent 7.

“It has a great impact on my occupation as I do not report for work due to my husband’s condition.” Respondent 10.

“Concerning my work, I stopped because the other week I’m in Lusaka the other week I’m in Copperbelt.” Respondent 6

Inability to continue their businesses

The women also mentioned the disruption of their businesses. These self-employed participants rely on their businesses for their upkeep. These are small-scale businesses that participants ventured in to take care of their families such as small-scale farming, a market stall, restaurant work or selling second-hand clothing,

“Because, me I do business and he also does business so, business it’s like it’s at a standstill, because we need to take the children to school we have stayed for a long time meaning we won’t be able to take our children to school. Respondent 1

“My business is down even the capital we ate it, a lot of bills at home, I have to buy water and pay for electricity, just a lot.....Things like my business, I can no longer do that even back home. I can’t live the house, and leave him alone” Respondent 2

Role and Lifestyle Changes

The women expressed that their husbands were fundamentally breadwinners in their households, therefore, their sicknesses led to role changes and lifestyle changes. They reported that the role change happened in that wives became breadwinners by ensuring that house rental and house bills were paid, and food was readily available in their homes and also in the hospital for their husbands who were patients. They further reported that lifestyle changes happened when their life completely changed from the usual one to a life where they would live and care for their sick loved ones for a long time.

“Uhhh..... When you have someone who was an active breadwinner, doing the jobs but now he can’t because he is sick and now...it’s remained to me who is managing for the two of us yes...” Respondent 7

“No... I have learnt, because that one is my helper, now he’s sick, you you are there, so who is going to help, so who is going to help me I can’t help, a man helps isn’t it?... Where he goes he brings something now like this is nothing no... It’s hard I have learnt it’s hard when your friend is sick it’s hard...” Respondent 11

“Life has become hard because it’s different from what it was before and now, because now you have to wait it’s like you asking from someone and for them to help you, you find maybe they have their own problem so they can’t manage that’s the biggest problem I’ve found.”
Respondent 15

4.4.2.4 Psychological and Emotional Distress

Psychological distress

The women expressed many attributes of psychological distress. They reported feelings of worry, anxiety, frustration and fear during the care of their husband. They stated that they would worry about the client’s illness itself, and what he would eat. Other women worried about how they would respond to their husbands’ changed moods such as anger-obviously due to the disease process. Some women expressed that their worry was about their household dependents including children, of how they would survive without them since they are in the hospital.

“Uhhmm... the impact is huge, especially mentally it's affected me and psychologically because sometime you find that am not thinking straight, am thinking about his illness.”
Respondent 1

“It has brought psychological torture to me, but you know for his sake and try to stay calm”
Respondent 4

Some women described their fear as in the way their husband would treat them, they mentioned that their husbands had anger issues and would normally take it on them as wives. Others reported that when their husband was complaining of pain, even they felt the pain.

“The challenges are many... But mostly it is anger issues my husband gets to get angry whenever he’s in pain and takes it out on me.” Respondent 10

“It has brought an impact because you know what, when they tell you that you have this disease eeeh.....fear comes in your heart what is this disease now?” Respondent 7

“I have children I’m looking after and get worried of how they are surviving without us. I wonder if they have eaten and the like.” Respondent 9

“It has greatly and really affected the psychologically to the point that at times I really concentrate on what I’m supposed to do.” Respondent 15

Loss of sexual interest

The women reported a loss of interest in meeting their husbands sexually due to their husband’s condition. Women of men with genitourinary cancers and gastro-intestinal cancer reported having reduced their sexual desire.

“As I’m here nursing my husband.....This makes my mind go astray yeah. Hahahaha I don’t have any sexual needs at the moment I’m not even thinking about it”. Respondent 7

“I stopped everything, I can’t go anywhere I can’t do anything, even the feeling of wanting to be with a man it has passed I don’t have at this time, and I just want to see the patient.” Respondent 15

“Because you know what uhhh.....whyI’m hahahaha I don’t have any sexual needs at the moment I’m not even thinking about it.” Respondent 7

4.4.2.5 Caregiving Liability and Childcare

Inability to provide child support

The women stated that they were not able to meet up to their children’s support due to their caregiving role. They reported that apart from their caregiving role, they also had families to take care of, especially children. They reported worrying about their children’s wellbeing during their absenteeism from home, payment of their school fees, food and baby care (babysitting). GRZ provides free education from grade 1 to grade 12, but parents or guardians have to pay for uniforms, books and other school supplies.

“The challenges that aaah...it’s now four months we are away from home yes. Am not able to take care of the children we are away from them the family.” Respondent 7

“I took the children to my mother I have left them in the hands of my family, because that house we left it locked that’s why I’m thinking of going to remove the things, pay the arrears then I can be free of thinking about the house.” Respondent 15

“I have children I’m looking after and get worried of how they are surviving without us. I wonder if they have eaten and the like.” Respondent 9

Caregiving burden

The women reported that they had a caregiving burden while caring for their husbands. This caregiving burden included taking care of their husband’s needs whilst in the hospital such as bathing him, feeding him, looking for food for him, offering psychological and emotional, support and managing the husband’s side effects. Participants also talked about having a lack of accommodation about where they can sleep while caring for their loved ones. Caregivers complained that they have no proper place to sleep as they just lie down on the hospital floor, and that is quite burdensome to caregivers whose patients have been admitted for a long time.

“Yes am at the bed side and when he is in hospital am always there I can’t go for work am always there by his bedside am not able to go to church cause he will be there from Thursday sometimes till Saturday, then when he is out of the hospital he becomes very weak with the drugs so I can’t leave him alone at home.” Respondent 6

“We are passing through a lot I tell you... kikikiki (laughing) it’s only God who knows... this wound on the neck is getting worse, the neck will be cut... Because most of the time it’s me who washes it, cleans it and tying it and I feel bad when doing that... Respondent 11

“The experience is okay, because when I look back, he also used to take care of me when he was working so now that his sick, they is nothing I can do but take care of him, am the only one that can do that because he’s not able to do that on his own” Respondent 15

4.4.2.6 Spiritual Anguish

Spiritual distress

Some women expressed spiritual distress that could not be ignored as a result of what their husbands were going through. They reported that they could not attend church services or meet their

spiritual carers (clergy) due to their caregiving role. Some expressed that because of their absence from church services, they became spiritually distressed.

“Yeah Mmmm.... It’s hard I tell you, now I say God this condition is becoming too much”
Respondent 11

“Spiritually I’m affected because Ahhhh... I don’t attend church like I used to.” Respondent 10

“We are passing through a lot I tell you... kikikiki (laughing) it’s only God who knows...”
Respondent 15

“Yes yes yes most of the time when I feel astray us, as New Apostolic church members we have leaders in our church, I call my leader uhmmm...” Respondent 7

“Praying I don’t pray, I just pray when I’m sitted here we don’t come out to go to church.”
Respondent 9

New Perspectives about Life Occurrences

The women explained that caring for their husbands with cancer, brought about a new perspective on life occurrences. Others said that initially they thought their husbands had other problems other than cancer, until the diagnosis was confirmed, which came as a blow to them. They said they developed fear because they did not know what to expect.

“... Yes uhmm.... So like the way he has colon cancer we didn’t know we thought he had gases and the way the stomach is paining so by the time he started coming to the hospital he wanted to know what was causing his stomach to pain and we found out it was colon cancer.”
Respondent 1

“I wonder if my husband will ever be cured. When I ask the medical personnel they don’t give me satisfying answers.” Respondent 5

“It is a challenge you know... Ummh... I am learning new things everyday” Respondent 10

“Ummm...been in the hospital those days I was scared cleaning in the hospital looking after patients but now I have experience of seeing patients who are critically ill, but now I have adapted to that, those days I was so so scared to stay in the hospital to look after patients”
Respondent 6

Some participants also said the cancer diagnosis disturbed their plans, which they had made and brought a new understanding to say, this world has many problems, which people go through.

“Cancer has also disturbed the plans we had because right now we are supposed to be helping the family working so... Getting some finances and forge ahead now we are here.” Respondent 7

“Uhhh...awe I’m failing to say I have learned a lot...uhmm but on this earth they are a lot of different problems here at the hospital where I came” Respondent 9

Facilitators/Benefits

4.4.2.7 Knowledgeable about cancer and infection prevention

THEMES	SUB THEMES	KEY STATEMENTS
Facilitators/ benefits Knowledgeable about cancer and infection prevention	Knowledgeable about cancer	Most of the times you find that like this we are in hospital uhmm.... You learn what cancer is, the treatments. The benefits am finding mostly is learning about cancer and how cancer starts, uhmm..... Respondent 1
	Infection prevention	I have learnt a lot about hygiene to take care of where we sleep, how to wash hands, yes that is what I have learnt, also taking care of the patient, the patient has to be clean. Respondent 3
A strong marital relationship	Reinforced marital emotional bond	"Mostly... The benefit is that we have become closer than before with my husband" Respondent 10
	Perform numerous activities and spend time together	"Right now I'm no longer found with my friends, I'm just found with my husband at home" Respondent 14
Development of virtues	Tolerance and perseverance	"Uhhm... I found that when you are caring for a patient you have to be patience as well you have to be tolerance because sometimes the patients tend to be maybe like getting upset, you see so as a bedside you just have to keep quiet and maybe encourage them." Respondent 7
	Resilience and hope	"My experience has been good, because all I want is for us to find a solution, so that we go home and not something negative." Respondent 3

Knowledgeable about cancer

The women reported that they learnt a lot of things during their care of their loved ones, they itemized an increase in knowledge, especially about cancer and infection prevention. They stated that they learnt about cancer, its predisposing factors, and treatments.

"Most of the times you find that like this we are in hospital uhmm.... You learn what cancer is, the treatments. The benefits am finding mostly is learning about cancer, how cancer starts, if you haven't treated it early ... yes uhmm.... So like the way he has colon cancer we didn't know we thought he had gases and the way the stomach is paining so by the time he started coming to the hospital he wanted to know what was causing his stomach to pain and we found out it was colon cancer. Respondent 1

“I have learnt a lot about cancer if he wasn’t sick I was not going to know about all this, I have learnt about a lot of things, on the side effects of chemotherapy, like vomiting, headache, diarrhea, also our relationship is strong because am always with him and do everything for him. Respondent 2

Infection prevention

The women said they learnt how to keep their patients and environment clean, because they interacted and observed health care staff as they kept the environment clean. Some participants highlighted that they were able to learn how to take care of their patients.

“I have learnt a lot about hygiene to take care of where we sleep, how to wash hands, yes that is what I have learnt, also taking care of the patient, the patient has to be clean. Respondent 3

*“Ummm, the place is clean there, the beddings sometimes they come and do the bed the nurses, if you are not around, they do the bed, the making of the bed, those were the benefits”
Respondent 6*

4.4.2.8 Strong marital relationship

Reinforced marital emotional bond

Participants highlighted that taking care of their husbands with cancer strengthened their marital relationship. This was attributed to them always being with their husbands and doing everything for them since they could not do that for themselves.

“Mostly... The benefit is that we have become closer than before with my husband” Respondent 10

“I have learnt a lot about cancer Also our relationship is strong because am always with him and do everything for him. Respondent 2

“The benefits? eeh... The benefit is that eeh... As a wife if when you are near your husband you feel comforted so I a a benefit to me yeah” Respondent 7

Perform numerous activities and spend time together

Participants highlighted that a cancer diagnosis enabled them to spend more time with their husbands and perform many activities together. This strengthened their marital bond because they would take walks outside together and that was a source of their strength throughout their caregiving role.

“Right now I’m no longer found with my friends, I’m just found with my husband at home”

Respondent 14

“We go for walk with my husband just outside, we also pray, when his not very ill we go outside, not just sleeping in bed, when am not very ill I tell her stories and she feels good unlike when am low she feels lonely” Respondent 3

Some participants also mentioned that when they are home, they are busy with activities other than their relationships.

“I have gotten to spend more time with my husband unlike before just home, because at home we are busy with other things, rather than us.” Respondent 4

1.4.2.9 Development of virtues

Tolerance and perseverance

The women highlighted that throughout the care of their loved ones, they learned tolerance and perseverance. They explained that their husbands were easily irritated, angered, stubborn and frustrated because of their condition, and because they were close caregivers, they would suffer the consequences of the aforementioned characteristics. It was important to learn that participants reported that they understood what their husbands were going through and were able to learn to live them.

“When he is very angry at the world and everything. I have learned how to be patient with him in all this period.Imh... I am learning new things every day.” Respondent 10

“I’ve learnt a lot because sometimes he can irritated, sometimes stubborn, sometimes wakes up angry.so I just take him like a baby because a baby sometimes can cry his baby” Respondent 15

“..... But mostly its anger issues my husband gets to get angry whenever he's in pain and takes it out on me.” I'm learning on how to manage any anger issues and how to handle my husband when experiences pain.” Respondent 10

Resilience and hope

The women reported developing resilience and hope in their situation. Regarding resilience, these participants stated they have become stronger than before, and they multitask. Regarding hope, they reported having a positive outlook despite the current circumstances.

“My experience has been good, because all I want is for us to find a solution, so that we go home and not something negative.” Respondent 3

....the challenges are a lot, all I want is for my partner to get well” Respondent 15

“We are passing thlgh a lot I tell you... kikikiki (laughing)those are the only challenges, if only you can help us, so that my husband gets well.....Him he just sleeps. What I want is, help my spouse to get well”. Respondent 11.

“Mmmmm experiences you really need to be a strong woman because why I say so, they are so many experiences you go through while nursing a patient going through such a condition.” Respondent 14

4.4.2.10 Good relationships with other caregivers and healthcare workers

The women explained that they experienced a good relationship with the health care personnel (HCP). They said the HCPs were jovial and friendly and that made their stay in the hospital interesting. Others stated that even when they wanted to ask something from the HCP, they were not afraid, but they asked and were gladly helped.

“The benefits are, you know, you medical personnel are jovial and then you know... even other wives, other bed siders are very helpful you know, when I'm not around when my patient want something like water or he's on a drip, his able to ask them to give him the water” Respondent

6

“The other thing is getting along with your medical personnel, I get along very well with you medical personnel, I get along very well with you when I come there, when I’m asking for something I have never had an experience when am asking a medical personnel Maybe when I need a mop and then they ignore, I have never experienced that. Respondent 15

I learnt nothing

It is important to report that some women mentioned that they learnt nothing throughout taking care of their husbands with cancer. Others mentioned that the whole caregiving experience had no impact on them because they were able to manage their personal businesses.

“I didn’t learn anything” Respondent 9

“No, no, there is nothing and benefiting from caring for him.” Respondent 8

“Nothing” Respondent 3

4.5 Coping Strategies

Lazarus and Folkman (1984) define coping strategies as purposive cognitive or behavioral changes that enable individuals to deal with external or internal demands (Lazarus and Folkman, 1984). Four themes were emerged from what was reported by wives of men with cancer: spiritual support from spiritual carers, prayer and meditation, music and storytelling and social support.

COPING STRATEGIES	
THEMES	KEY STATEMENTS
Spiritual Support from Spiritual Carers	"When we at least talk to our pastor I feel good and better when we tell him what we are going through and when he prays for us I feel better and have hope, yes.....yes....." Respondent 1
Prayer and Meditation	"For sure praying... And that's the one that gives me energy, strength to overcome that, because when I have prayed I feel at least" Respondent 7.
Music and Story Telling	"Well... I sing gospel music which helps with you cope with the care I give my husband. I also pray and worship it helps me to cope with the care I give my husband." Respondent 10
Social Support	"Ummm the strategies am using...as at now am copyingwith support from family and friends." Respondent 6
Ignoring and Avoiding the Distressing Situation	"I just ignore it, sometimes I would miss a slap sometimes he would bite me just like that I used to cry cry at home but these days im used I just ignore." Respondent 15
Good Marital Relationship	"Like the day when the doctor said they are some cancer cells we didn't sleep that night and... when I wake up I find him awake not until when we started encouraging each other, let's not give up, God is with us if it's true they will tell us yes and you are going to get treatment yeah." Respondent 7.

4.5.1 Spiritual support from spiritual carers

The women explained that spiritual support from spiritual carers helped them cope throughout taking care of their husbands with cancer. A spiritual carer is the term of a broad term for spiritual leaders in various church and religious bodies. Some participants also mentioned reading the bible as the source of their strength.

“When we at least talk to our pastor I feel good and better when we tell him what we are going through and when he prays for us I feel better and have hope, yes.....yes.....” Respondent 1

“Because when the church visits me, and share with us the word of God, we get encouraged and feel comforted and strengthened again.” Respondent 7

“I pray, even when we are home, he will be sleeping, I just go to the living room, I do not care whether am alone, I just pray. I switch on the TV and put on Christian channels at least I feel encouraged.” Respondent 2

4.5.2 Prayer and meditation

The women explained that prayer and meditation were a source of their strength. Some stated that when they pray, they feel much better. Others stated that they would sit alone and meditate and that would strengthen them as they are caring for their husbands.

“For sure praying... And that's the one that gives me energy, strength to overcome that, because when I have prayed I feel at least” Respondent 7.

“I just pray. I switch on the TV and put on Christian channels at least I feel encouraged.” Respondent 2

“We also pray and when he is not very ill we also go outside to meditate, not just sleeping in bed” Respondent 3

“I pray and then I try by all means not to get my husband upset.....ummmm when.... I, I also try to be happy for him” Respondent 4.

4.5.3 Music and story telling

The women reported that music and storytelling were very helpful in helping them cope while caring for their husbands with cancer. Some women said they coped well with gospel music and church songs, while others said they listened to music from the phone without explaining specifically what type of music it was that they were listening to, they all attributed music and storytelling to be the source of their strength in their lives of nursing their husbands with cancer.

“Well... I sing gospel music which helps with you cope with the care I give my husband. I also so pray and worship it helps me to cope with the care I give my husband.” Respondent 10

“.....and I sing for my husband church songs as he loves it when I do so and he feels nice.” Respondent 5

“We just sit listen to music from the phone and that helps us cope” Respondent 12

“When am not very ill I tell him stories and he feels good, unlike when am low he feels lonely” Respondent 3

4.5.4 Social Support

The women explained that social support was one of the coping strategies that they used, this social support includes support from family, friends, church, and other social angles. They further stated that social support enabled them to have strength and encouragement in their caring journey.

“Ummm the strategies am using...as at now am copyingwith support from family and friends” Respondent 6

“Sometimes... Yes from the family, Aaaah... From the church it's not much.” Respondent 8.

“We get support and encouragement from all angles, Church, friends and staffs here just words It money.” Respondent 3

“ummmm when.... I, I also try to be happy for him, I also talk to my family and they encourage me.” Respondent 4.

4.5.5 Ignoring and Avoiding the Distressing Situation

The woman reported that the coping strategy that they used while caring for their husbands with cancer is ignoring and avoiding the distressing situation. They stated that they just ignore the current situation and also they try to avoid the pain, the anger issues of their husbands, and that enables them to cope well during the care of their husbands.

“I just ignore it, sometimes I would miss a slap sometimes he would bite me just like that I used to cry, cry at home but these days I’m used I just ignore.” Respondent 15

“I try by all means not to get my husband upset.....ummmm when.... I, I also try to be happy for himbut you know for his sake and try to stay calm” Respondent 4

“But mostly its anger issues my husband gets to get angry whenever he's in pain and takes it out on me. When he is very angry at the world and everything. I have learned how to be patient with him in all this period” Respondent 10

4.5.6 Good Marital Relationship

The women reported that a good marital relationship helped them to cope despite their husband’s illness. Some participants explained that they went for a walk with their husbands when they felt better and that helped them cope with the care of their husbands.

“We go for walk with my husband just outside, when his not very ill we go outside, not just sleeping in bed, when he is not very ill and he feels good, unlike when he is low, he feels lonely, because most of the people here use bemba and he can’t speak so I keep him company.” Respondent 3

“Like the day when the doctor laid they are some cancer cells we didn't sleep that night and... We were not talking to each other just when I woke up I find my husband is awake anytime I'm I woke up I found, find him his awake not until when we started encouraging each other let's not give up God is with us if it's true they will tell us yes and you are going to get treatment yeah.” Respondent 7.

“The experience is okay, because when I look back, he also used to take care of me when he was working so now that his sick, they is nothing I can do but take care of him, am the only one that can do that because his not able to do that on his own and also our relationship is strong because am always with him and do everything for him.” Respondent 2.

4.6 Needs of Women Married to Men with Cancer

NEEDS OF WIVES OF MEN WITH CANCER	
THEMES	KEY STATEMENTS
Financial Support	“I want those at home to help me if they find money I pay for those 2 months so that I can get my things and take them so that I can continue to look after the patient and see how it will be if we are discharged” Respondent 15
Psychosocial Counseling	“My personal needs? I can say hey I need encouragement as well in short yes I need counselling because you know what uhhh...” Respondent 7.
Sexual Intimacy and Contact	“Like so the needs I have are many..... I need sex also because from the time he got sick I couldn't have sexual pleasure.” Respondent 1
Caregiver Accommodation	“Well, we have challenges ...to move to and from home to the hospital is a challenge at times, finances have become a challenge, ummm..., causing to the fact that we are ever going to the hospital for his treatment. I need shelter.” Respondent 5.
Time Off From Caregiving	“Like so the needs I have are many, Because I do business and he also does business so, business it's like it's at a standstill, because we need to take the children to school we have stayed for a long time meaning we won't be able to take our children to school. Again rentals, again food prices have gone up and we are not doing anything so it's hard...” Respondent 1
Information Need	“This has affected me mentally because I wonder if my husband will ever be cured. When I ask the medical personnel they don't give me satisfying answers” Respondent 5

4.6.1 Financial support

The women mentioned the financial challenges that they faced in their caregiving role. When asked about their needs, most of them mentioned that they had financial needs, meaning that they needed financial support that would enable them to pay for their health care bills, food and household bills whilst in hospital.

“I want those at home to help me if they find money I pay for those 2 months so that I can get my things and take them so that I can continue to look after the patient and see how it will be if we are discharged” Respondent 15

“As you see me now I have a lot of needs, I need money to meet our needs in hospital”

Respondent 4

“Well, we have challenges with transport, ummmm...to move to and from home to the hospital is a challenge at times, finances have become a challenge, ummm..... I need finances and shelter” Respondent 5

“M’ need is financial, on finances, ye’, am at the bed side and I don't have anything to eat obviously it's all about finances I need to have money” Respondent 6’ “The other need is finances which we currently are lacking now, it's hard to buy the food he wants/needs and pay for other hospital expenses also transport and both of us not going for work it's a challenge.....I also need finances” Respondent 10

“Like so the needs I need are many, because we need to take the children to school we have stayed for a long time meaning we won’t be able to take our children to school. Again rentals again food prices have gone up and we do not doing anything so it’s hard” Respondent 1

4.6.2 Psychosocial counseling

Many participants expressed the need for psychosocial counselling during their period of nursing their loved ones. They explained that the encouragement that they will get from counselling would help them in their caregiving role.

“My personal needs? I can say.. I need encouragement, well in short yes I need counselling because you know what uhhh. ’.” Respondent 7.

“when I woke up I find my husband is awake anytime I'm I woke up I found, find him his awake not until when we started encouraging each other, let's not give up, God is with us. if it's true you have cancer, they will tell us and you are going to get treatment yes” Respondent 15

4.6.3 Sexual intimacy and contact

The women expressed the need for sexual intimacy and contact with their husbands. These participants explained that they were not able to have sexual intercourse with their husbands because of

their husband's cancer conditions. Others mentioned that the lack of sexual contact affected them greatly.

“Like so the needs I have are many..... I need sex also because from the time he got sick I couldn't have sexual pleasure.” Respondent 1

“As you see me now I have a lot of needs, I need money to meet our needs in hospital, we cannot meet as husband and wife, you know what I mean, because of his condition.” Respondent 4

“Mmmm....’ am not able to have sexual intercourse with my husband as at now and it's a challenge” Respondent 8

“Me the needs are to go back for work. I want my husband's to perform his duties sexually as it is affecting me greatly.” Respondent 10

4.6.4 Caregiver accommodation

The women expressed their need for accommodation where they can sleep due to their husband's frequent and sometimes long admissions to the hospital.

“You see me here am a visitor, we came from far,.....I need money, where to sleep, I just sleep down. Respondent 3.

“Well, we have challenges ...to move to and from home to the hospital is a challenge at times, finances have become a challenge, ummm....., causing to the fact that we are ever going to the hospital for his treatment. I need shelter.” Respondent 5.

4.6.5 Time off from caregiving

The women mentioned that they needed time off from their caregiving role to do other things aside from caregiving and also to relieve their caregiving burden. These caregivers stated that time off from caregiving will enable them to do other activities to bring food to the table. Also, going time off would enable them to continue their business and enable them to pay household bills and pay for their children's school fees.

“Like so the needs I have are many, because I do business and he also does business so, business it’s like it’s at a standstill, because we need to take the children to school we have stayed for a long time meaning we won’t be able to take our children to school. Again rentals, again food prices have gone up and we are not doing anything so it’s hard...” Respondent 1

“Ahhhh... I do not attend church as I used to. It also has a great impact on my occupation as I do not report for work due to my husband's condition” Respondent 10

“The challenges are many..., it's hard to buy the food he wants/needs and pay 'or other hospital expenses also transport and both of us not going for work it's a challenge. Respondent 15

Apart from participants indicating time off to go and do their businesses, they also explained that they needed time off to socialize with their families and friends and attend social gatherings.

“I want to go back to my business, it helps out with experiences at home, also you know I want to socialize with my friends and family like I used to before, also I would like to start going to church. I need finances an’ shelter as well.” Respondent 5

“When he is in hospital am always there I can't go for work am always there by his bed side am not able to go to church..... Am not able to visit my family and friends am not able to move out you know to go out to socialize be with my friends to go to church something like that.” Respondent 6

“My personal needs? I can say hey...I have church needs because when you hear the word of god you get encouraged and feel comforted.” Respondent 7

4.6.6 Information need

The women explained that they had an information need to know what their husband was suffering from. They stated openly that they needed to know what the problem for their husbands was. Others said, not knowing their husbands’ cancer condition affected them mentally.

“I just want to know what the problem is...Mmmm...and...ah...mmm...” Respondent 9

“I just want to know what the problem is that's all.” Respondent 15

“This has affected me mentally because I wonder if my husband will ever be cured. When I ask the medical personnel they don't give me satisfying answers” Respondent 5

“When you don't even know what one is suffering from. Only when you bring someone to the hospital you will know what the problem is.” Respondent

1

4.8 Conclusion

The chapter presented a detailed descriptive analysis of the quantitative data and a thematic presentation of the qualitative data. The findings of the study revealed the needs, experiences and coping strategies of women caring for their husbands with cancer attending the CDH in Lusaka, Zambia. It is extremely evident that spouses of men with cancer experience a lot of challenges, facilitators and needs. The challenges include: Mobility difficulties and hospital admissions/problems; Socio-Economic Problems Psychological and Emotional Distress; Caregiving Liability, Spiritual Anguish and Facilitators include knowledge about cancer and infection prevention, a strong marital relationship, tolerance and perseverance, resilience and hope, good relationship with other caregivers and health care workers and learnt nothing throughout their husband illness. Moreover, the needs include financial support, physical needs, psychosocial counselling, caregiver accommodation, time off from caregiving, information need and sexual intimacy and contact. The study also provided evidence that satisfaction with Health Care Staff Help, Medical Insurance, the Ability to manage husbands' pain and the ability to manage husband's symptoms significantly reduced emotional distress. Therefore, the challenges, needs and coping strategies of wives of men with cancer have to be identified, assessed and attended to improve the quality of life of wives of men with cancer. The next chapter will present the discussions of findings, recommendations and the conclusion.

CHAPTER FIVE DISCUSSION OF FINDINGS

5.0 Introduction

The study was aimed to assess the needs and explore the experiences and coping strategies of women caring for their husbands with cancer attending the Cancer Diseases Hospital in Lusaka, Zambia. This chapter presents a discussion and interpretation of the findings in comparison with existing literature on the phenomenon of this study. The chapter also presents recommendations, limitations and conclusions of the study. Data for the study was collected separately using qualitative and quantitative methods to conclude the needs, experiences and coping strategies of women caring for husbands with cancers. In the discussion chapter, data was triangulated where quantitative and qualitative data being compared and contrasted complementarily.

5.3 Needs of Women Caring for Their Husbands with Cancer

The sociodemographic characteristics of wives of men with cancer

The sample for the analysis was 211 wives of men with cancer from 20 years and above. The most incident age range for this study reveals the involvement of women between the ages of 30 – 39 years of age (Table 4.1), this is contrary to Reblin et al. (2019) who reported that the majority of caregivers in their study were within the age range of 55-65 years (Ketcher et al., 2020) (Reblin et al., 2016) and Nipp et al. (2016) whose caregivers were aged 56years old (Nipp et al., 2016). Most of the participants were from catholic, Pentecost and seventh day advertise and this similar to a study by Nipp et al. (2016) whose caregivers were mostly from, Catholic and Protestant. Most of the women reported receiving less than one thousand month. Most of the participants were self-employed, this is similar to a study by Slaboda et al. (2021) who reported that family caregivers in their sample were more likely to be older, female, less educated and lower income (Slaboda et al., 2021).

Cancer characteristics of husbands of participants

The majority of the husbands of participants had gastrointestinal cancers (n=91) (43.1%), followed by genital-urinary cancers, this is similar to the study by Nipp et al. (2016) whose characteristic of the husbands cancer type where gastrointestinal cancers and Lung cancers (Nipp et al., 2016). In this study, almost half of the husbands of participants were diagnosed with stage IV cancer and this coincides to a study, by Wang et al. (2021) who stated that more than half of the spouses of the participants had Stage IV cancer. (Wang et al., 2021). Regarding treatment, the majority of husbands of participants were receiving chemotherapy (n=151) (71.6%), followed by radiotherapy (n=33) (15.6%). A few had not yet started cancer treatment and so were classified as pretreatment (n=6) (2.8%).

Needs of participants

The women's needs were reported as financial, physical, psychological and emotional, social, communication and health care. Additional needs included financial support, psychosocial counselling, caregiver accommodation, time off from caregiving, information need and sexual intimacy and contact. This finding aligned with multiple studies documenting that caregivers of patients with cancer have significant physical needs (Tan et al., 2020; Dambi et al., 2015; Sklenarova et al., 2015; Wasner et al., 2013).

Caregiver financial needs

Findings of a strong statistical association between woman's ability to pay the husbands medical fees and education, cancer diagnosis, stage, occupation, income and non-GRZ treatment costs were similar to Wang et al. (2020) who reported that Chinese caregivers experienced financial needs due to a cancer diagnosis and treatment because apart from the requirements of caregiving, they also had families to look after. (Wang et al., 2021). Yusuf et al., (2011) also reported that Nigerian caregivers of cancer patients experienced financial strain in their caregiving role and causing psychological morbidity as well (Dambi et al., 2015; Yusuf et al., 2011). Other studies from Singapore, South Africa and the US have reported that caregivers of patients with cancer have significant financial needs as they not only spend their finances on the patient's treatment, but also household needs (Sklenarova et al., 2015; Wasner et al., 2013; Wang et al., 2021). Therefore, it is not unexpected that women caring for their husbands with cancer in Zambia where financial coverage of catastrophic illnesses like cancer is not universal.

Caregiver physical needs

The finding of this study that most women were satisfied with balancing work/school with caring for their husbands and their relationship with their husband (including intimacy and meeting husbands' personal needs) did not align with a cross-sectional survey from Germany that found a substantial number of caregivers of men diagnosed with lung, urological, or gastrointestinal cancers had expressed physical needs, and needed help in managing fears of disease progression (Wang et al., 2021). However, Qualitatively Participants mentioned that they needed time off from their caregiving role to do other things aside from caregiving to enable them to do other stuff that will bring food to the table and also relieve their caregiving burden. In Singapore, a study also reported that caregivers experienced significant disruption in their daily work as they had to give up their jobs in order to take care of their cancer patients and they would not be able to meet their physical needs (Tan et al., 2020). A study from

the Gauteng Province, South Africa, found that caregivers of patients with cancer could not continue their daily work and activities and did not have time for themselves or their families as they concentrated on their sick relative, which was in contrast to the findings of this study (Yusuf et al., 2011).

Caregiver psychological needs

Almost all women in this study were satisfied with the help they received to adjust to life after cancer, dealing with their emotional distress or if they needed extra help, and with healthcare staff's support of their emotional distress. Emotional distress was strongly associated with getting help from others to take time for themselves, getting together as family, friends, and relationships with other family members and friends. Qualitatively many participants expressed the need for psychosocial counselling during their period of nursing their loved ones. This is similar to what was reported by Wang et al. (2020) for Chinese caregivers and Muliira and Kizza for sub-Saharan African caregivers expressed psychological needs because of distress such as fear, worry, frustrations, anxiety, depression and anger (Tan et al., 2020; Muliira and Kizza, 2019). Similarly, Sklenarova et al., (2015), in Germany, reported a high need for caregiver emotional and psychological support (Sklenarova et al., 2015). In a systematic review and meta-analysis of quality of life of patients with cancer and caregivers in sub-Saharan Africa, by Qan'ir et al., (2022) the authors reported that caregivers experienced enormous psychological tension and pressure that included, but were not limited to, anger, depression, sadness, and anxiety (Qan'ir et al., 2022). Therefore, the evidence indicates that wives of men with cancer experience psychological needs in their caregiving roles in many countries including Zambia.

Caregiver social needs

Most of the women in this study received social support in form of counselling, family and friends and financial support from family and friends. The women were satisfied with taking time off work, getting together with their families and friends, relationships with family members and friends, reorganizing roles among their family members, and getting help from others to take time for themselves. Bastawrous (2013) reported in a literature review of caregiver burden in general reported that caregivers are currently not recognized for the good work and care burden (Bastawrous, 2013). They are largely invisible to the healthcare team and are not identified, as carers even when the healthcare team is expecting the caregivers to provide complex cancer care (Slaboda et al., 2021). Therefore, health care providers need to put more effort to engage caregivers in all the activities so that they feel involved and valued because they do a great job that needs recognition.

Caregiver communication needs

Participants in this study explained that they needed to know what their husband was suffering from. They stated openly that they needed to know what the problem for their husbands was. Others indicated that not knowing their husband's condition affected them mentally. The participants also reported having information need about knowing their spouses' condition because they were not been involved in decision making. These findings contradicts to a qualitative study by Huang et al. 2019 on spousal caregiving for patients with cancer in a Chinese population who reported that the information of the Patients diagnosis was first given to spouses who were responsible for making medical decisions for the patient (Huang et al., 2019). This finding is similar to Tan et al., (2020) who report that caregivers in Singapore complained of the inability of health care workers to communicate with them about the news regarding their child with cancer (Tan et al., 2020).

The communication needs of the caregivers in our study were assessed by asking the women how satisfied they were with the communication they were receiving from healthcare staff and caregivers' ability to communicate with medical staff. Our findings are similar to those by and two studies from Germany that found caregivers expressed the information needed regarding their diagnosis and treatment modalities (Sklenarova et al., 2015; Wasner et al., 2013). Furthermore, Mosher, et al., (2016) in the US, also reported that caregivers expressed a significant need for information from health care workers regarding their husband's cancer diagnosis and treatment including side effects (Mosher et al., 2013). Our study revealed that the *Zambian* women's communication need was associated with receiving information about their husband's cancer diagnosis and managing his cancer-related pain. Wang, et al., (2021), further stated that Chinese caregivers complained that the health care staff was not giving them the information they needed (Wang et al., 2021). Therefore, evidence has emerged that spouses of men with cancer have information needs about the cancer diagnosis and treatment modalities, and these needs are often unmet.

Caregiver information about the patient's health care needs

The health care needs of the women in this study (getting involved in medical decisions, managing husbands' cancer-related pain and other symptoms, assisting with their husbands' daily needs and being able to get the best possible care for their husbands) were generally being met to their satisfaction, with the exception of cancer pain management. Sklenarova et al., (2015) in Germany, reported that the caregivers in their study expressed similar health care service needs (Sklenarova et al., 2015). Slaboda (2021), in the US, reported that caregivers of older adults in general did not receive the

services they wanted such as being adequately informed to take care of their spouses with knowledge (Slaboda et al., 2021). Therefore, it is evident that caregivers of patients with cancer in multiple settings are experiencing needs in obtaining information about the patient's health care needs.

Relationship between met needs and emotional distress

The four-caregiver coping mechanisms explored in this study found statistically significant effects on the level of emotional distress among wives of cancer patients namely, satisfaction with health care staff help, medical insurance, ability to manage husbands' pain and symptoms. These were shown to be successful coping strategies for the Zambian women to reduce their stress and emotional distress. This finding is similar to the systematic review by LeSeure and Chongkham-ang (2015) who reported that social support from family and health care staff played a significant role to strengthen caregivers of cancer patients throughout their cancer journey (LeSeure and Chongkham-ang, 2015). A study from Singapore of parents of children with cancer also reported that medical insurance, knowledge of pain and symptom management and social support were significant coping strategies that enabled them to cope with their child's cancer (Tan et al., 2020).

5.3 The experiences of women caring for their husbands with cancer

Challenges of women caring for their husbands with cancer

The women mentioned multiple challenges during their experiences as caregivers. Their husbands' frequent hospital admissions were particularly challenging. Similarly, LeSeure and Chongkham-ang (2015) report in their systematic review that caregiver schedules were disrupted because they frequented the hospital where the patients were admitted for treatment (LeSeure and Chongkham-ang, 2015). The poor hospital environment the Zambian wives mentioned aligned with the findings of Wang, et al., (2021), who stated that Chinese caregivers complained about the hospital facilities and poor health care services they had encountered (Wang et al., 2021). Correspondingly, the late fourth republican president Mr. Rupiah Bwezani Banda in an interview echoed that a cancer disease leads to frequent admissions because of the demand for the treatment modalities and follow-up. (Studio Ken interview with Rupiah Bwezani Banda, October 2020). It is evident that wives of men with cancer are challenged by their husbands' frequent admissions that disrupt their normal family life schedules.

All the women expressed the transportation difficulties that they faced whilst caring for their husbands. This finding is similar to Preisler et al., (2017) who reported that caregivers of patients with cancer in Germany suffered many challenges due to illness progression, and their general condition

including transportation costs and difficulties because they needed to pay for transportation every time the patients needed to come to the hospital to see their oncologist (Preisler et al., 2018). Similarly, Tan et al., (2020) reported that mothers of children with cancer in Singapore mentioned many financial problems because of their child's diagnosis, treatment and transportation and time during the care of their loved ones (Tan et al., 2020). Slaboda et al., (2021) agreed that caregivers in the US had difficulties accessing the cancer services, which was related to distance, transportation costs and the high cost of health care (Slaboda et al., 2021). Therefore, evidence has emerged that cancer caregivers experience transportation challenges that come because of financial constraints.

Many participants expressed that they lacked money that would meet up to their needs and their husbands' needs in our study. This could also be attributed to the fact that the women had left their homes to come and live in the hospital. Others mentioned that the lack of money was a result of frequent hospital admissions, long durational stay in the hospital and inability to find means of finding money due to their caregiving role. This is similar to in a qualitative study conducted in Indonesia by Sihombing et al (2019) what stated that caregivers of cancer patients in Indonesia experienced financial burden and were forced to leave their families leaving their roles as mothers to accompany their partners as full time caregivers as they undergo treatment (Sihombing et al., 2019). This is similar to the interview of the late fourth republican president Mr. Rupiah Bwezani Banda who stated that cancer treatment is very expensive, and chemotherapy agents are also very expensive and this can cause a financial burden to a common Zambian. (Studio Ken interview with Mr. Rupiah Bwezani Banda, October 2020). Yusuf et al. (2011) also reported that caregivers of cancer patients experienced financial strain in their caregiving role (Yusuf et al., 2011). Wang, et al., (2021) also found that Chinese caregivers of patients with cancer experienced severe financial, needs because of the demands of a cancer diagnosis and the cancer continuum of care (Wang et al., 2021). Therefore, it is evident that caregivers need financial support to effectively care for their loved ones.

Caregivers reported having a serious disruption in their social lives including interactions with family, social gatherings, friend, work, jobs and entertainment. This is similar to Li, et al., (2013) who reported that caregivers in Hong Kong experienced significant social disruption due to their caregiving role (Li et al., 2013). Furthermore, in a Singapore study of mothers of children with cancer by Tan et al., (2020) it is reported that the cancer diagnosis of a child with cancer in the family disrupts the social life of caregivers, as they will not be able to attend to other social activities, social relationships or even be able to attend to family relationships and matters, but will use all their energies and time to attend to

their sick husband (Tan et al., 2020). Slaboda et al., (2021) also reported that caregivers had a significant disruption in their social lives due to their caregiving role (Slaboda et al., 2021). In a qualitative study conducted in Indonesia by Sihombing et al (2019) they reported that spouses of lung cancer patients specifically women, experiences role changes in addition to what the roles that women naturally possess such as personal care and household activities more than men (Sihombing et al., 2019). Therefore, wives caring for their husbands with cancer in many countries experience disruption in the various aspects of their social lives.

The wives of men in this study with genitourinary cancers and gastro-intestinal cancer reported having reduced their sexual desire. These findings depart from a findings of the phenomenological study conducted in Ghana by Owoo et al (2022) about spouses of prostate cancer patients who did not report about reduced sexual desires (Owoo et al., 2022). LeSeure and Chongkham-ang (2015) agree that the findings of their systematic review indicated that caregivers adapted to the fact that the patients with cancer were not able to adequately perform sexual functions (LeSeure and Chongkham-ang, 2015). Correspondingly, Wasner et al., (2013) also reported that caregivers in Germany understood the patients' situation and were not able to demand sex because they did not have a sexual interest, but would rather remain close to their spouses (Wasner et al., 2013). Therefore, it is evident that wives of men with some cancers may experience a loss of interest in sexual intercourse, because they understand their husbands' situation.

The women in this study reported that were burdened while caring for their husbands. This caregiving burden included taking care of their husbands' needs whilst in the hospital such as bathing and feeding him, finding food for him, offering psychological and emotional support and finding a place where they themselves could sleep. These findings align with Owoo et al (2022) findings, that spouses of prostate cancer patients in Ghana experience severe caregiving burden, which lead to the physical impact due to their caregiving role. This is similar to the findings of Cal et al., (2017) who reported that Turkish caregivers complained that their spouses needed care like babies and were overburdened when providing care to their spouses with cancer (Cal et al., 2017). They further reported that caregivers complained that they took care of their spouses with cancer as well as did household chores at the time, and this became a burden as well. Wasner et al., (2013) agreed that most caregivers of patients with cancer in Germany felt worse cancer pain when the patients complained than the patients themselves because the patients' agony became their agony as well (Wasner et al., 2013). In a secondary analysis of qualitative studies conducted in Nigeria, Uganda, and Zimbabwe by Adejoh et al., (2020) it was

reported that caregivers took most of the care of their patients with cancer such as medical, physical, financial, and emotional needs of their patients while sacrificing their employment, finances, and their own health and social life (Adejoh et al., 2021). Equally, Ketcher et al., (2020) in the US and LeSeure and Chongkham-ang (2015) in a systematic review agreed that caregivers' burden disrupted most of their life's activities and schedules (Ketcher et al., 2020; LeSeure and Chongkham-ang, 2015). Therefore, it is evident that wives of patients with cancer experience caregiving burden because of their caregiving role.

Many women reported having a career halt and stated that everything else stopped as they focused on caring for their sick husbands. This is similar to Wasner et al., (2013) who reported that many German caregivers reduced their work hours or rather stopped their various income-generating activities and jobs for them to concentrate on their patients throughout their illness (Wasner et al., 2013). Similarly, Tan et al., (2019) report mothers of children with cancer reported having a disruption in their career or employment because of their husband's illness (Tan et al., 2020). Slaboda et al., (2021) stated that caregiving has a negative effect on the caregivers' career in the US because it is demanding of time and energy (Slaboda et al., 2021). The evidence suggests that wives of men with cancer experience career halts and are unable to continue with the various businesses that give them income.

The women in this study stated that they were not able to meet up to their children's support due to their caregiving role. This is congruent with Preisler, et al., (2018) who reported that German caregivers of patients with cancer experienced psychological pressure that came as a result of the illness of their spouses and also as a result of family characteristics with regards to the role distribution of child care and family care during the time the caregiver is caring for their spouse with cancer (Preisler et al., 2018). Studies have implied that caregivers of patients with cancer become so overwhelmed with caregiving and are unable to provide child support. Evidenced has emerged that spouses of men with cancer are unable to provide child support due to the demands of caregiving.

The women in our study explained that caring for their husbands with cancer, brought about a new perspective on life occurrences. Others said that initially they thought their husbands had other problems other than cancer, until the diagnosis was confirmed, which came as a blow to them. Participants said they developed fear because they did not know what to expect. Some participants also said the cancer diagnosis disturbed their plans, which they had made and brought a new understanding to say, this world has many problems, which people go through. Similarly, Cal et al., (2017) reported

that a cancer diagnosis brought a whole lot of new changes in the lives of Turkish caregivers and they developed fear because they did not know what to expect during the period when their husbands were going through cancer (Cal et al., 2017). Studies have shown that caregivers reported that they experienced new perspectives about life occurrences and were uncertain about what the future held (Preisler et al., 2018; Dambi et al., 2015). Therefore, it appears that wives of men with cancer experience a disruption because of the cancer diagnosis and experience.

The participants reported feelings of worry, anxiety, stress, frustration and fear during the care of their husband. In a study conducted in Uganda Muliiraa and Kizza (2019) of family caregivers such as spouse, child, relative, friend, or neighbor, it was reported that family caregivers reported significant levels of anxiety and depression symptoms because of the care giving burden and the lack of support for them and lack of health care system readiness to provide holistic cancer care services (Muliira and Kizza, 2019). This finding is similar to Sklenarova et al., (2015) who reported that German caregivers of patients with cancer experienced high levels of depression and anxiety symptoms (Sklenarova et al., 2015).] Wang, et al (2021) agreed that Chinese caregivers reported significantly high levels of psychological distress (Wang et al., 2021). Additionally, Preisler, et al., (2018) reported that German caregivers experienced similar psychological burdens due to the cancer treatment of their relatives and this psychological burden was expressed as anxiety, hope and helplessness (Preisler et al., 2018). Nipp, et al. (2016) agreed that patient caregivers in the US experienced high levels of depression and anxiety (Nipp et al., 2016). Many studies report that wives of patients with cancer go through high levels of psychological and emotional distress (Ketcher et al., 2020; Nipp et al., 2016; Yusuf et al., 2011). Therefore, there is evidence that wives of patients with cancer go through psychological distress, which manifests itself as worry, stress, anxiety, fear and frustration.

Participants complained that they experiences physical symptom due to the caregiving burden. This is similar to the a Ugandan study conducted by Kizza and Muliira (2019), home-based education intervention that they delivered to patients and their caregivers positively influenced the caregivers' knowledge for pain management while at home and further suggests that recommends the cancer pain management educational interventions to be delivered at home especially in resource-limited settings like Uganda and Zambia (Muliira and Kizza, 2019).

The participants reported having information need about knowing their spouses' condition because they were not been involved in decision making. These findings contradicts to a qualitative study by Huang et al. 2019 on spousal caregiving for patients with cancer in a Chinese population who reported that the information of the Patients diagnosis was first given to spouses who were responsible for making medical decisions for the patient (Huang et al., 2019).

Regarding hospital cleanliness, some participants complained of being in a poor hospital environment of inadequate water supply, dirty water on the hospital floor and dirty toilets and bathrooms and that seemed to be a challenge to them. The Zambian women's distress was similar to patients with a similar experience on an oncology ward in Kenya (Mulemi, 2010) and hospitals in South Africa (Nevhutalu 2016). Considering that CDH is a hospital caring for an entire patient population who are immunosuppressed, unclean bathroom facilities are potentially sources of life-threatening infection. In 2019, "the WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene published the Global Baseline Report on WASH in Health Care Facilities the first ever harmonized estimates for water, sanitation, hand hygiene, health care waste management and environmental cleaning services in health care facilities across the world" (Zambia Statistics Agency, 2019). A survey, site visits and analysis of the situation in 19 Eastern and Southern African countries found that only three had "...O&M [operations and maintenance] plans specifying the roles and responsibilities of actors at national, sub-national, hospital, health facility and health post levels", which unfortunately, did not include Zambia (Zambia Statistics Agency, 2019). The report notes the key role of robust WASH facilities to prevent hospital-acquired infections.

Facilitators/Benefits of women caring for their husbands with cancer

The findings of this study highlighted that women taking care of their husbands with cancer strengthened their marital relationship. This was attributed to them always being with their husbands and doing everything for them since they could not do that for themselves. Participants highlighted that a strong marital relationship also enabled them to take walks outside together and was a source of their strength throughout their caregiving role. These findings align with a Systematic Review and Metasynthesis of Qualitative Studies conducted by Zeng et al (2023) regarding family caregivers' experiences of caring for Head and neck patients, who reported that many spouses reported having marital growth because of enhanced communication (Zeng et al., 2022). This is similar to a Zimbabwean study of caregivers of children with cancer conducted by Dambi et al., (2015) and USA study of spousal/partner caregivers conducted by Trudeau-Hern and Daneshpour (2012) who reported that caregivers experienced a positive impact on their marriage in that their marriage changed for the better

following a cancer diagnosis (Dambi et al., 2015; Trudeau-Hern and Daneshpour, 2012). Conversely, Cal et al., (2017) stated that Turkish caregivers reported that during the care of their husbands with cancer, they experienced good communication in their marriage as they talked more frequently than they had done before and they spent quite a significant amount of time together which made be very close to each other (Cal et al., 2017).] Equally, LeSeure and Chongkham-ang (2015) reported that across their systematic review, a strong marital relationship developed because of spousal caregiving for the one with cancer (LeSeure and Chongkham-ang, 2015). Therefore, it appears that a cancer diagnosis in a marital relationship can strengthen the marital bond between two people.

The findings of this study highlighted that throughout the care of their loved ones, the women learned tolerance and perseverance. They explained that their husbands were easily irritated, angered, stubborn and frustrated because of their condition, and because they were close caregivers, they would suffer the consequences of the aforementioned characteristics. This is similar to a Turkish study by Cal et al., (2017) who stated that caregivers reported doing everything that their spouses requested of them while being patient with them and without showing any feeling of anger or being overwhelmed (Cal et al., 2017). LeSeure and Chongkham-ang (2015) found in their systematic review that many caregivers stated tolerance and perseverance as attributes learnt throughout their caregiving role (Cal et al., 2017). It is therefore evident that a cancer diagnosis can teach caregivers of patients with cancer to have perseverance and be tolerant.

The women in this study reported developing resilience and hope in their situation. They stated they had become stronger than before and could multitask. They also reported having a positive outlook despite the current circumstances. LeSeure and Chongkham-ang (2015) reported that caregivers in their systematic review mentioned resilience and hope as positive attributes they attained from the caregiving process (LeSeure and Chongkham-ang, 2015). Similarly, Cal et al., (2017) stated that resilience was significantly reported by Turkish caregivers as what they had learnt in their caregiving role in their study (Cal et al., 2017). It is evident that resilience and hope can be positive attributes that are attained throughout the journey of caregiving of patients with cancer.

The women in this study reported that a good marital relationship helped them to cope despite their husband's illness. Some participants explained that they went for a walk with their husbands when they felt better and that helped them cope with the care of their husbands. This is similar to Wasner et al., (2013) who implied that a concrete relationship with health care professionals is required and this

comes because of frequent admissions due to a cancer diagnosis (Wasner et al., 2013). Similarly, Tan et al., (2019) reported that caregivers shared great experiences that they had with HCP throughout their illness (Tan et al., 2020). They stated that HCP were very helpful and attended to them whenever they needed help from them. Cal et al., (2017) also reported that Turkish caregivers were very satisfied with the health care service; they had received (Cal et al., 2017). It is evident that caregivers often report having good relationships with HCP and caregivers.

Coping Strategies

The coping strategies that wives of men with cancer used to stay strong throughout their distressing situation included spiritual support from spiritual carers, prayer and meditation, music and storytelling, social support and a good marital relationship. Spiritual carers is a broad terms for spiritual leaders in various churches and religious bodies. Some participants also mentioned reading the bible as the source of their strength. This is similar to a study by Vinci, et al., (2019) who reported that caregivers of patient who have received a bone marrow transplant in the US used coping strategies such as spirituality (care from spiritual carers) to enable them to go through the caregiving period (Vinci et al., 2019). Tan et al., (2019) also reported that mothers of children with cancer used spirituality as their source of strength to go through their difficult times (Tan et al., 2020). LeSeure and Chongkham-ang (2015) mentioned in that the findings of their systematic review indicated that spiritual support for wives of men with cancer helps them to cope with their distressing situation (LeSeure and Chongkham-ang, 2015). Therefore, spiritual support is a supportive coping mechanism that helps spouses of men and mothers of children with cancer feel strengthened throughout the distressing situation.

The women interviewed in this study explained that prayer and meditation were a source of their strength. Some stated that when they pray, they feel much better. Others stated that they would sit alone and meditate and that would strengthen them, as they are caring for their husbands. This is similar to findings by Vinci, et al., (2019) who reported that US caregivers used coping strategies such as spirituality to find strength and help them cope with their hard situations (Vinci et al., 2019). Similarly, Cal et al., (2017) reported that Turkish caregivers used prayer as their source of strength and this enabled them to go through their caregiving role (Cal et al., 2017). Evidence has emerged that prayer and meditation are helpful coping mechanisms for wives of men with cancer.

The women in this study reported that music and storytelling were very helpful while trying to cope when caring for their husbands with cancer. Some women said they coped well with gospel music

and church songs, while others said they listened to music from the phone without explaining specifically what type of music it was that they were listening to, they all attributed music and storytelling to be the source of their strength in their time of nursing their husbands with cancer. This is similar to Vincia, et al., (2019) who reported that US caregivers used coping strategies such as hobbies to find strength and help them cope with their hard situations (Vinci et al., 2019). Music and storytelling is a good coping mechanism for wives of men with cancer.

The Zambian women in this study explained that social support was one of the coping strategies that they used, this social support includes support from family, friends, church, and other social angles. They further stated that social support enabled them to have strength, hope and encouragement. This is similar to Cal et al., (2017) who stated that Turkish caregivers reported visitors cheered them up and boosted their morale to support their spouses with cancer and family support relieved their distress from caregiving and helped them to smoothly go through their period of caring for their spouses with cancer (Cal et al., 2017). Vincia, et al., (2019) reported that caregivers in the US used coping strategies such as social support to find strength and help them cope with their hard situations (Vinci et al., 2019). LeSeure and Chongkham-ang (2015) further add that caregivers across a systematic review reported that social support from friends, family and others gave them strength to go through their distressing situation (LeSeure and Chongkham-ang, 2015). The findings of this study differ from findings of a study conducted in South Africa by Maree et al. (2018) who stated that the some primary caregivers used smoking and recreation as a coping mechanism, which may be attributed to the difference in culture between Zambia and South Africa (Maree et al., 2018). Social support can act as a good coping mechanism for wives of men with cancer.

Women in this study mentioned that their coping strategy while caring for their husbands with cancer was ignoring and avoiding the distressing situation. They stated that they just ignored the current situation and tried to avoid the pain, the anger issues of their husbands, which enabled them to cope well during the care of their husbands. Similarly, Vinci, et al., (2019) reported that US caregivers used coping strategies such as avoidance to cope in their difficult times to find strength and help them cope with their hard situations (Vinci et al., 2019). Correspondingly, LeSeure and Chongkham-ang (2015) reported that across multiple studies many caregivers stated ignoring and avoiding the distressing situation including discussing cancer as a coping mechanism (LeSeure and Chongkham-ang, 2015). It is evident that wives of men with cancer may use ignoring and avoiding the distressing situation as a coping mechanism.

The women in this study reported that a good marital relationship helped them to cope despite their husband's illness. This finding is similar to Tan et al., (2019) who reported that some mothers of children with cancer in Singapore who were caregivers found good marital relationships were expressed by good communication and love for one another, which were very helpful and gave them strength to go through their trying period (Tan et al., 2020). LeSeure and Chongkham-ang (2015) findings also showed that a close marital relationship is a great source of strength for women caring for their men with cancer (LeSeure and Chongkham-ang, 2015). A good marital relationship has been shown to be a good coping mechanism for wives of men with cancer. In a Ugandan study conducted by Kizza and Muliira (2019), a home-based education intervention delivered to patients and their caregivers positively influenced the caregivers' knowledge of pain management while at home, and further suggests cancer pain management educational interventions be delivered at home, especially in resource-limited settings like Uganda and Zambia (Muliira and Kizza, 2019).

Study Strengths and Limitations

This study reported the experiences and coping strategies of women caring for their husbands with cancer and information and thus informs health care workers and institutions on what spouses of men with cancer experience to serve as a basis for finding strategies for improving nursing and healthcare professional practices. Our findings have added to the body of knowledge that informs policy towards the development of strategies and hospital policies regarding the care of caregivers of cancer patients. Furthermore, findings from this study may be used to make recommendations for hospital guidelines and strategies for caring for carers in other resource-limited settings. Participants were recruited only from CDH, in Lusaka Zambia and therefore a few opinions cannot represent many other responses from other people and there could be more than one interpretation of the narratives, however, transferability of qualitative research findings can be done by other Cancer Hospitals with similar characteristics.

Conclusions

The needs and satisfaction of Zambian women caring for their husbands with cancer attending the CDH in Lusaka were financial, physical, psychological, emotional, social, communication with health staff and health care information needs; caregiver accommodation, time off from caregiving, information need, sexual intimacy and contact with their husbands. This study also provided evidence that satisfaction with health care staff help, medical insurance, the ability to manage husbands' pain and the ability to manage husband's symptoms significantly reduced emotional distress. The research findings also revealed the challenges, facilitators and benefits of the experience of women caring for their husbands

with cancer attending the CDH in Lusaka, Zambia, as well as their coping strategies. The challenges of mobility difficulties and hospital admissions/problems, socio-economic problems psychological and emotional distress, caregiving burden, spiritual anguish were similar to studies from other countries including Europe and Asia. Facilitators for their experiences included knowledge about cancer and infection prevention, a strong marital relationship, tolerance and perseverance, resilience and hope, good relationship with other caregivers and health care workers. Coping strategies when caring for a husband with cancer were spiritual support from spiritual carers, prayer and meditation, music and storytelling and social support.

5.6 Strengths of this study

The first strength is that research was conducted using the mixed methods study. The study has established the needs, experiences and coping strategies of women caring for their husbands with cancer. Information from this study has informed health care workers and institutions on what spouses of men with cancer go through and has served as a basis for finding strategies for improving practice by making recommendations for guidelines and strategies for caring for carers in resource-limited settings.

5.7 Limitations

Finally, important limitations have been noted: The quantitative component of the study relied on a survey tool that only measured satisfaction. It is likely that nuances of the women's experiences as caregivers were lost due to the lack of detail available in the survey questionnaire. Qualitatively, a few opinions cannot represent many other responses from other people and there could be more than one interpretation of the narratives. Participants were recruited only from CDH, in Lusaka Zambia and therefore the results would not be generalized to other Cancer Hospitals and cancer wards. However transferability of qualitative research findings can be done by other Cancer Hospitals with similar characteristics. Therefore, to mitigate these limitations, this study was conducted both qualitatively and quantitatively.

5.8 Implications for Practice

5.8.1 Oncology Nursing Practice

For oncology nurses caring for men with cancer who are married, the knowledge of the experiences and copying strategies of their wives will cause them to be more proactive in their nursing care by not only looking at the patients alone, but also holistically assessing their spouses and also routinely assessing them from time to time, to thoroughly prevent or manage their suffering. Nurses must acknowledge impact of a husband's cancer on wives and assess their needs to execute appropriate supportive interventions throughout their caring journey. Moreover, the coping strategies highlighted and their

needs such as caregiver accommodation and spiritual support need to be availed to spouses caring for men with cancer to smoothen their caring process.

5.8.2 Management

The GRZ through Ministry of health should ensure that the policies promoting the integration of primary caregivers especially wives of men with cancer should be developed so that they can also be at the center of the care together with their patients. GRZ should also employ many spiritual carers, psychologists and station them in all oncology centers and oncology wards so that patients and their families can benefit from their services. Moreover, oncology centers and wards must be equipped with rooms that aid meditation and prayer as this has been proven as a significant coping strategy.

5.8.3 Education

Training institutions must review the pre-service curricula and incorporate the support and care of caregivers of cancer patients as core competencies in nursing curricula.

5.8.4 Research

This is the first time women caring for husbands with cancer shared their caring experiences, emotional distress and coping. The findings inform further research on how CDH nurses can best support these critical caregivers with a larger care role due to shortages of professional support personnel.

5.9 Conclusions

From this study, the needs, experiences and coping strategies of women caring for their husbands with cancer attending the CDH in Lusaka, Zambia have been revealed. The needs include financial support, physical needs, psychosocial counselling, caregiver accommodation, time off from caregiving, information need and sexual intimacy and contact. Experiences highlighted facilitators and challenges while caring for a husband with cancer. The challenges include: Mobility difficulties and hospital admissions/problems; socio-economic problems psychological and emotional distress; caregiving liability, spiritual anguish and facilitators include knowledge about cancer and infection prevention, a strong marital relationship, tolerance and perseverance, resilience and hope, good relationship with other caregivers and health care workers and learnt nothing throughout their husband illness. The coping strategies included: spiritual support from spiritual carers, prayer and meditation, music and storytelling, social support and a good marital relationship. The study also provided evidence that satisfaction with health care staff help, medical insurance, the ability to manage husbands' pain and the ability to manage

husband's symptoms significantly reduced emotional distress. Therefore, the study provided evidence of the needs, experiences and coping strategies of women caring for their husbands with cancer attending the CDH in Lusaka, Zambia.

5.10 Recommendations

5.10.1 CDH and Nurse Manager at CDH

The study has revealed spouses' experiences in caring for their husbands such such socio-economic problems, psychological and emotional distress and spiritual anguish. Therefore, CDH must develop standards operating procedures that will address their experiences and develop workshop/in-service training materials that will address the needs, experiences and coping strategies of women caring for their husbands with cancer and also other caregivers and how to effectively manage them; CDH should also nationally plan for caregiver accommodations that will help them relax while caregiving and engage non-governmental organizations who can come in to provide needs of wives caring for men with cancer explored in this study to curb some identified challenges. CDH can use information from this study to make formulate guidelines and strategies for caring for wives of men with cancer and other caregivers.

5.10.2 Nurse Educators

The study revealed the needs, experiences and coping strategies of women caring for their husbands with cancer. The study also provided evidence that satisfaction of health care staff help, medical and ability to manage husbands' pain and ability to manage husband's symptoms significantly reduced emotional distress. Therefore, there is a need for nurse educators and clinical instructors to emphasize the importance of understanding the experiences, coping strategies and needs of patient caregivers while focusing on pain and symptom management of patients with cancer. This should further be taught to wives of men with cancer or other caregivers as this has been proven to reduce emotional distress.

5.10.3 Nursing Education

The study findings indicated that wives of men with cancer do experiences a lot of needs, challenges, and benefits while caring for their husbands with cancer and they used some coping strategies that enable them to go through their distressing situations. The School of Nursing management must also organize regular clinical care meetings, seminars and presentations which would enable health care staff to gain more knowledge or refresh their knowledge and skill in palliative care. This can further be implemented by ensuring that Nurse Educators make a deliberate plan of palliative care meetings, presentations and seminars.

5.10.4 Ministry of Health

Research findings have revealed that participants reported several challenges and needs, among them being lack of accommodation, inadequate food supply and information needs. The study also provided evidence that satisfaction with Health Care Staff Help and Medical Insurance, significantly reduced emotional distress. Therefore, there is a need for the Government of the Republic of Zambia (GRZ) through the Ministry of Health (MoH) to develop policies that will address the needs, experiences and coping strategies of women caring for their husbands with cancer and also other caregivers and actively integrate them in the health care systems; There will be a need for the MoH to establish the short and long term training programs in palliative care would make health care workers aware of caregivers' need, experiences and coping strategies and their role in cancer care. Moreover, there is a need for GRZ through MOH to add palliative care services to the insurance scheme. The establishment for palliative care specialists will need to be expanded so that more specialists are available to build capacity so that more specialists will meet the palliative care needs of patients.

5.10.5 Further Research

This study was limited to the needs, experiences and coping strategies of women caring for their husbands with cancer attending the CDH in Lusaka, Zambia. Therefore, it is recommended that future studies should be conducted with a focus on specific types of cancer so that the individual experiences can be compared and discussed further.

5.11 Utilization and Dissemination of findings

The study findings will be presented in the clinical meetings, conferences and workshops and will be accessible in the hospital library. Preliminary findings will be presented at the graduate presentation fora. Bound research copies will be deposited at the UNZA Medical Library at the SoN and Main Library. The results of the study will be published in a peer-reviewed Journal (Cancer care research online). In addition, the report will be shared with oncology nurses in practice, nurse colleagues, the management and the Senior Medical Superintendent of CDH. The findings will also be disseminated to the Provincial Health Office (PHO) and the District Health Office (DHO) to inform them of the study findings and the recommendations. The researcher will also present this report during clinical meetings at CDH to inform the health care workers. The study findings will help provide recommendations and guidelines to the CDH management, policymakers and other stakeholders, on the experiences, needs and coping strategies of women caring for their husbands with cancer. It may also help in formulating strategies on how to deal with women caring for their husbands with cancer as well as help in coming up with recommendations and standard operating procedures for how to care for caregivers and spouses of men with cancer.

References

- Adejoh, S. O. et al. (2021) The role, impact, and support of informal caregivers in the delivery of palliative care for patients with advanced cancer: A multi-country qualitative study. *Palliative Medicine*. [Online] 35 (3), 552–562. [online]. Available from: <http://journals.sagepub.com/doi/10.1177/0269216320974925> (Accessed 8 March 2023).
- Aveyard, H. (2019) *Doing a literature review in health and social care: a practical guide*. Fourth edition. London: Open University Press, McGraw-Hill Education.
- Aydogan, U. et al. (2016) Coping attitudes of cancer patients and their caregivers and quality of life of caregivers. *Indian Journal of Palliative Care*. [Online] 22 (2), 150. [online]. Available from: <http://www.jpalliativecare.com/text.asp?2016/22/2/150/179598> (Accessed 26 February 2023).
- Bastawrous, M. (2013) Caregiver burden? A critical discussion. *International Journal of Nursing Studies*. [Online] 50 (3), 431–441. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0020748912003367> (Accessed 10 March 2023).
- Benson, R. B. et al. (2020) Challenges, Coping Strategies, and Social Support among Breast Cancer Patients in Ghana. *Advances in Public Health*. [Online] 20201–11. [online]. Available from: <https://www.hindawi.com/journals/aph/2020/4817932/> (Accessed 26 February 2023).
- Braun, M. et al. (2007) Hidden Morbidity in Cancer: Spouse Caregivers. *Journal of Clinical Oncology*. [Online] 25 (30), 4829–4834. [online]. Available from: <https://ascopubs.org/doi/10.1200/JCO.2006.10.0909> (Accessed 9 March 2023).
- Bray, F. et al. (2022) Cancer in sub-Saharan Africa in 2020: a review of current estimates of the national burden, data gaps, and future needs. *The Lancet Oncology*. [Online] 23 (6), 719–728. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1470204522002704> (Accessed 15 March 2023).
- Bray, F. et al. (2021) *Cancer incidence in five continents Volume XI*. Lyon, Geneva: International Agency for Research on Cancer ; Distributed by WHO Press.
- Bray, F. et al. (2018) Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: A Cancer Journal for Clinicians*. [Online] 68 (6), 394–424. [online]. Available from: <http://doi.wiley.com/10.3322/caac.21492> (Accessed 7 March 2023).
- Bryman, A. (2016) *Social research methods*. Fifth Edition. Oxford ; New York: Oxford University Press.
- Cal, A. et al. (2017) Experiences of caregivers with spouses receiving chemotherapy for colorectal cancer and their expectations from nursing services. *Asia-Pacific Journal of Oncology Nursing*. [Online] 4 (2), 173–179. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2347562521004340> (Accessed 27 February 2023).
- Cassidy, T. & McLaughlin, M. (2015) Psychological distress of female caregivers of significant others with cancer Cornelia Duregger (ed.). *Cogent Psychology*. [Online] 2 (1), 999405. [online]. Available from: <https://www.tandfonline.com/doi/full/10.1080/23311908.2014.999405> (Accessed 8 March 2023).

CDH (2019) *Cancer Diseases Hospital*. Annual Report

Chua, G. P. et al. (2020) Supporting the patients with advanced cancer and their family caregivers: what are their palliative care needs? *BMC Cancer*. [Online] 20 (1), 768. [online]. Available from: <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-020-07239-9> (Accessed 26 February 2023).

Cotterill-Walker, S. M. (2012) Where is the evidence that master's level nursing education makes a difference to patient care? A literature review. *Nurse Education Today*. [Online] 32 (1), 57–64. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S026069171100044X> (Accessed 26 February 2023).

Creswell, J. W. (2012) *Educational research: planning, conducting, and evaluating quantitative and qualitative research*. 4th ed. Boston: Pearson.

Dambi, J. et al. (2015) The Impact of Caregiving a Child with Cancer: A Cross Sectional Study of Experiences of Zimbabwean Caregivers. *Journal of Palliative Care & Medicine*. [Online] 05 (05), . [online]. Available from: <http://www.omicsgroup.org/journals/the-impact-of-caregiving-a-child-with-cancer-a-cross-sectional-study-of-experiences-of-zimbabwean-caregivers-2165-7386-1000230.php?aid=59738> (Accessed 10 March 2023).

Eboli, L. & Mazzulla, G. (2009) An ordinal logistic regression model for analysing airport passenger satisfaction. *EuroMed Journal of Business*. [Online] 4 (1), 40–57. [online]. Available from: <https://www.emerald.com/insight/content/doi/10.1108/14502190910956684/full/html> (Accessed 10 March 2023).

Evans, A. (2014) ‘Women Can Do What Men Can Do’: The Causes and Consequences of Growing Flexibility in Gender Divisions of Labour in Kitwe, Zambia. *Journal of Southern African Studies*. [Online] 40 (5), 981–998. [online]. Available from: <http://www.tandfonline.com/doi/full/10.1080/03057070.2014.946214> (Accessed 26 February 2023).

Geisler, G. (1987) Sisters under the Skin: Women and the Women's League in Zambia. *The Journal of Modern African Studies*. [Online] 25 (1), 43–66. [online]. Available from: https://www.cambridge.org/core/product/identifier/S0022278X0000759X/type/journal_article (Accessed 26 February 2023).

Gray, J. R. et al. (2020) *Burns and grove's the practice of nursing: appraisal, synthesis, and generation of evidence*. 9th edition. Philadelphia: Elsevier, Inc.

Greenhalgh, T. (2010) *How to read a paper: the basics of evidence-based medicine*. 4th ed. Chichester, West Sussex, UK: Wiley-Blackwell.

Huang, Y.-P. et al. (2019) The experience of spousal caregivers of patients recently diagnosed with cancer in Taiwan. *Collegian*. [Online] 26 (4), 477–484. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1322769618302609> (Accessed 4 March 2023).

Huberman, A. M. & Miles, M. B. (1994) An expanded sourcebook: Qualitative data analysis. *Sage Publications*. USA. 30013–25.

- Katende, G. & Nakimera, L. (2017) Prevalence and correlates of anxiety and depression among family carers of cancer patients in a cancer care and treatment facility in Uganda: a cross-sectional study. *African Health Sciences*. [Online] 17 (3), 868. [online]. Available from: <https://www.ajol.info/index.php/ahs/article/view/161262> (Accessed 8 March 2023).
- Katowa Mukwato, P. et al. (2015) Stress and coping with cervical cancer by patients: A qualitative inquiry. *International Journal of Psychology and Counselling*. [Online] 7 (6), 94–105. [online]. Available from: <http://academicjournals.org/journal/IJPC/article-abstract/2EA22DC54333> (Accessed 26 February 2023).
- Ketcher, D. et al. (2020) Caring for a spouse with advanced cancer: similarities and differences for male and female caregivers. *Journal of Behavioral Medicine*. [Online] 43 (5), 817–828. [online]. Available from: <http://link.springer.com/10.1007/s10865-019-00128-y> (Accessed 26 February 2023).
- Kim, Y. et al. (2010) Needs assessment of family caregivers of cancer survivors: three cohorts comparison: Unmet needs of caregivers. *Psycho-Oncology*. [Online] 19 (6), 573–582. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/pon.1597> (Accessed 26 February 2023).
- Krejcie, R. V. & Morgan, D. W. (1970) Determining Sample Size for Research Activities. *Educational and Psychological Measurement*. [Online] 30 (3), 607–610. [online]. Available from: <http://journals.sagepub.com/doi/10.1177/001316447003000308> (Accessed 9 March 2023).
- Kroll, T. & Neri, M. (2009) ‘Designs for Mixed Methods Research’, in Sharon Andrew & Elizabeth J. Halcomb (eds.) *Mixed Methods Research for Nursing and the Health Sciences*. [Online]. Oxford, UK: Wiley-Blackwell. pp. 31–49. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/9781444316490.ch3> (Accessed 9 March 2023).
- Lazarus, R. S. & Folkman, S. (2015a) *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Lazarus, R. S. & Folkman, S. (2015b) *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Lazzarotto, S. et al. (2019) Coping with age-related hearing loss: patient-caregiver dyad effects on quality of life. *Health and Quality of Life Outcomes*. [Online] 17 (1), 86. [online]. Available from: <https://hqlo.biomedcentral.com/articles/10.1186/s12955-019-1161-6> (Accessed 8 March 2023).
- LeSeure, P. & Chongkham-ang, S. (2015) The Experience of Caregivers Living with Cancer Patients: A Systematic Review and Meta-Synthesis. *Journal of Personalized Medicine*. [Online] 5 (4), 406–439. [online]. Available from: <http://www.mdpi.com/2075-4426/5/4/406> (Accessed 26 February 2023).
- Li, Q. P. et al. (2013) Spouses’ experience of caregiving for cancer patients: a literature review: Stress of spousal caregiving experience. *International Nursing Review*. [Online] 60 (2), 178–187. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/inr.12000> (Accessed 27 February 2023).

- Liao, Y.-C. et al. (2018) Psychological distress and coping strategies among women with incurable lung cancer: a qualitative study. *Supportive Care in Cancer*. [Online] 26 (3), 989–996. [online]. Available from: <http://link.springer.com/10.1007/s00520-017-3919-x> (Accessed 26 February 2023).
- Lincoln, Y. S. & Guba, E. G. (1985) *Naturalistic inquiry*. sage.
- Lund, L. et al. (2015) The interaction between informal cancer caregivers and health care professionals: a survey of caregivers' experiences of problems and unmet needs. *Supportive Care in Cancer*. [Online] 23 (6), 1719–1733. [online]. Available from: <http://link.springer.com/10.1007/s00520-014-2529-0> (Accessed 9 March 2023).
- Maree, J. E. et al. (2018) On being a caregiver: The experiences of South African family caregivers caring for cancer patients. *European Journal of Cancer Care*. [Online] 27 (2), e12801. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/ecc.12801> (Accessed 4 March 2023).
- Martins, T. et al. (2020) Routes to diagnosis of symptomatic cancer in sub-Saharan Africa: systematic review. *BMJ Open*. [Online] 10 (11), e038605. [online]. Available from: <https://bmjopen.bmj.com/lookup/doi/10.1136/bmjopen-2020-038605> (Accessed 15 March 2023).
- Maslow, A. H. (1943) A theory of human motivation. *Psychological Review*. [Online] 50 (4), 370–396. [online]. Available from: <http://doi.apa.org/getdoi.cfm?doi=10.1037/h0054346> (Accessed 8 March 2023).
- Mbozi, P. et al. (2020) Challenges Facing Women Caring for a Spouse Having Cancer Treatment: A Critical Literature Review. *Open Journal of Nursing*. [Online] 10 (01), 34–68. [online]. Available from: <https://www.scirp.org/journal/doi.aspx?doi=10.4236/ojn.2020.101003> (Accessed 26 February 2023).
- Milimo et al (2004) *Zambia Strategic Country Gender Assessment*.
- Morgan, D. G. et al. (2014) Informal caregivers' hopes and expectations of a referral to a memory clinic. *Social Science & Medicine*. [Online] 102111–118. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0277953613006266> (Accessed 8 March 2023).
- Mosher, C. E. et al. (2017) Development of a Symptom Management Intervention: Qualitative Feedback From Advanced Lung Cancer Patients and Their Family Caregivers. *Cancer Nursing*. [Online] 40 (1), 66–75. [online]. Available from: <https://journals.lww.com/00002820-201701000-00008> (Accessed 8 March 2023).
- Mosher, C. E. et al. (2013) Physical Health, Mental Health, and Life Changes Among Family Caregivers of Patients With Lung Cancer. *Oncology Nursing Forum*. [Online] 40 (1), 53–61. [online]. Available from: <http://onf.ons.org/onf/40/1/physical-health-mental-health-and-life-changes-among-family-caregivers-patients-lung-cancer> (Accessed 8 March 2023).
- Mossin, H. & Landmark, B. Th. (2011) Being present in hospital when the patient is dying - A grounded theory study of spouses experiences. *European Journal of Oncology Nursing*.

- [Online] 15 (5), 382–389. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1462388910001626> (Accessed 17 March 2023).
- Mukwato, P. Katowa., Mweemba, P., Kabinga, M.M. and Makoleka, M.M. (2010). Stress and Coping Mechanisms among Breast Cancer Patients and Family Caregivers: A Review of Literature, *Medical Journal of Zambia* Volume 37: (1) 40-45.
- Mulemi, B. A. (2010) *Coping with cancer and adversity: hospital ethnography in Kenya*. African studies collection 22. Leiden: African Studies Centre.
- Muliira, J. K. & Kizza, I. B. (2019) The other untold burden of cancer in sub-Saharan Africa: Anxiety and depressive symptoms among family caregivers of adult cancer patients. *International Journal of Africa Nursing Sciences*. [Online] 11100166. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S2214139118301525> (Accessed 5 March 2023).
- Mystakidou, K. et al. (2013) Geriatric depression in advanced cancer patients: The effect of cognitive and physical functioning: Geriatric depression in advanced cancer. *Geriatrics & Gerontology International*. [Online] 13 (2), 281–288. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/j.1447-0594.2012.00891.x> (Accessed 8 March 2023).
- Nevhutalu, H.K., 2016, 'Patients' rights in South Africa's public health system: Moral-critical perspectives', PhD Degree in Philosophy, University of Stellenbosch.
- Nijboer, C. et al. (2000) Patterns of Caregiver Experiences Among Partners of Cancer Patients. *The Gerontologist*. [Online] 40 (6), 738–746. [online]. Available from: <http://academic.oup.com/gerontologist/article/40/6/738/604744/Patterns-of-Caregiver-Experiences-Among-Partners> (Accessed 26 February 2023).
- Nipp, R. D. et al. (2016) Factors associated with depression and anxiety symptoms in family caregivers of patients with incurable cancer. *Annals of Oncology*. [Online] 27 (8), 1607–1612. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0923753419347386> (Accessed 26 February 2023).
- Noveiri, J. S. M. et al. (2020) Coping Assessment Tools in the Family Caregivers of Patients with Breast Cancer: A Systematic Review. *Breast Cancer: Targets and Therapy*. [Online] Volume 1211–26. [online]. Available from: <https://www.dovepress.com/coping-assessment-tools-in-the-family-caregivers-of-patients-with-brea-peer-reviewed-article-BCTT> (Accessed 8 March 2023).
- Nowell, L. S. et al. (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*. [Online] 16 (1), 160940691773384. [online]. Available from: <http://journals.sagepub.com/doi/10.1177/1609406917733847> (Accessed 18 March 2023).
- Omona, J. (2013) Sampling in Qualitative Research: Improving the Quality of Research Outcomes in Higher Education. *Makerere Journal of Higher Education*. [Online] 4 (2), 169–185. [online]. Available from: <http://www.ajol.info/index.php/majohe/article/view/90214> (Accessed 26 February 2023).

- Owoo, B. et al. (2022) “I always find myself very tired and exhausted”: The physical impact of caring; a descriptive phenomenological study of the experiences of prostate cancer caregivers in Cape Coast, Ghana Edison I.O. Vidal (ed.). *PLOS ONE*. [Online] 17 (7), e0268627. [online]. Available from: <https://dx.plos.org/10.1371/journal.pone.0268627> (Accessed 4 March 2023).
- Polit, D. F. & Beck, C. T. (2021) *Essentials of nursing research: appraising evidence for nursing practice*. 10th edition. Philadelphia: Wolters Kluwer.
- Preisler, M. et al. (2018) Early integration of palliative cancer care: patients’ and caregivers’ challenges, treatment preferences, and knowledge of illness and treatment throughout the cancer trajectory. *Supportive Care in Cancer*. [Online] 26 (3), 921–931. [online]. Available from: <http://link.springer.com/10.1007/s00520-017-3911-5> (Accessed 26 February 2023).
- Qan’ir, Y. et al. (2022) Quality of life among patients with cancer and their family caregivers in the Sub-Saharan region: A systematic review of quantitative studies Kashif Shafique (ed.). *PLOS Global Public Health*. [Online] 2 (3), e0000098. [online]. Available from: <https://dx.plos.org/10.1371/journal.pgph.0000098> (Accessed 5 March 2023).
- Reblin, M. et al. (2016) Spouse cancer caregivers’ burden and distress at entry to home hospice: The role of relationship quality. *Journal of Social and Personal Relationships*. [Online] 33 (5), 666–686. [online]. Available from: <http://journals.sagepub.com/doi/10.1177/0265407515588220> (Accessed 8 March 2023).
- Reigada, C. et al. (2015) The Caregiver Role in Palliative Care: A Systematic Review of the Literature. *Health Care : Current Reviews*. [Online] 03 (02), . [online]. Available from: <http://www.esciencecentral.org/journals/the-caregiver-role-in-palliative-care-a-systematic-review-of-the-literature-2375-4273-1000143.php?aid=64657> (Accessed 8 March 2023).
- Sandelowski, M. (2000) Combining Qualitative and Quantitative Sampling, Data Collection, and Analysis Techniques in Mixed-Method Studies. *Research in Nursing & Health*. [Online] 23 (3), 246–255. [online]. Available from: [https://onlinelibrary.wiley.com/doi/10.1002/1098-240X\(200006\)23:3<246::AID-NUR9>3.0.CO;2-H](https://onlinelibrary.wiley.com/doi/10.1002/1098-240X(200006)23:3<246::AID-NUR9>3.0.CO;2-H) (Accessed 17 March 2023).
- Semenova, V. & Stadlander, L. (2016) Death Anxiety, Depression, and Coping in Family Caregivers. *Journal of Social, Behavioral, and Health Sciences*. [Online] 10 (1), . [online]. Available from: <https://scholarworks.waldenu.edu/jsbhs/vol10/iss1/5> (Accessed 26 February 2023).
- Seraphin, T. P. et al. (2021) Presentation, patterns of care, and outcomes of patients with prostate cancer in sub-Saharan Africa: A population-based registry study. *Cancer*. [Online] 127 (22), 4221–4232. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/cncr.33818> (Accessed 15 March 2023).
- Sercekus, P. et al. (2014) Experiences of Family Caregivers of Cancer Patients Receiving Chemotherapy. *Asian Pacific Journal of Cancer Prevention*. [Online] 15 (12), 5063–5069. [online]. Available from: <http://koreascience.or.kr/journal/view.jsp?kj=POCPA9&py=2014&vnc=v15n12&sp=5063> (Accessed 26 February 2023).
- Sharma, R. et al. (2022) Mapping Cancer in Africa: A Comprehensive and Comparable Characterization of 34 Cancer Types Using Estimates From GLOBOCAN 2020. *Frontiers in*

Public Health. [Online] 10839835. [online]. Available from: <https://www.frontiersin.org/articles/10.3389/fpubh.2022.839835/full> (Accessed 15 March 2023).

- Sihombing, Y. et al. (2019) The experience of caring for an advanced lung cancer spouse: Vulnerable journey of caregiving. *Enfermería Clínica*. [Online] 29891–896. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1130862119302669> (Accessed 8 March 2023).
- Sklenarova, H. et al. (2015) When do we need to care about the caregiver? Supportive care needs, anxiety, and depression among informal caregivers of patients with cancer and cancer survivors: Needs of Caregivers of Patients With Cancer. *Cancer*. [Online] 121 (9), 1513–1519. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/cncr.29223> (Accessed 28 February 2023).
- Slaboda, J. C. et al. (2021) A national survey of caregiver’s own experiences and perceptions of U.S. health care system when addressing their health and caring for an older adult. *BMC Health Services Research*. [Online] 21 (1), 101. [online]. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-021-06086-z> (Accessed 26 February 2023).
- Takeuchi, T. et al. (2018) The degree of social difficulties experienced by cancer patients and their spouses. *BMC Palliative Care*. [Online] 17 (1), 83. [online]. Available from: <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-018-0338-9> (Accessed 26 February 2023).
- Tan, R. et al. (2020) Caregiver Stress, Coping Strategies, and Support Needs of Mothers Caring for their Children Who Are Undergoing Active Cancer Treatments. *Clinical Nursing Research*. [Online] 29 (7), 460–468. [online]. Available from: <http://journals.sagepub.com/doi/10.1177/1054773819888099> (Accessed 26 February 2023).
- Tekalign, T. & Teshome, M. (2022) Prevalence and determinants of late-stage presentation among cervical cancer patients, a systematic review and meta-analysis Obinna Ikechukwu Ekwunife (ed.). *PLOS ONE*. [Online] 17 (4), e0267571. [online]. Available from: <https://dx.plos.org/10.1371/journal.pone.0267571> (Accessed 15 March 2023).
- Tiwari, V. et al. (2015) Identifying the Factors Causing Delayed Presentation of Cancer Patients to a Government Medical College of Central India. *JOURNAL OF CLINICAL AND DIAGNOSTIC RESEARCH*. [Online] [online]. Available from: http://jcd.r.net/article_fulltext.asp?issn=0973-709x&year=2015&volume=9&issue=9&page=XC09&issn=0973-709x&id=6512 (Accessed 15 March 2023).
- Tolbert, E. et al. (2018) A qualitative exploration of the experiences, needs, and roles of caregivers during and after cancer treatment: “That’s what I say. I’m a relative survivor”. *Journal of Cancer Survivorship*. [Online] 12 (1), 134–144. [online]. Available from: <http://link.springer.com/10.1007/s11764-017-0652-x> (Accessed 26 February 2023).
- Trudeau-Hern, S. & Daneshpour, M. (2012) Cancer’s Impact on Spousal Caregiver Health: A Qualitative Analysis in Grounded Theory. *Contemporary Family Therapy*. [Online] 34 (4), 534–554. [online]. Available from: <http://link.springer.com/10.1007/s10591-012-9211-9> (Accessed 28 February 2023).

- Turner, M. et al. (2016) Caring for a dying spouse at the end of life: ‘It’s one of the things you volunteer for when you get married’: a qualitative study of the oldest carers’ experiences. *Age and Ageing*. [Online] 45 (3), 421–426. [online]. Available from: <https://academic.oup.com/ageing/article-lookup/doi/10.1093/ageing/afw047> (Accessed 26 February 2023).
- Vinci, C. et al. (2019) Understanding coping strategies of cancer caregivers to inform mindfulness-based interventions: A qualitative study. *European Journal of Integrative Medicine*. [Online] 30100936. [online]. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S1876382019301696> (Accessed 28 February 2023).
- Walliman, N. (2010) *Research Methods: The Basics*. 0 edition. [Online]. Routledge. [online]. Available from: <https://www.taylorfrancis.com/books/9781136860997> (Accessed 26 February 2023).
- Walubita, M. et al. (2018) Challenges for health care providers, parents and patients who face a childhood cancer diagnosis in Zambia. *BMC Health Services Research*. [Online] 18 (1), 314. [online]. Available from: <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-018-3127-5> (Accessed 26 February 2023).
- Wang, T. et al. (2021) Prevalence and correlates of unmet palliative care needs in dyads of Chinese patients with advanced cancer and their informal caregivers: a cross-sectional survey. *Supportive Care in Cancer*. [Online] 29 (3), 1683–1698. [online]. Available from: <https://link.springer.com/10.1007/s00520-020-05657-w> (Accessed 26 February 2023).
- Wasner, M. et al. (2013) Psychosocial Care for the Caregivers of Primary Malignant Brain Tumor Patients. *Journal of Social Work in End-Of-Life & Palliative Care*. [Online] 9 (1), 74–95. [online]. Available from: <http://www.tandfonline.com/doi/abs/10.1080/15524256.2012.758605> (Accessed 26 February 2023).
- Yang, W. F. Z. et al. (2020) Validation of the Needs Assessment of Family Caregivers-Cancer scale in an Asian population. *BMC Psychology*. [Online] 8 (1), 84. [online]. Available from: <https://bmcp psychology.biomedcentral.com/articles/10.1186/s40359-020-00445-x> (Accessed 26 February 2023).
- Yusuf, A. J. et al. (2011) Caregiver burden among poor caregivers of patients with cancer in an urban African setting: Caregiver burden among poor caregivers. *Psycho-Oncology*. [Online] 20 (8), 902–905. [online]. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/pon.1814> (Accessed 4 March 2023).
- Zambia Statistics Agency (2019) *2018 Zambia Demographic Health survey Summary Report*.
- Zeng, Q. et al. (2022) Family Caregivers’ Experiences of Caring for Patients With Head and Neck Cancer: A Systematic Review and Metasynthesis of Qualitative Studies. *Cancer Nursing*. [Online] Publish Ahead of Print. [online]. Available from: <https://journals.lww.com/10.1097/NCC.0000000000001096> (Accessed 4 March 2023).
- Zimmer-Gembeck, M. J. & Skinner, E. A. (2016) ‘The Development of Coping: Implications for Psychopathology and Resilience’, in Dante Cicchetti (ed.) *Developmental Psychopathology*. [Online]. Hoboken, NJ, USA: John Wiley & Sons, Inc. pp. 1–61. [online]. Available from:

<https://onlinelibrary.wiley.com/doi/10.1002/9781119125556.devpsy410> (Accessed 8 March 2023).

Appendix 1: Participant Information Sheets

Participant information sheet (English)

1. Self-introduction

My name is Patience Mbozi, I am pursuing a Master's of Science in Clinical Nursing at the University of Zambia School Of Nursing Sciences. I am kindly requesting you to participate in the above-mentioned research study, which is titled: **“Experiences, needs and coping strategies of women caring for husbands with cancer at cancer diseases hospital”**. Your participation in this study is purely voluntary meaning that you may choose to participate or not. Even after you have joined the study you are free to withdraw when you wish to do so, and that will not affect your access to health services from this institution in any way. If you are willing to participate, you will be requested to sign a consent form to indicate that you agree to participate. Please ask where you do not understand and you will be explained to in simpler terms.

2. Title of study

Experiences, needs and coping strategies of women caring for husbands with cancer at cancer diseases hospital.

3. Purpose of the study

To explore the experiences, needs and coping strategies of women caring for their husbands with cancer attending the Cancer Diseases Hospital in Lusaka

4. Procedure

The study will involve both a structured questionnaire, which will assess your needs as a spouse of a cancer patient, and face-to-face semi-structured interview schedule, which will explore your experiences of caring for a cancer patient. The research assistants who will ask you a set of questions using a both the structured questionnaire and a semi structured interview schedule. After signing the consent form, the research assistants will proceed to ask you relevant questions and your responses will be recorded on the questionnaire. The interview will take about 25-30 minutes.

5. Voluntariness

Your participation in this research is entirely voluntary. You will not be forced to participate if you do not wish to do so. You are assured that your refusal to take part will not in any way result

in loss of access to health services to which you are entitled to at this institution. If you decide to take part, you will still be free to withdraw at any time without giving prior reason for your withdrawal. You will further, have the right to end the interview at any time, and to choose not to answer questions that may make you uncomfortable.

6. Data management and storage

The research records and any information pertaining this study will be confidential to the extent permitted by law. The data will be safely kept under key and lock. Patients will be identified by a serial number, and personal information will not be released without their written consent. The Ministry of Health, the University of Zambia Research Ethics Committee and the School of Nursing sciences may review the records if need be, but this will be done with confidentiality.

7. Risks and discomforts

There might be psychological distress or anxiety when recalling your treatment experience and adherence when answering certain questions from the questionnaire. If this occurs feel free to take break so that the anxiety might be relieved. Other than that there will be no other risks involved in this research study, just part of your time will be utilized to answer some questions. If you will need further discussion, it will be offered to help you understand the topic more.

8. Benefits

There is no direct benefit to you participating in this study, but the information which you will provide will help the policy makers to take measures that will benefit you in future to prevent radiation therapy treatment complications. No money will be given to you in exchange for information you will provide, but information and education will be given to you on the benefits of adherence to radiation therapy.

9. Compensation/reimbursement

Patients in this study will have no provision for compensation as they will participate at free will as voluntary participation will be part of the enrollment criteria. The patients will also be interviewed on scheduled clinic days hence the study will not add any additional costs on them.

10. Consequences of inquiry

The study will be a non-invasive and will not cause any physical harm or jeopardize the patients' lives. The patients will be explained to and a consent form obtained to prepare them psychologically for them to participate in the study.

Contact Details of Principal Investigator

Persons to contact for problems or questions

Patience Mbozi,

The University of Zambia,

School of Nursing sciences,

P.O. Box 50110,

Lusaka.

Cell: +260965 376518

Email address: patiencembozi@gmail.com

Contact Details of Ethics Committee

The Chairperson,

The University of Zambia,

School of Medicine

University of Zambia Biomedical Research Ethics Committee,

Ridgway Campus

P.O. Box 50110,

Telephone: 260-1-256067

Lusaka

E-mail: unzarec@zamtel.zm

Zidziwitso za imwe otengako mbali (Chichewa)

1. Kudzidziwitsa nokha.

Dzina langa ndine Patience Mbozi, Ndikuchita maphunzilo ukatswili wa sayasi mu unamwino wachipatala pa sikulu la maphunzilo apamwamba ya univesite ya Zambia mu sikulu ya sayansi ya unamwino. Ndikukupephani kuti mutengeko nawo gawo pazakafukufukuyi mu kafukufuku amene yemwe tanzichulazi pamwambapa, yemwe ali ndi mutu wakuti: zokumanazo, zosowa ndi njila zothanirana ndi mayi yemwe akusamalira mwamuna wake yemwe ali odwala ndi matenda a khansa muchipatala chachikulu cha matenda a khansa. Kutenga nawo mbali mu kafukufukuyi ndi mwakufuna kwanu kutanthauza kuti mutha kusankha kutengako mbali kapena ayi. Ngakhale mtalowa nawo mu kafukufukuyi muli omasuka kusiya ngati mulikufuna kutero, ndipo izi sizingasokoneze mwayi wanu wopeza chithandizo chamankhwala kuchokela ku bungweli mwanjira iliyonse. Ngati mukufuna kutengako nawo mbali. Muzapephedwa kusaina fomu yololeza kusonyeza kuti mwavomera kutenga na mbali. Chonde funsani pomwe simunamvetsetse ndipo muzafotokozeledwa m'mawu osavuta.

2. Mutu Wa kafukufuku.

Zokumanazo zosowa kapena zofunika ndi njila zothanira ndi mayi yemwe akusamalira mwamuna wake yemwe ali odwala ndi matenda a khansa muchipatala chachikulu cha matenda a khansa.

3. Cholinga cha maphunziro

Kufufuza za zochitika, zofunika ndi njila zothanira ndi mayi yemwe akusamalira mwamuna wake yemwe ali odwala ndi matenda a khansa muchipatala chachikulu cha matenda a khansa.

4. Ndondomeko.

Kafukufukuyi aphantikizanso mafunso omwe akuwonetsa zosowa zanu ngati mwamuna kapena mkazi wa odwala khansa komaso kuyakhulana mason di mason ndi wofufuza komanso othandinzira kafukufuku amene angakufuseni mafunso angapo pogwirits nchitozokambirana zomwe zakonzedwa. Atatha kusaina fomu yachilolezo, othandinzira kafukufuku anzafunsa mafunsa oyenera ndipo mayankho anu adzalembedwa pa mafunso. Kuyankhulana kudzatenga pafupifupi mphindi 25-30

5. Kudzipereka.

Kutengako nawo mbali mu kafukufukuyu ndi mwakufuna kwanu. Simudzakakamizidwa kutenga nawo mbali ngati simukufuna kutero. Mukutsimikiziridwa kuti kukana kwanu sikungawononge mwayi wopeza chithandizo chamankhwala chomwe muli ndi ufulu ku bungwe lino. Ngati Mwaganiza kutengapo mbali, kuwonjezerapo muzakhalabe omasuka kuchoka nthawi ina iliyonse osapereka chifukwa chakuchokera kwanuko. Muzakhalaso ndi ufulu wothetsa kuyankhulana nthawi iliyonse, ndikusankha kusayakha mafunso angakupangitseni kukhala osamasuka.

6. Kasamalidwe ndi kusunga deta(mbiri)

Mbiri ya kafukufuku ndi zidziwitso zilizonse zokhuzana ndi kafukufukuyu zidzakhala zachinsinsi malinga ndi momwe malamulo amavomerezera. Deta idzasungidwa pansu pa fungulo ndi loko odwala adzazindikiridwa ndi nambala ya siriyo, ndipo chidziwitso cha munthu sichizatulutsidwa popanda chilolezochawo cholembedwa. Nduna ya zaumoyo, komiti ya univesite ya Zambia yofufuza zamakhalidwea bwino komanso sikulu ya unamwino ya sayansi ikhoza kuwunikansombiriyo ngati pakufunika kutero, kpoma izi zizachitika mwachitsitsi.

7. Chiopsezo ndi kusapezamo bwino

Pakhoza kukhala kuvutika m'maganizo kapena nkhwana mukakumbukira zomwe mwakumana nazo pamankhwala anu komanso kusamalidwa kwanu poyakha mafunso ena kuchokera m'mafunso. Ngati izi zachitika khalani omasuka kupumako kuti nkhwawo ithe, kupatula kuti sipadzakhalanso zoopsa zina zomwe zidzachitike mu kafukufukuyu, chabe kagawolina la nthawi yanu lidzagwiritsidwa nchito kuyankha mafunsoena. Ngati mukufuna kukambilana kwina, izaperekedwa kukuthandizani kumvetsetsa mutuwo.

8. Phindu kapena ubwino wake

Kulibe phindu yachindunji kwa inu kutenga nawombali mu kafukufukuyu, koma zambiri zomwe mumaperka zithandiza opanga ndondomeko kuti achitepo kanthu zomwe zingakuphindulitseni mtsogolo kuti mupewe zovuta za chithandizo cha rediasheni. Palibe ndalama idzapastidwa kwa inu posinthana ndi zomwe mudzapereke, koma chidziwitso ndi mapudzitro adzapatsidwa kwa inu pa phindu yanu zotsatizana ndi chithandizo cha rediasheni.

9. Malipiro a chipukuta mitsozi /kubweza

Odwala mu kafukufukuyu sadzakhala ndi mwayi wopatsidwa chipukuta misozi chifukwa atenga nawo gawo mwaulele ngati kutenga nawo mbali mwaufulu kudzakhala mbali ya njila zolemba. Odwala azikonzeke masiku akuchipatala chifukwa chake kafukufukuyu sadzawonjezera mtengo uliwonse pa iwo.

10. Zotsatira kufunsa

Phunziroli lidzakhala losokonez ndipo silidzavulaza kapena kuyi moyo wa odwala pangozi. Odwala adzafotokozeredwa ndipo fomu yololeza ndidzalandira yokonzekeretsa odwala m'maganizo kuti athe kutengako nawo gawo mu kafukufukuyu.

Tsatanetsatane wa wofufuza wamkulu.

Munthu kukhudzana ndi vuto kapena mafunso

Patience Mbozi,
Pasikulu lapamwaba la Univesite ya Zambia,
Sikulu ya sayansi ya unamwino,
P.O. Box 50110,
Lusaka,
Selo lamia: +260 965376518,
Imelo adilesi: patiencembozi@gmail.com.

Tsatanetsatane wa komiti ya zamakhalidwe.

Wapampando ukulu,
Sikulu ya ikulu ya Univesite ya Zambia,
Sikulu ya zamankhwala,
Univesite ya Zambia komiti ya zachipatala zofufuza zamakhalidwe abwino,
Kampansi ya ridgiwayi,
P.O. Box 50110,
Foni : 260-1-256067,
Lusaka,
Imelo: unzarec@zamtel.zm.

Cipepa Cipa Bupanduluzi Bukutausi (Tonga)

1. Kulipandulula

Zyina lyangu ndime Patience Mbozi, ndilikucikolo kwalo ooko kwetola bbuku lipati lyabupampu mubusilisi litegwa Masters of science kucikolo cipati ca University of Zambia cikolo cabusilisi. Ndilomba kuti mutole lubazu kukaambo kaambwa ajulu aawa kakulanganya mulwazi ijisi mutwe waamba kuti : " kuba aaluzyibo kuzyintu zyakatucitikila kaanza mbweni,zyintu ziyandika alimwi akwiiya nzila zyisiyene siyene zyangamakaintu kubamba bamaalumi bajisi kkansa kucibbadela camalwazi yabantu ". Kusangana kwenu mukuvwuntauzya ooku kwakulyaaba kaanzambweni kkokwaamba kuti inga mwasangana kuti kamuyanda nokuba kutasangana nkaambo ncintu cakulyaaba. Nokuba kuti mwasangana mukwiiya ooku, mulizumizyidwe kuzwa kakunyina abukaka pe kuciindi nimwayanda kuti muzwe alimwi eeco tacikapi bukaka nokuba ashoonto kugumikizya kusilikwa kwenu kucibbadela eeci. Kuti naa mulazumina mukutola lubazu, muyakulombwa kuti mukabika busimbo acipepa cakuzumina citondezya kuti mwazumina kutola lubazu. Akaka amubuzye pumwatateelela kabotu, bupanduluzi buyakupegwa muciiimo citeelekeka.

2. Mutwe wakwiiya ooku

Kuba aaluzyibo, ziyandika akubweza nzila zyinganji zyangamakaintu kubamba bamaalumi bajisi kkansa kucibbadela camalwazi aa kkansa (cancer).

3. Muzeezo wakwiiya ooku

Nkuvwuntauzya luzyibo, ziyandika alimwi akubbida nzila zyinganji zyangamakaintu kubamba bamaalumi babo bajisi kkansa kucibbadela camalwazi kkansa "cancer" cili ku Lusaka.

4. Machililanwa naa butobezi

Mwiiyi kuyakujatikizya acimwi cipepa caakati- kati camibuzyo calo ciyakuyandaula kubula kwenu mbuli muntu uukwetwe kumuntu uuciswa denkete naa cancer alimwi akubuzanyanya kwakaanzambweni bushu abushu kulibaabo bashaabupampu bayandaula abatobeli babo balo bayakumubuzya mubuzyo iiyindene-indene kubelesha cipepa caakati-kati camibuzyo iibambidwe. Mwamana kubika busimbo acipepa cakuzumina, shaabupampu uugwashilizya uyakuzwida aambele kumubuzya mubuzyo iiyandika kwamana bwiinguzi bwenu buyakulembwa kucipepa

camibuzyo. Kubandika ooku naa interview kuyakubweza ciindi cishoonto buyo mamaile aali 25 kusikila ku 30.

5. Ikulyaaba

Kusangana kwenu mukuvwuntauzya ooku kwakulyaaba buya kwacigaminina. Tamukasungiliziyigwi pe kuti mutole lubazu kuti kamutayandi. Mushomezegwa kwaba kuti kukaka kwenu kukutola lubazu tacikaleshi kuti mwaalilwe kubweza kusilikwa kweelede kuzwa kucibbadela eeci kwiinda munzila iiliyoonse kwalo ooko kumweelede kuzwa kucibbadela eeci. Ikuti naa mwasala kuti musangane, mulizumizyidwe kuti inga mwazwa kuciindi cilicoonse ncinwayanda kakunyina kupa twaambo twapa kuti muzwe. Kuzwidilizya naa kuya aambele alimwi, munikujisi nguzu zyakumanizya mubandi naa interview aciindi cilicoonse alimwi akusala kutavwiila mibuzyo njomubona kuti taikomanishi kulindinwe.

6. Kubambilila twaambo tutananga zukila akutuyobola

Bulembo bwakuvwuntauzya alimwi akaambo Kali koonse kajatikizya kwiiya ooku tunikuli twacigaminina akusisigwa kuzumizyigwa amulawo. Twaambo ootu tunikubambidwe akukkiigwa acikulu-kulu. Bamalwazi bayakuzyibwa kweendelanya a mweelwe ngobanikupedwe labels makani aajatikizya kwabo beni taakapegwi kulibanamaleya kakunyina kuzumizyigwa kuzwa kulimbabo. Kabunga kalanganya nseba, kabunga kakuvwuntauzya kuzwa ku cikolo cipati ca Zambia alimwi acikolo cabumpampu bwabusilisi tuyakulanga langa bulembo kuti naa cikabe cintu ciyandikana nokubaboobo eeci ciyakucitwa camaseseke.

7. Butongo alimwi akutaliiba

Inga kakuli kutaliiba kwamumizeezo nokuba kuyandisisha kuciindi noyeeya mbookali kusilikwa akutobela naa kuteelela novwiila mibuzyo imwi kuzwa kucipepa camibuzyo. Kutu naa eeci cacitika, mulizumizyidwe kutegwa okuya kunyongana naa kuyeesesha kwamumizeezo kwamana. Kuze akooko kinikunyina kutaliiba naa zyiya kujanika mukuvwuntauzya ooku, ciindi buyo cenu cimwi ncocitikabeleshegwe kuvwuwa mibuzyo imwi. Kutu naa muyakuyanda kwambaula twaambo tumbi kwiindilila Ali tootu, ciindi ciyakupegwa kulibamushobo ooyo kibagwasha kunvwinsha kwiindilila muciiyo.

8. Bulumbu

Kunyina bulumbu bwacingaminina kwiinda mukutola lubazu mukwiiya ooku, pesi bwiinguzi mbomuyakupa buyakugwasha basikupanga tumpango kubaa aambaakani iya kumugwasha kumbele kukwabilila akusilikwa kukunyongana kwa bulwazi bwa kkansa. Kunyina Mali aayakupegwa kweendelanya aa makani ngomuyakupa, pesi makani naa mulumbe akwiiya kuyakupegwa kubulumbu bwakutobela bwakukwabilala kkansa naa (cancer).

9. Kubbadelwa

Bamalwazi mukwiiya ooku kinikunyina kabeela kakubbadelwa nkaabo kakuti bayakusangana naa kutola lubazu mukwiiya ooku cakulipa bokunga kulipa ncocinikuli cizumizyo cakusangana kwiiya ooku. Bamalwazi abalo banikuba aamibandi eeyi mumazuba aabikidwe aacibbadela nkakaambo kaako kwiiya ooku takukayungizyi kubadela kulikoonse kulimbabo.

10. Ciyakutobela baakumana kubuzya

Kwiiya ooku kunyina bukaka alimwi tabukeeti ntenda iiliyoonse nokuba kubika buumi bwabamalwazi muntenda. Bamalwazi bayakupandulwidwa.

Makani agwasya kutobezya mwendelezi mupati wabukutausi.

Nambala yabo nikwaba penzi na mibuzyo.

Patience Mbozi,

Ichikolo chipati chacisi Cha Zambia chaba silisi azyiiyo zijatikizya nseba.

P.O Box 50110. Lusaka

Nambala yaluwaile: +260965376518

Email yabo: patiencembozi@gmail.com.

Makani akutobezya ya Ethics kabunga

Mwendelenzi mupati. Ichikolo chaba silisi

Ichikolo chapati chacisi Zambia cabiomedical ku kutausi kabunga

Ridgway Campus, P.O. Box 50110, Lusaka, Luwaile : 260-1-256067

E-mail yabo: unzarec@zamtel.zm

Appendix 2: Informed Voluntary Consent Form (English)
Informed Voluntary Consent Form (English)

I have read (been explained to) the purpose of this study. I understand the benefits, discomforts and confidentiality of the study. I further understand that, if I agree to take part in this study, I can withdraw at any time without having to give an explanation and that taking part in this study is purely voluntary.

I _____ (Names) agree to take part in this study.

Signed: _____ (Participant).

Date: _____

Participant's signature or **thumb print**

Signed: _____ (Researcher)

Date: _____

Kudziwitsa mwaufulu za kuvomereza fomu (Chichewa)

Ndawerenga(zofotokozedwa)cholinga cha phunziroli,ndamvetsa ubwino wake,kusapezabwino ndi chinsinsicha phunziroli.Ndikumvetsanso kuti ngati ndatengako mbali mugawo lofufuza phunziroli,ndikhoza kusiya nthawi iliyonse popanda kupereka kufotokoza ndipo kutengako mbali pa phunziroli ndizongodzipereka.

Ine.....(dzina)ndikuvomera kutengako mbali mu kafukufukuyu

Kusaina.....(otengako mbali)

Tsiku.....

Kusaina kwa otengako mbali kapena chala chachikulu

.....

Kusaina.....(wofufuza)

Tsiku.....

Pepa litondezya kuzumina cakutasinikizyigwa. (Tonga)

Ndabala alimwi ndapadulundwa buyandishi bwachibalo eechi.ndatelela bubotu, buchise alimwi abushichamba bachibalo echi.Ndazumina kutola lubanzu muchizyano eechi,inga ndazwa kufwumbwa ciindi kakwiina kupa bupaduluzi buliboonse kaambo kakuti eechi chitu chakuliyandila.

Mebo(izyana) Ndazumina kotala lubanza muchizyano eechi

Kweenga.....(Basikutola chibaka)

Busuba.....

Basikutola chibaka kweenga naa Imano ajanza

.....

Kweenga.....(Mukutausi)

Busuba.....

Appendix 3: Data Collection Tools
Appendix 3.1: Quantitative Questionnaire (English)

Quantitative Questionnaire (English)

Place of interview:

Date of interview:

Time started: Time ended:

Name of interviewer:

Name of interviewee (optional):

Instructions for the interviewer

- 1) Introduce yourself to the participant.
- 2) Explain the purpose of the participant.
- 3) Assure the participant of confidentiality.
- 4) Obtain an informed consent.
- 5) If the participant decline to take part, do not force them.
- 6) Do not write names on the Semi structured interview schedule.
- 7) Thank the Participant at the end of each interview.

SECTION A: DEMOGRAPHIC DATA

1. How old are you?

2. What is your marital status?

1. single	2. married	3. Widowed	4. Divorced
-----------	------------	------------	-------------

3. What is your level of education?

1. No formal education	2. Primary	3. Secondary	4. Tertiary
------------------------	------------	--------------	-------------

4. What is your husbands' type of cancer?

--

5. What is your husbands' stage of cancer?

--

6. What treatment is your husbands currently receiving?

--

7. What is your church denomination?

1. Catholic	2. Seventh Day Adventist	3. Jehovah witness	4. Pentecostal churches	5. Others (Specify)
-------------	--------------------------	--------------------	-------------------------	---------------------

8. What is the area of your residence?

1. Country	2. Province	3. District	4. Type of residential area (Premium, Medium, Low, Village)

SECTION B: SOCIO-ECONOMIC FACTORS

9. What is your occupation?

1. Civil Servant	2. Self-employed/Business	3. Retired	4. Unemployed	5. Other (specify)
------------------	---------------------------	------------	---------------	--------------------

10. How much is your monthly family Income?

1. > k5000	2. K3000 - k5000	4. K1000 - k3000	5. k1000 - No income
------------	------------------	------------------	----------------------

11. Who pays for your chemotherapy and radiation therapy services and other treatment costs?

1. Out of pocket	2. National health insurance	3. Private insurance	4. Faith Based NGO	5. Social welfare	6. Others specifies:
------------------	------------------------------	----------------------	--------------------	-------------------	----------------------

12. What social support are you currently receiving?

Family support	Friends' support	Finances	Time off work (leave)	Counseling
----------------	------------------	----------	-----------------------	------------

--	--	--	--	--

SECTION C: SECTION E-QUESTIONS ASSESSING CAREGIVER “NEEDS”

Needs Assessment of Family Caregivers- Cancer (NAFC-C) tool (NAFC-C: 27 ITEM)

Item 1: How satisfied are you with the help received from the health care staff about your emotional distress (e.g. anger, anxiety, depression, fear, resentment, etc.)

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 2: How satisfied are you with the best possible care for your husband?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 3: How satisfied are you with managing to take care of your husbands’ the health care bills (such as transport to and from hospital, laboratory and imaging investigation charges) for your husband?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 4: How satisfied are you with managing to meet your personal needs as a Spouse?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 5: How satisfied are you with your ability to deal with your emotional distress (e.g. anger, anxiety, depression, fear, resentment, etc.) or do you need extra help?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

If ‘not satisfied’ to question 5, do you need extra help? If so, which emotional help do you need?

Item 6: how satisfied are you with the ability to communicate freely with the medical staff?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 7: How satisfied are you with the insurance coverage for your husband?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 8: How satisfied are you with the help that you get from others in order to take time for yourself?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 9: How satisfied are you the health care staff talking to you about your concerns?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 10: How satisfied are you in getting involved in medical decisions affecting your husband care and treatment?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 11: How satisfied are you in managing to pay for your husbands' medical expenses?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 12: How satisfied are you in taking time off work?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

--	--	--	--	--

Item 13: How satisfied are you in finding meaning out of your experience with your husbands' cancer?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 14: How satisfied are you in getting information about the cancer that your husband was diagnosed with (e.g. prognosis, treatment, side effects and nutrition)

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 15: How satisfied are you in getting together with your family and friends during your husbands' cancer?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 16: How satisfied are you in the health care staff helping you to find meaning out of your husbands' cancer?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 17: How satisfied are you in navigating medical and/or insurance coverage for your husband cancer treatment and care?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 18: Are you satisfied with your relationship with other family members and friends?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 19: How satisfied are you in your ability to manage your husbands' cancer-related pain?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 20: How satisfied are you in your ability to manage your husbands' other cancer-related symptoms (e.g. fatigue, nausea)?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 21: How satisfied are you in balancing work/school with caring for your husband?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 22: Are you being satisfied with your relationship with your husband?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 23: How satisfied are you in reorganizing roles among your family members?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 24: How satisfied are you in having an intimate relationship with him/her your husband?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 25: Are you satisfied in dealing with lifestyle changes?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

If 'Yes' to question 25, which lifestyle changes are they?

Item 26: Are you satisfied in assisting your husbands' daily needs (e.g. preparing meals, transportation, etc.)?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

Item 27: Are you satisfied in being helped to adjust to life after cancer?

Not all satisfied	Slightly satisfied	Moderately satisfied	Very satisfied	Extremely satisfied

We have reached the end, thank you very much for your participation.

Kafukufuku Ka Zigawo (Chichewa)

Chigawo Choyamba: Ziwerengero Zambiri

1. Muli ndi zaka zingati?

--

2. Kodi muli mbanja?

Wosakwatiwa	Wokwatiwa	ofedwa	Wosudzulidwa
-------------	-----------	--------	--------------

3. Kodi muli ndi maphunziro amlingo otani?

Ayi ndilibe maphunziro aliyonse	Maphunziro a pulaimale(1 mpaka 7)	Maphunziro a sekondale(8 mpaka 12)	Maphunziro a pamwamba
---------------------------------	-----------------------------------	------------------------------------	-----------------------

4. Kodi amuna anu ali ndi mutundu bwanji wa khansa?

--

5. Kodi amuna anu ali ndi gawo liti la khansa?

--

6. Kodi amuna anu amalandila munkwala wotani?

--

7. Kodi mpingo wanu wachipembedzo ndi uti?

Katolika	Mpingo wa tsiku la sabbata	Mboni za Yehova	Mipingo ya chipentekosti	Ena(tchulani)
----------	----------------------------	-----------------	--------------------------	---------------

8. Kodi dera lomwe mukukhala ndi lotani?

1.dziko	2.Chigawo	Dela kapena kuti disitilikiti	Mtundu wa dela kwanu ndi wapamwamba,pakati,wosika kapena kumudzi
---------	-----------	-------------------------------	--

CHIGAWO CHACHIWIRI: ZINTHU ZACHUMA

9. Kodi ntchito yanu niyotani?

Kugwira nchito mboma	Kudzilemba nchito/bizinesi	Wopuma pantchito	Osagwira nchito	Zinazache(tchulani)
----------------------	----------------------------	------------------	-----------------	---------------------

10. Kodi mumatenga ndalama zingati pakutha kwa mwezi?

Kuchepera zikwi zisanu	Pakati pa zikwi zitatu ndi zikwi zisanu	Pakati pa chikwi chimodzi ndi zikwi zitatu	Chikwi chimodzi kapena palibe ndalama
------------------------	---	--	---------------------------------------

11. Kodi ndani amene amathandizira kulipira za mankhwala amphamvu komanso njinga zamoto ndizina zofunikira thandizo?

Mthumba	Kagulu kamene kaona za thazi mdziko	Kagulu kapandela	Kukhulupilira mkuchokera ku mabungwe oziimila pa okha	Kabungwe ka ufulu wa anthu	Ena(tchulani)
---------	-------------------------------------	------------------	---	----------------------------	---------------

12. Ndi chithandizo chanji chomwe mukulandila pano?

Thandidzo labanja	Nthandizo kuchoka ku abwenzi	Ndalama	Nthawi yopuma panchito	Uphungu
-------------------	------------------------------	---------	------------------------	---------

CHIGAWO CHACHITATU: MANFUNSO KWA OUNIKA ZACHISAMALIRO

Zosowa kwaounika mumabanja mwa wosamalira khansa

1. kodi munalandilako thandizo kuchokela kwa ogwira nchto zachipatala za maganizo amene amavuta inu chisazo kukalipa,kuyopa,nkhawa,kubvutika maganizo ndizina zache

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

2. Ndikuti komwe mumapeza chisamaliro chabwino kwambiri cha amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

3. Kodi mukukwanitsa kusamalira mabilu azachipatala a amuna anu monga zoyendera kupita ndi kubwerera kuchipatala,labotale ndi zolipiritsa zofufuza za amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

4. Mukukwanitsa kukwaniritsa zosowa zanu ngati okwatirana?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

5. Kodi mumatha kuthana ndi kupsinjika maganizo kwanu monga mkwiyo,nkhawa,kukhumudwa,mantha mkwiyo ndi zina kapena mukufuna thandizo lina?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

6. Kodi mumatha kulankhula momasuka ndi ogwira nchito zachipatala?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

7. Kodi muli ndi inshuwaransi yokwanira kwa amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

8. Kodi mumalandira chithandizo kuchokera kwa ena kuti mukhale ndi nthawi yanu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

9. Kodi azaumoyo akulankhula nanu za nkhwana zanu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

10. Kodi mukutenga nawo mbali pazosankha zamankwala zomwe zimakhuzza chisamaliro ndi chithandizo cha amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

11. Mukukwanitsa kulipirira amuna anu zolipirira zachipatala?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

12. Kodi mukutenga nthawi yopuma pantchito?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

13. Kodi mukupezamo tanthauzo pazomwe mukumana nazo ndi khansa ya amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

14. Kodi mukupeza zambiri za khansa yomwe amuna anu adapezeka nayo chitsanzo matenda, chithandizo, zotsatira zoipa nadi zakudya?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

15. Kodi mukukhala pamodzi ndi banja lanu ndi abwenzi panthawi ya khansa ya amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

16. Kodi ogwila ntchito zachipatala akukuthandizani kuti muziwe tanthauzo la khansa ya amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

17. Kodi mumantha kuyendetsa cithandizo chamankhwala ndi /kapena inshuwaransi ya chithandizo cha khansa ya amuna anu ndi chisamaliro?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

18. Kodi mumakhutitsidwa ndi ubale wanu ndiachibale ndipotso anzanu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

19. Kodi mumatha kuthan ndi ululu wokhudzana ndi khansa ya amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

20. Kodi mumantha kuthana ndi zovuta zina zokhudzana ndi khansa ya amuna eg kutopa ndi nseru?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

21. Kodi mukulinganiza ntchito/sukulu ndi kusamalira mwamuna wanu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

22. Kodi mukukhutitsidwa ndi ubale wanu ndi amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

23. Kodi mukukonzaanso maudindo pakati pa achibale anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

24. Kodi muli ndi ubale wapamtima ndi amuna anu?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

25. Kodi mukukumana ndi kutsintha kwa moyo?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

Ngati inde ku funso nambala 25 kodi nditisntha ziti zomwe azimasintha moyo wanu? _____

26. Kodi mumanthandizira amuna anu tsiku lililonse kukonza chakudya, zoyendera nd zina zake?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

27. Kodi mukuthandizidwa kutimuzolowere moyopambuyopa khansa?

Si onse okhutitsidwa	Kukhutitsidwa pangono	Wapakati wokhutitsidwa	Wokhutitsidwa kwambiri	Wokhutitsidwa mopotsa
----------------------	-----------------------	------------------------	------------------------	-----------------------

Tafika kumapeto zikomo kwambiri chifukwa chotengako mbali.

Kulanganya Hibeela Zioonse (Tonga)

Section A: Myeelwe yabantu

1. Mulaamyaka yongaye...

--

2. Hena mula amuyandwa.

Munyina muyandwa naa	Ino mulikwetwe	Mwakafwidwa naa	Mwakalikhwtwa na
----------------------	----------------	-----------------	------------------

3. Mwakayiya kusikala mugalidi ni?

Lwiiyo litali mu zykilo	Chikolo chabana bachili baniini	Bana bali kugiledi 8 kusika ka 12	Chikolo chapati
-------------------------	---------------------------------	-----------------------------------	-----------------

4. ino balumi banu bali ah kkansa(cancer) ulibati ?

--

5. Bulwazi buchiswa balumi benu kkansa (cancer) buteene achibeelanzi

--

6. Ino balumi balaamusamu nzi?

--

7. Ino mupailila kuchikombelo nzi?

katolika	Nsabata	Johova witness	Bapaila musondo	Amwi-amwi
----------	---------	----------------	-----------------	-----------

8. Mukala kuli .

Chisi	Chikuswe	Chilikiti	Kudolopo kumunzi
-------	----------	-----------	------------------

Section B: Makani abukale - alusumpuko

8. Mubelika kuli?

Mufwulumende	Mulalibelekela	Mwaka koteka	Tamubeleki
--------------	----------------	--------------	------------

9. Hena mumvwulo Mali nzi, hena Mali?

Ayinda kucuulu yosanwe	Cuulu yotatwe acuuu yosanwe	Cuulu yomwe acuuu yotatwe	Kubula mali
------------------------	-----------------------------	---------------------------	-------------

10..Mbaani bamubbadeleda kuchibbadele ayimwi misamu

Ino mbaku kabunga	Na mbababa bagwashilizya bantu bapati	Na mbantu biyo	Na mbapati pati balanganya seba muchisi
-------------------	---------------------------------------	----------------	---

12... Ino mbaani bamugwasha kumakani abuukale

Mweezyinyoko naa	Mugwashi naa	Mali naa	Ciindi cakutaba kuncinto	Mubandi
------------------	--------------	----------	--------------------------	---------

Section C: Mibuzyo agwashilizya balanganya chobayanda

Cha namba 1: Kweendelanya alugwasyo ndomujana kuli basipupampu banseba hena mulakkutula mumakani ajatikizya kupengekana mumizyezyo (eg kulibilika, kuyowa, kuvwa kuusa, azimwi zyintu ziyatikizya mizezo).

Kutakkutula	Kukkutula asyoonto	Kukkutula apati	Kukkutula apati	Kukkutula kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 2. ino mwakachikozya kujana busilisi bulika botu bwabalumi benu

Kutakkutula	Kukkutula asyoonto	Kukkutula apati	Kukkutula apati	Kukkutula kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 3. ino mulachikozya ikujana Mali akuutolezya akuba pilusha . Alimwi azyoonse ziyandika

Kutakkutula	Kukkutula asyoonto	Kukkutula apati	Kukkutula apati	Kukkutula kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 4.ino mulachikozya ikujana zyintu zynomuyanda zyakubelsha mbuli banabukwetene

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 5. Hena mulacikozya kulijata kumakani a kunyema, kuyoowa, kulivwa buumba ambweni muyandika lugwasho.

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Kuti na timwawva kuli mubuzyo wa number 5, hene mulayanda lungwasho lwindilila wawa? Kuti na mbobubo, hena nduli lungwasho lwaluse ndomuya da?

.....

.....

.....

Cha namba 6. Hena mulachikozya kwambaula abama belesi bamuzibandela?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 7. Hena mulijisi chingwashilizo Cha ba lumi benu?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 8. Hena inga mulajana lungwasho kuli Bambi kutengwe mujane ciinde chenu ?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 9 hena inga ba belesi bakwabilika malwazi balamubuzya ma tongosi enu ?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 10. Hena kujila kwa kulikwabilila mwalazi kumiletela twambo nzi abalumi benu na kusilikwa?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 11. Hena mulakutula kubbadeleda balumi benu Mali akuchibbadela

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 12. Hena inga mulabweza ciindi chakupuna kuchito

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 13.hena inga mulabuzya makani ajatikizya bulwanzi bwabalumi benu kumakani amusamu, bubi bucitika banywa musamu, alimwi azuakulya.

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 14. Hena inga bulabwezako makani ajatikizya bulwanzi bwabalumi benu kumani amusamu,bubi buhitika bwanywa musamu alimwi azyakulya

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 15. Hena mubelekela atoomwe amukwashi alimwi abalongwe ciindi nomulanganya balumi beni

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 16.hena kuli babeleshi baseba bamugwashilizya kuzyiba bulwazi buchiswa balumi benu

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 17.Sena mulakonzya kutambula lugwashyo kuzibaka ziyatikizya nseba na zibaka ziyishomezya kugwasha baalumi banu kukusilikwa kalwazi kaitwa buti kkansa kwiinda mukuzonka mali?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 18..hena mulakutula abulogwe bwanu aba mukwasyi alimwi abeenzinyoko.

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 19: Hena inga mwacikozya kubamba baalumi Banu kujatikizya abulwazi kkanza (cancer)?

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 20: Hena inga mwacikozya kubamba baalumi Banu kujatikizya abulwazi kkanza (cancer) amwi matongosi aboola akaambo ka kansa (mbuli, kuvwa kukatala, akuvwa kuluka)?

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 21: Hena mulakozya kujata chinto zyanu/ acikolo alimwi akubamba baalumi banu?

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 22: Hena mulakkutila kuba mucilogwe abaalumi Banu?

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 23.Hena mulabambulula bwaabane bwamilimo mbuli mbomukukala mumukwashi wenu?

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 24:Hena mulaswangana kuzyulu abalumi Banu na abakaintu Banu?

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Cha namba 25: Hena kuli kucinca mubukkale bwanu

Kutakkutila	Kukkutila asyoonto	Kukkutila apati	Kukkutila apati	Kukkutila kapati
-------------	--------------------	-----------------	-----------------	------------------

Kuti bwiiguzyi bwa mubuzyo namba 25, ngu inzya, nkucinca nzi ooku kuli mubukkale?.....

.....

Cha namba 26: Hena Mula bagwasya baalumi Banu muzyintu zyakale (mbuli kubamba cakulya, kweenda azimwi zintu)?

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Cha namba 27: Hena mulajana lugwasho kujatikizya kucinca kwabuumi akaambo kkanza (cancer)

Kutakutula	Kukutula asyoonto	Kukutula apati	Kukutula apati	Kukutula kapati
------------	-------------------	----------------	----------------	-----------------

Twasika kumamanino, twalumba maningi kuti mwatola lubanzu

Appendix 3.2: Semi Structured Interview Schedule

Place of interview:

Date of interview:

Time started: Time ended:

Name of interviewer:

Name of interviewee (optional):

Instructions for the interviewer

- 1) Introduce yourself to the participant.
- 2) Explain the purpose of the participant.
- 3) Assure the participant of confidentiality.
- 4) Obtain an informed consent.
- 5) If the participant decline to take part, do not force them.
- 6) Do not write names on the Semi structured interview schedule.
- 7) Thank the Participant at the end of each interview.

SECTION A: DEMOGRAPHIC DATA

1. How old are you?

2. What is your marital status?

1. single	2. married	3. Widowed	4. Divorced
-----------	------------	------------	-------------

3. What is your level of education?

1. No formal education	2. Primary	3. Secondary	4. Tertiary
------------------------	------------	--------------	-------------

4. What is your husbands' type of cancer?

5. What is your husbands' stage of cancer?

--

6. What treatment is your husbands currently receiving?

--

7. What is your church denomination?

1. Catholic	2. Seventh Day Adventist	3. Jehovah witness	4. Pentecostal churches	5. Others (Specify)
-------------	--------------------------	--------------------	-------------------------	---------------------

SECTION B: SOCIO-ECONOMIC FACTORS

8. What is your occupation?

1. Civil Servant	2. Self-employed/Business	3. Retired	4. Unemployed	5. Other (specify)
------------------	---------------------------	------------	---------------	--------------------

9. How much is your monthly family Income?

1. > k5000	2. K3000 - k5000	4. K1000 - k3000	5. k1000 - No income
------------	------------------	------------------	----------------------

10. Who pays for your chemotherapy and radiation therapy services and other treatment costs?

1. Out of pocket	2. National health insurance	3. Private insurance	4. Faith Based NGO	5. Social welfare	6. Others specifies:
------------------	------------------------------	----------------------	--------------------	-------------------	----------------------

11. What is the area of your residence?

1. Country	2. Province	3. District	4. Type of residential area (Premium, Medium, Low, Village)

12. What social support are you currently receiving?

Family support	Friends' support	Finances	Time off work (leave)	Counseling

SECTION C-UNSTRUCTURED ‘EXPERIENCE’ QUESTIONS

1. What are some of the challenges that you face in caring for your husband with cancer?
2. What are some of the facilitators that you face in caring for your husband with cancer?
3. What are the general experiences that you face in caring for your husbands with cancer?
4. What are your needs as a spouse caring for your husband with cancer?

SECTION D- UNSTRUCTURED ‘COPING STRATEGIES’ QUESTIONS

5. What are the coping strategies that you use while caring for your husbands with cancer?
6. What is the level of support that you have received in your role as caregivers
7. What is the impact of being a carer on your other roles (such as employment or being a mother)
8. What are the social implications of being a carer are (such as entertainments, isolation, seeing friends and finances)

Appendix 4: Ethical Approval letters
Appendix 4.1: Request letter to approve Research

Patience Mbozi
P.O Box 37178
Lusaka
LUSAKA, ZAMBIA

6th August 2021

THE UNIVERSITY OF ZAMBIA
BIOMEDICAL RESEARCH ETHICS COMMITTEE
Ridgeway Campus
P.O. Box 50110
Lusaka, Zambia

Dear Sir/Madam

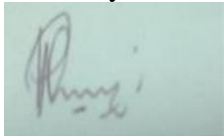
RE: APPLICATION FOR POSTGRADUATE RESEARCH ETHICAL APPROVAL

Reference is made to the above mentioned subject matter. I am writing to seek research ethical approval to conduct the research titled: **“EXPERIENCES, NEEDS AND COPING STRATEGIES OF WOMEN CARING FOR HUSBANDS WITH CANCER AT CANCER DISEASES HOSPITAL IN LUSAKA, ZAMBIA”**.

I have attached the following documents: The research proposal (Study Protocol); Informed voluntary consent form; The patient information sheet; The research budget; The cover letter form the School of Nursing Sciences (assistant dean postgraduate) and The curriculum vitae for my supervisor.

Your positive response will be greatly appreciated

Sincerely,



Patience Mbozi
Phone: 0965376518;
Email: patiencembozi@gmail.com

Appendix 4.2: UNZA BREC Approval letter



UNIVERSITY OF ZAMBIA

BIOMEDICAL RESEARCH ETHICS COMMITTEE

Telephone: 260-1-256067

Ridgeway Campus

Telegrams: UNZA, LUSAKA

P.O. Box 50110

Telex: UNZALU ZA 44370

Lusaka, Zambia

Fax: + 260-1-250753

E-mail: unzarec@unza.zm

Federal Assurance No. FWA00000338

IRB00001131 of IORG0000774

15th September 2021

Your REF. No. 1918-2021

Mrs. Patience Mbozi,

University of Zambia,

School of Nursing Sciences,

P.O Box 50110,

Lusaka.

Dear Mrs. Mbozi,

**RE: “EXPERIENCES, NEEDS AND COPING STRATEGIES OF WOMEN
CARING FOR HUSBANDS WITH CANCER AT CANCER DISEASES
HOSPITAL IN LUSAKA, ZAMBIA” (REF. NO. 1918-2021)**

The above-mentioned research proposal was presented to the Biomedical Research Ethics Committee on 19th July, 2021. The proposal is **approved**. The approval is based on the following documents that were submitted for review:

- a) **Study proposal**
- b) **Questionnaires**
- c) **Participant Consent Form**

APPROVAL NUMBER

: REF. 1918-2021

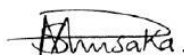
This number should be used on all correspondence, consent forms and documents as appropriate.

- APPROVAL DATE : 15th September 2021**
- TYPE OF APPROVAL : Ordinary**
- EXPIRATION DATE OF APPROVAL : 14th September 2022**

After this date, this project may only continue upon renewal. For purposes of renewal, a progress report on a standard form obtainable from the UNZABREC Offices should be submitted one month before the expiration date for continuing review.

- SERIOUS ADVERSE EVENT REPORTING:** All SAEs and any other serious challenges/problems having to do with participant welfare, participant safety and study integrity must be reported to UNZABREC within 3 working days using standard forms obtainable from UNZABREC.
- MODIFICATIONS:** Prior UNZABREC approval using standard forms obtainable from the UNZABREC Offices is required before implementing any changes in the Protocol (including changes in the consent documents).
- TERMINATION OF STUDY:** On termination of a study, a report has to be submitted to the UNZABREC using standard forms obtainable from the UNZABREC Offices.
- NHRA:** You are advised to obtain final study clearance and approval to conduct research in Zambia from the National Health Research Authority (NHRA) before commencing the research project.
- QUESTIONS:** Please contact the UNZABREC on Telephone No.256067 or by e-mail on unzarec@unza.zm.
- OTHER:** Please be reminded to send in copies of your research findings/results for our records. You are also required to submit electronic copies of your publications in peer-reviewed journals that may emanate from this study. Use the online portal: unza.rhinno.net for further submissions.

Yours sincerely,



Sody Mweetwa Munsaka, BSc. MSc. PhD

CHAIRPERSON

Tel: +260977925304

E-mail: s.munsaka@unza.zm

Appendix 4.3 NHRA Approval Letter



NATIONAL HEALTH RESEARCH AUTHORITY

Paediatric Centre of Excellence, University Teaching
Hospital, P.O. Box 30075, LUSAKA Chalala Office Lot No.
18961/M, Off Kasama Road, P.O. Box 30075, LUSAKA

Tell: +260211 250309 | Email: znhrasec@nhra.org.zm | www.nhra.org.zm

Ref No: NHRA0003/29/09/2021

Date: 29 September 2021

The Principal Investigator,
Ms Patience Mbozi,
University of Zambia,
Lusaka, Zambia.

Dear Ms Mbozi,

Re: Request for Authority to Conduct Research

The National Health Research Authority is in receipt of your request for authority to conduct research titled “**Experiences, Needs and Coping Strategies of Women Caring for Husbands with Cancer at Cancer Diseases Hospital in Lusaka, Zambia**”.

I wish to inform you that following submission of your request to the Authority, our review of the same and in view of the ethical clearance, this study has been **approved** on condition that:

- a) The relevant Provincial and District Medical Officers where the study is being conducted are fully appraised;
- b) Progress updates are provided to NHRA quarterly from the date of commencement of the study;
- c) The final study report is cleared by the NHRA before any publication or dissemination within or outside the country;
- d) After clearance for publication or dissemination by the NHRA, the final study report is shared with all relevant Provincial and District Directors of Health

where the study was being conducted, University leadership, and all key respondents.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Prof. Godfrey Biemba'. The signature is stylized and somewhat abstract, with a large, rounded initial 'G' and a checkmark-like flourish at the end.

Prof. Godfrey Biemba

Director/CEO

National Health Research Authority

Appendix 4.4: Letter requesting permission to conduct research at CDH

Patience Mbozi
University of Zambia,
School of Nursing Science,
Department of Basic and Clinical Nursing Sciences
Lusaka, Zambia

30th September, 2021

The Senior Medical Superintendent,
Cancer Diseases Hospital,
P.O. Box Rw. 51337,
Lusaka, Zambia

Dear Sir,

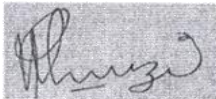
RE: AUTHORITY TO CONDUCT RESEARCH AT CANCER DISEASES HOSPITAL

Reference is made to the above mentioned subject matter. I am writing to seek approval to conduct the research titled: **“EXPERIENCES, NEEDS AND COPING STRATEGIES OF WOMEN CARING FOR HUSBANDS WITH CANCER AT CANCER DISEASES HOSPITAL IN LUSAKA, ZAMBIA”**.

I have attached the following documents: The research proposal (Study Protocol) and Approval letter from UNZA BREC, Approval number: **REF. 1918-2021**.

Your positive response will be greatly appreciated,

Sincerely,



Patience Mbozi
Phone: 0965376518;
Email: patiencembozi@gmail.com

Appendix 4.5: Approval letter from CDH to conduct research at the Institution

*All Correspondence should be addressed to the
Senior Medical Superintendent
Tel/Fax: -260 211 257706*



**REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH
CANCER DISEASES HOSPITAL**

In reply please quote:

MH/CDH/101/14/1

No.

**P.O. Box Rw 51337
LUSAKA**

5th October, 2021

Patience Mbozi,
University of Zambia,
School Of Nursing Sciences,
Department of Basic and Clinical Nursing Sciences,
LUSAKA

Dear Patiences Mbozi,

RE: APPROVAL TO CONDUCT RESEARCH -- YOURSELF

Reference is made to the above subject.

I wish to inform you that the Cancer Diseases Hospital (CDH) has no objection to your request to conduct research at our institution, entitle "**Experiences, Needs and Coping Strategies of Women Caring for Husbands with Cancer at Cancer Diseases Hospital**".

Kindly note that you are required to come with a copy of the ethical clearance letter and a copy of this letter in order for you to proceed with data collection. You are further required to submit your final research findings to Cancer Diseases Hospital through my office for our records.

Yours sincerely,

Dr. Lewis Banda
SENIOR MEDICAL SUPERINTENDENT

Appendix 5: Quantitative and Qualitative Analysis
Appendix 5.1: Quantitative Analysis-Code Book

Codebook		
Age		
	Label	How old are you?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
Variable Codes	1	20-29
	2	30-39
	3	40-49
	4	50-69
	5	70-89
Education		
	Label	What is your level of education?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
Variable Codes	1	No Formal Education
	2	Primary Education
	3	Secondary Education
	4	Tertiary
Marital		
	Label	What is your marital Status?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
Variable Codes	1	Single
	2	Married
	3	Widowed
	4	Divorced
	9	Non response
CancerCategory		
	Label	Cancer Category
	Type	Numeric
	Measurement	Nominal

	Codes	Category
	1	GIT Cancers
Variable Codes	2	Genital-Urinary Cancers
	3	Skin Cancers
	4	Haematological Cancers
	5	Respiratory Cancers
	6	Head & Neck Cancer
	7	Breast Cancer
	8	Others
	CancerStage	
	Label	What is your husbands' stage of cancer?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Stage I
Variable Codes	2	Stage II
	3	Stage III
	4	Stage IV
	5	Unknown
CancerTreatment		
	Label	What treatment is your husbands currently receiving?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Chemotherapy
Variable Codes	2	Radiotherapy
	3	Chemotherapy & Radiotherapy
	4	Surgery
	5	Surgery & Radiotherapy
	6	Palliative
	7	Pre_Treatment
ReligiousDenomination		
Standard Attributes	Label	What is your church denomination?
	Type	Numeric
	Measurement	Nominal

	Codes	Category
	1	Baptist
Variable Codes	2	Jehova's Witnesses
	3	Methodist Church
	4	New Apostollic Church
	5	Pentecostal
	6	Reformed Chuchr
	7	Roman Catholic Church
	8	Salvation Army
	9	Seventh Day Adventist
	10	United Church of Zambia
	11	Muslim
Occupation		
	Label	What is your occupation?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Civil Servant
Variable Codes	2	Self Employed
	3	Others
	4	Retired
	5	Unemployed
Income		
	Label	How much is your monthly family Income?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	< K1,000
Variable Codes	2	K1,000- K3,000
	3	K3,000-K5,000
	4	>K5,000
NonGRZTreatmentCosts		
	Label	Who pays for your chemotherapy and radiation therapy services and other treatment costs?

	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Faith Based
Variable Codes	2	National Health Insurance
	3	Out of Pocket
	4	Private Insurance
	5	Social Welfare
	6	Others
Province		
	Label	What is the province of your residence?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
Variable Codes	1	Central
	2	Copperbelt
	3	Eastern
	4	Luapula
	5	Lusaka
	6	Muchinga
	7	Northern
	8	Northwestern
	10	Western
	9	Southern
SocialSupport		
Standard Attributes	Label	What social support are you currently receiving?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Counselling
Variable Codes	2	Family
	3	Famiy and Counselling
	4	Family and Friends
	5	Family and Leave
	6	Family, Friends and Finances
	7	Family, Friends and Leave
	8	Finances

	9	Friends
	10	Leave
HealthHelp		
Standard Attributes	Label	Did you receive Help from the health care staff about your emotional distress
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
BestCare		
Standard Attributes	Label	Where you able to get the best possible care for your husband?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
HusbandBills		
Standard Attributes	Label	Are you managing to take care of your husbands' health care bills?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

PersonalNeeds		
Standard Attributes	Label	Are you managing to meet your personal needs as a Spouse?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
EmotionalDistress		
Standard Attributes	Label	Are you able to deal with your emotional distress or do you need extra help?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
	Variable Codes	2
3		Moderately Satisfied
4		Very Satisfied
5		Extremely Satisfied
EmotionalHelpNeeded		
Standard Attributes	Label	<none>
	Type	String
	Format	A50
	Measurement	Nominal
	Codes	Category
Variable Codes	Accepted the disease	
	Anger	
	Anxiety	
	Any help will be good	

Church support	emotional
Counselling	
Depression	
emotion help	
Explanation	
family comfort	
financial & psychological help	
financial support	
knowledge on cancer	
NO	
None	
None	
psychologic and physical support	
physical needs	
Prayers	
Prayers & counselling	
prayers and emotional support	
Yes	
yes emotion	
Yes, I am afraid, counselling and prayers can help.	
yes,prayers	

CommunicateMedical

Standard Attributes	Label	Are the able to communicate freely with the medical staff?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

InsuranceCover

Standard Attributes	Label	Do you have enough insurance coverage for your husband?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
HelpFromOthers		
Standard Attributes	Label	Do you get help from others in order to take time for yourself?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
YourConcerns		
Standard Attributes	Label	Are the health care talking to you about his/he your concerns?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
MedicalDecisions		
	Label	<none>

Standard Attributes	Type	String
	Measurement	Nominal
	Codes	Category
Variable Codes	1	
	2	
	3	
	4	
	V	

ManagingToPay

Standard Attributes	Label	Are you managing to pay for your husbands' medical expenses?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

TimeOffWork

Standard Attributes	Label	Are you taking time off work?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

FindingMeaning

Standard Attributes	Label	Are you finding meaning out of your experience with your husbands' cancer?
	Type	Numeric
	Measurement	Nominal

	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
	FamilyUnit	
Standard Attributes	Label	Are you getting together with your family and friends during your husbands' cancer?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
	HealthCareStaffHelp	
Standard Attributes	Label	Are the health care staff helping you to find meaning out of your husbands' cancer?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
	MedicalInsurance	
	Position	32
Standard Attributes	Label	Are you able to navigating medical and/or insurance coverage for your husband cancer treatment and care?
	Type	Numeric
	Format	F12

	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

RelationshipOthers

Standard Attributes	Label	Are you satisfied with your relationship with other family members and friends?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

ManagingPain

Standard Attributes	Label	Are you able to manage your husbands' cancer-related pain?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

ManagingSymptoms

Standard Attributes	Label	Are you able to manage your husbands' other cancer-related symptoms (e.g. fatigue, nausea)?
	Type	Numeric

	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
Balancing		
Standard Attributes	Label	Are you balancing work/school with caring for your husband?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
RelationshipHusband		
Standard Attributes	Label	Are you being satisfied with your relationship with your husband?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
ReorganisingCodess		
Standard Attributes	Label	Are you reorganizing Codess among your family members?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied

	4	Very Satisfied
	5	Extremely Satisfied
IntimateRelationship		
Standard Attributes	Label	Are you having an intimate relationship with him/her your husband?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
LifestyleChanges		
Standard Attributes	Label	Are you dealing with lifestyle changes?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied
HusbandDailyNeeds		
Standard Attributes	Label	Are you assisting your husbands' daily needs (e.g. preparing meals, transportation, etc.)?
	Type	Numeric
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

BeingHelped		
	Position	43
Standard Attributes	Label	Are you being helped to adjust to life after cancer?
	Type	Numeric
	Format	F12
	Measurement	Nominal
	Codes	Category
	1	Not Satisfied
Variable Codes	2	Slightly Satisfied
	3	Moderately Satisfied
	4	Very Satisfied
	5	Extremely Satisfied

Appendix 5.2: Qualitative Analysis- Thematic Analysis

IDENTIFIED AND CATEGORISED THEMES

CHALLENGES			
<p>Hospital admission</p> <p><i>Chemotherapy, they admit us for 3 days</i></p> <p><i>We need to stay in for three days.</i></p> <p><i>They are times you want to come to the hospital,</i></p> <p><i>Because if we keep on staying here what are we going to be eating?</i></p> <p><i>We are ever going to the hospital for his treatment.”</i></p> <p><i>It’s now four months we are away from home yes.</i></p> <p><i>Lying on the bed his not working</i></p> <p><i>Because here we come three times...</i></p> <p><i>Most of the times you find that like this we are in hospital uhmmm</i></p> <p><i>He would say he's scared of been admitted.</i></p> <p><i>He will be there from Thursday sometimes till Saturday</i></p> <p><i>We were admitted in June</i></p> <p><i>We are just eating food from the hospital.</i></p>	<p>Financial challenges</p> <p><i>What to buy becomes a lot for us</i></p> <p><i>He needs a lot of things</i></p> <p><i>maybe this week you will manage but the other week you won't manage</i></p> <p><i>Things are not enough.”</i></p> <p><i>it’s not always that you will have money,</i></p> <p><i>Not have money,</i></p> <p><i>a lot of bills at home,</i></p> <p><i>I have to buy water and</i></p> <p><i>I need money</i></p> <p><i>Pay for electricity</i></p> <p><i>You know loss of finances,</i></p> <p><i>Finances have become a challenge,</i></p> <p><i>We don't have money</i></p> <p><i>if you don't have money, so sometimes if you don't have money they just bring the food you don't like.”</i></p> <p><i>Income also is a challenge</i></p> <p><i>Finances</i></p>	<p>Transportation</p> <p><i>Transport,</i></p> <p><i>A lot like transport,</i></p> <p><i>we have challenges with transport,</i></p> <p><i>To move to and from home to the hospital is a challenge at times</i></p> <p><i>Moving is hard</i></p> <p><i>Mobility</i></p> <p><i>Coming there to Lusaka every time when he's review is due...</i></p> <p><i>also transport</i></p> <p><i>It's it's transport</i></p> <p><i>Uhhh is a problem and transport.</i></p> <p><i>Kikikikiki transport again, we came from far ,</i></p>	<p>Food</p> <p><i>Even food</i></p> <p><i>food, the hospital food is not enough</i></p> <p><i>we need extra money for food</i></p> <p><i>Like the wants to eat this</i></p> <p><i>Food in the hospital is not enough, no proper diet,</i></p> <p><i>Money is a problem for food</i></p> <p><i>it's hard to buy the food</i></p> <p><i>The way we stay at home it's slow</i></p> <p><i>we not able to buy food”</i></p> <p><i>Even eating is a problem</i></p> <p><i>He refuses to eat</i></p>

<p><i>Concerning my work, I stopped because of frequent admissions</i></p>	<p><i>Since I'm here taking care of him, there the house is not being paid for</i> <i>But now money for rent is now hard</i> <i>We don't have money.</i> <i>Money we don't have where to find it.</i> <i>Money... Money there is no</i></p>		
<p>Psychological distress <i>I worry about what they will eat</i> <i>When your friend is complaining you feel sad</i> <i>When he is complaining of pain even me it means it's paining</i> <i>Whenever he's in pain and takes it out on me</i> <i>Mostly it's anger issues my husband</i> <i>And the neck area is very dangerous,</i> <i>We thought no, this want is getting worse, the neck will be cut</i> <i>Been in the hospital those days I was scared</i> <i>And get worried of how they are surviving without us.</i></p>	<p>Child support <i>We also have a school going child,</i> <i>No school fees,</i> <i>Have left young children back home</i> <i>To look after our children</i> <i>Am not able to take care of the children</i> <i>We are away from them the family.</i> <i>I am not found because I have a baby,</i> <i>Baby is 5 months.”</i> <i>Money for the school kids</i> <i>I have children I'm looking after and get worried of how they are surviving without us.</i> <i>uhmm.. I can't even look after my children so</i> <i>we need to take the children to school</i></p>	<p>Loss of sexual interest <i>I don't have any sexual needs</i> <i>Even the feeling of wanting to be with a man it has passed</i></p>	<p>Farming challenges <i>I can't do my farming.</i> <i>Before he would go to the farm but now he can't manage.</i> <i>We used to like going farming the two of us but now like this when your friend is sick it's much easy</i> <i>We used to like going farming the two of us but now like this when your friend</i> <i>I don't farm anymore</i></p>

<p><i>Mentally its affected me and psychologically psychological torture</i></p> <p><i>Affected me mentally</i></p> <p><i>Fear comes in your heart</i></p>	<p><i>I'm greatly affected by the fact that I have a 5 months old baby who needs my attention and</i></p>		
<p>Caregiver accommodation</p> <p><i>Where to sleep,</i></p> <p><i>I just sleep down</i></p>	<p>Career halt</p> <p><i>I can't work like before work,</i></p> <p><i>I cannot do my business</i></p> <p><i>He cannot go for work anymore, i was working doing part time work as a teacher, I have hold on both of us are not going for work it's a challenge</i></p> <p><i>since he started getting sick he does not work mmmh</i></p> <p><i>he doesn't too so income is low nowadays.</i></p> <p><i>but cause all the programs are sleeping... I feel it pains me in my heart a lot,</i></p> <p><i>Great impact on my occupation</i></p> <p><i>I stopped working on my own</i></p>	<p>Health care bills</p> <p><i>Pay for other hospital expenses medicine what is it Mesina, now it has given us a problem, to buy</i></p> <p><i>The drugs are too expensive sometimes we run out</i></p> <p><i>Medicine just,</i></p> <p><i>Buy me medicine</i></p> <p><i>Pharmacy most of the time they don't have drugs</i></p>	<p>Poor hospital environment</p> <p><i>There at the hospital, there is no water</i></p> <p><i>bathrooms maybe there are dirty</i></p> <p><i>my husband is that person who doesn't like dirty</i></p> <p><i>So it is very difficult to go to the toilet</i></p> <p><i>when he finds water on the floor</i></p>
<p>Manage husband's side effects</p> <p><i>How to handle my husband when experiences pain.</i></p> <p><i>staying with someone who is sick</i></p> <p><i>When his out of the hospital he becomes very weak with the drugs</i></p>	<p>Lifestyle changes</p> <p><i>Lifestyle (the way we stay) at home</i></p> <p><i>I have learnt it's hard when your friend is sick it's hard</i></p> <p><i>life here is hard</i></p> <p><i>-Life has become hard because</i></p>	<p>Uncertainties about the condition</p> <p><i>didn't know we thought he had gases</i></p> <p><i>the way the stomach is paining</i></p> <p><i>Found out it was colon cancer.</i></p> <p><i>Uncertainties of the outcome</i></p>	<p>Caregiving burden</p> <p><i>Because most of the time it's me who washes it cleans</i></p> <p><i>He was working so now that his sick, they is nothing I can do but take care of him , am the only one</i></p>

<p><i>Yes there is chemo, tramadol lecovoline medication Side effects of chemotherapy,</i></p>		<p><i>I wonder if my husband will ever be cured medical</i></p>	<p><i>that can do that because his not able to do when he gets sick I'm never free, he is not able to carry anything, bathing I bath him so I just stopped I can't live the house, and leave him alone,</i></p>
<p>Spiritual distress <i>Now I say God this condition is becoming too much It's only God who knows There is also my husband it's a pain also. Spiritually I'm affected</i></p>			
<p>FACILITATORS</p>			
<p>Increase in cancer knowledge <i>learn what cancer is, the treatments You maybe covid learning about cancer, how cancer starts, if you haven't treated it early like the way he has colon cancer learning we are even learning the medication Learnt a lot about cancer learnt about a lot of things,</i></p>	<p>Strong marital relationship <i>our relationship is strong Because am always with him I do everything for him I take care of where we sleep, how to wash hands, I have gotten to spend more time with my husband At home we are busy with other things, rather than us. As a wife if when you are near your husband you feel comforted</i></p>	<p>Knowledge increase in hygiene <i>Learnt a lot about hygiene Taking care of the patient, the patient has to be clean. Cleaning in the hospital</i></p>	<p>Positive outlook (hope) despite the current circumstances <i>all I want is for us to find a solution So that we go home and not something negative All I want is for my partner to get well,</i></p>

	<p><i>As a wife if when you are near your husband you feel comforted</i> <i>We have become closer than before with my husband</i></p>		
<p>Good relationships with Health care workers <i>You medical personnel a jovial</i> <i>Medical personnel a jovial and then just the care you give and</i> <i>Getting along with you medical personnel, I get along very well with you medical personnel</i></p>	<p>Support from others <i>other bed siders a very helpful when I'm not around when my patient want something like water or he's on a drip</i></p>	<p>Good hospital environment <i>the place is clean there,</i> <i>the beddings sometimes they come and do the bed the nurses,</i></p>	<p>Tolerance and perseverance <i>Getting getting upset you see so as a bedside</i> <i>Learned to treat everyone equally</i> <i>Also as we all came from different places and backgrounds.</i> <i>learnt a lot because Sometimes he can irritated, sometimes stubborn, sometimes wakes up angry.so I just take him like a baby</i> <i>Like who was so difficult when I was taking care of him</i> <i>Caring for a patient...yes...yes dealing with tantrums for sure.</i> <i>How to manage any anger issues</i> <i>When you are caring for a patient you have to be patience as well</i> <i>try to give him what he wants like this when he needs that I help him just</i> <i>then I try by all means not to get my husband upset</i> <i>I would miss a slap sometimes</i></p>

			<p><i>for his sake and try to stay calm</i> <i>for his sake and try to stay calm</i> <i>for his sake and try to stay calm</i></p>
<p>Role changes <i>Because that one is my helper, now he's sick, you you are there, so who is going to help, so who is going to help me I can't help, a man helps isn't it</i> <i>Where he goes he brings something now like this is nothing no...</i> <i>He doesn't have time to work and provide for us anymore yes</i> <i>When you have someone who was active doing all the jobs he dropped them</i> <i>Take care of my family when someone is not working can people love you...</i></p>	<p>New perspectives about life occurrences <i>Looking after patients</i> <i>I am learning new things every day.</i> <i>I have adapted to that, those days I was so so scared to stay in the hospital</i> <i>Different problems here at the hospital where I came.</i></p>	<p>Nothing <i>no nothing</i> <i>I didn't learn anything</i> <i>... There is no support from his workplace also.</i> <i>No impact because I manage to do all my personal things,</i> <i>We are not doing anything so even children they are just home.</i> <i>We have no support from anyone no</i> <i>I don't get any support from anyone</i></p>	<p>Resilience <i>I have become stronger than I was, as a mother</i> <i>I have to look after my children</i></p>
NEEDS OF SPOUSES			
<p>Inability to continue their businesses <i>Business so, business it's like it's at a standstill</i> <i>Things like my business, I can no longer do that even back home</i></p>	<p>Need to go back for work <i>Yes I need to go back for work</i> <i>Needs are to go back for work.</i> <i>I don't go for work</i> <i>part time job</i></p>	<p>Rentals and household expenses <i>Again rentals</i> <i>I pay house rentals for those 2 months</i></p>	<p>Support for food <i>Again food prices have gone up</i> <i>Again money for food..</i> <i>I don't have anything to eat</i> <i>Food</i> <i>Buy me food</i></p>

<p><i>They is nothing like gaining for business.</i> <i>I want to go back to my business</i> <i>Am not able to go for work</i> <i>Always there I can't go for work</i> <i>am always there by his bed side</i> <i>Of going to do business is affecting me yes...</i> <i>I can continue with business</i> <i>I am not able to do business,</i> <i>My business is down even the capital we ate it</i></p>			<p><i>well-wishers give me some food</i></p>
<p>Sexual intimacy <i>I need sex also cause from the time he got sick I couldn't have sexual pleasure</i> <i>We cannot meet as husband and wife, you know what I mean</i> <i>I am not able to have sexual intercourse with my husband as at now</i> <i>I want my husband's to perform his duties sexually as it is affecting me greatly</i></p>	<p>Attend Social gatherings <i>At church I miss him a lot,</i> <i>Am am not able to go to church</i> <i>To go to church something like that.</i> <i>I have church needs</i> <i>I also need to go to church</i> <i>I also don't go to Church,</i> <i>I would to start going to church.</i> <i>I can't go to church anymore.</i> <i>I can't go to church,</i> <i>we don't come out to go to church.</i> <i>I can't go to church,</i> <i>... I don't attend church</i></p>	<p>Time off from sickness to socialize with friends <i>I want to socialize with my friends and family like I used to before</i> <i>you know to go out to socialize be with my friends</i> <i>So I can't leave him alone at home.am not able to visit my family and friends</i> <i>Then am not able to move out helping to come and be at the bedside</i></p>	<p>Financial support <i>I need money to meet our needs in hospital,</i> <i>I need finances and shelter</i> <i>My need is financial, on finances</i> <i>Obviously it's all about finances I need to have money</i> <i>I also need finances</i> <i>I want those at home to help me if they find money</i></p>
<p>Overburdened with other things <i>My mother is having stroke in the village</i></p>		<p>Need to know about the problem <i>Want to know what the problem is</i></p>	<p>Psychosocial counseling <i>I need counselling</i> Encouragement</p>

<p><i>for them to help you, you find maybe they have their own problem</i></p>		<p><i>I just want to know what the problem is No no one has explained Them to the hospital you will know what the problem is. you need to bring them to the hospital so Personnel they don't give me satisfying answers.</i></p>	<p><i>I need encouragement as well when we started encouraging each other let's not give up God</i></p>
<p>COPING STRATEGIES</p>			
<p>Food <i>Most especially with food, good diet</i></p>	<p>Spiritual support from spiritual carers <i>Talk to our pastor and have hope I, I also try to be happy for him Bible giving him encouragement yes, copying by encouragement Please may leader help me pray on that he will give me word of encouragement when I feel astray us as new apostlic we have leaders in our church I call my leader uhmmm We get support and encouragement from all angles</i></p>	<p>Prayer and meditation <i>when he prays for us I feel better I just pray I pray we also pray, I also pray For sure praying... because when I have prayed I feel at least I just pray . I also so pray Its prayer And pray in homes, in churches Well I seat alone and meditate</i></p>	<p>Story telling <i>when am not very ill I tell her stories and Support from family and friends.</i></p>
<p>Good marital relationship</p>	<p>Ignoring</p>	<p>Friendship and family support</p>	<p>Music</p>

<p><i>we go for walk with my husband just outside,</i></p>	<p><i>I just ignore it, im used I just ignore</i></p>	<p><i>I also talk to my family and they encourage me Our friends also call to strengthen us from time to time.. I just called his family that's all people</i></p>	<p><i>worship it helps me to cope with the care I sing for my husband church songs as he loves ... I sing gospel music put on Christian channels, TV and at listen to music from the phone</i></p>
<p>THE LEVEL OF SUPPORT</p>			
<p><i>family, Yes from the family, family my sister will help also my brother in law, the children we call the children to ask them to send money to help Family members has money they give us to buy food, even medicine they buy if they</i></p>	<p><i>Church church</i></p>	<p><i>friends From the church it's not much. friends</i></p>	<p><i>not all all that most of the family, friends and church have been there</i></p>
<p><i>His work place they helped to get the c t scanning, that's all. Yes they do support</i></p>			
<p>IMPACT OF BEING A CARER ON YOUR OTHER ROLES (SUCH AS EMPLOYMENT OR BEING A MOTHER)</p>			

<p>Financial constraint</p> <p><i>I need finances and shelter.</i></p>	<p>Everything has stopped</p> <p><i>Everything has come to a standstill</i></p> <p><i>I stopped everything</i></p> <p><i>you can't do anything because you have someone who is sick it's a very big challenge really affected the psychologically</i></p> <p><i>I feel really bad because I see the pain he goes through</i></p> <p><i>I don't feel good, I also feel like am sick, it affects me</i></p> <p><i>It has also disturbed the plans we had because right now we are supposed to be helping the family working</i></p> <p><i>if you want to go to school you can't</i></p>	<p>A negative impact on social life</p> <p><i>I can't visit my friends nor see them</i></p> <p><i>I can't visit family</i></p> <p><i>I don't normally go to church,</i></p> <p><i>I don't manage to visits family,</i></p> <p><i>I can't tell any entertainment sprees like I used to</i></p> <p><i>.. I don't visit my friends and family</i></p> <p><i>I can no longer enjoying my social life like going to church to sing in the choir</i></p> <p><i>Do others daily activities as I have to look after my husband.</i></p> <p><i>There is no entertainment,</i></p> <p><i>I miss my friends,</i></p> <p><i>I don't go anywhere</i></p> <p><i>I can't socialize with my friends,</i></p> <p><i>I'm no longer found with my friends</i></p> <p><i>On social,I can say am not doing anything.</i></p> <p><i>Since my husband got sick I stopped even the club.</i></p> <p><i>, I can't go anywhere</i></p> <p><i>Not even funerals</i></p>	<p><i>I can't do anything</i></p> <p><i>We are just alone.</i></p> <p><i>I'm just found with my husband at home</i></p> <p><i>I'm being isolated,</i></p>
---	--	---	---