

Abstract

Cancer is among the leading causes of death globally claiming about 9.6 million deaths in 2018. Despite advancing technology in conventional methods of cancer diagnosis and treatment, some patients may not access the services since they are expensive and not readily available. In addition, these patients could be desperate to manage the disease, hence they may result to use of complementary and alternative medicine (CAM) within their reach in order to improve their quality of life. However, it is unknown in Kenya including Meru County whether cancer patients use complementary and alternative medicine despite using the conventional/ western treatment to manage the disease. Hence, the objectives of this study were; to find out the level of CAM use, identify the sources of information and suppliers of CAM and determine the perceived effects among cancer patients using CAM. Descriptive cross-sectional study design was used. A researcher administered questionnaire was used to obtain data among 117 participants attending Meru Hospice. Data was used cleaned, coded and entered in statistical package of social sciences (SPSS) version 22 for running of results and presented in tables and figures. Chi-square test was applied to identify the relationship between categorical data and use of CAM and a p- value of <0.05 was considered significant. It was established that most cancer affected GIT, head and neck, breast, cervix and prostate. Diagnosis of cancer was mostly done when in stage II and III. Over 79.3% of the respondents had been ill for 36 months and below. Only 15% of participants had family history of cancer. Almost half 47.9% of the respondents were using CAM mainly with hope to cure cancer, 78.6%. There was association between use of CAM with social-demographic factors such as gender, age, highest level of education, total household income, location of residence and marital status. Lack of knowledge on CAM was the main reason of not using CAM among none-CAM users. Spiritual therapy, vitamins and supplements and local / traditional herbs were commonly used CAM. Most respondents 85.7% started using CAM after diagnosis of cancer and mostly used it on a daily basis 46.4%. About half (52%) of CAM-users had disclosed to the HCP mainly to find out about drug-drug interactions. Failure to disclose was mainly due to fear of HCP'S reaction. Friends and family members were the major source of information on CAM. However, church elders/pastors, local chemist and herbalist were the most common suppliers of CAM-used by respondents. Improved health and ability to cope with the disease (=16) were the most frequent perceived benefits reported by CAM-users. None of the CAM-users reported any adverse/side effects observed after use of CAM. This

study confirms that cancer patients in Meru County use complementary medicine mainly spiritual therapy, vitamins and mineral supplementary with hope to cure the disease. Health care provider should pay attention to use of CAM while taking history from patients and advice accordingly. Meru county government should regulate all CAM products that are accessible to the public and ensure the providers are well trained and registered. There is need for a longitudinal study to compare the quality of life between CAM-users and non-users.