Information Needs of Working Class Women in Early Detection of Kidney Problem in Anambra State, Nigeria

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Abstract

The research is a study of information needs of working class women in early detection of kidney problem. The study adopted descriptive survey research design. The sample size consisted of seven hundred (700) respondents selected through proportionate stratified random sampling technique. Data obtained were analyzed using percentages and mean ratings. The major findings indicated that working class women still have need for information on early detection measures; especially low awareness on general facts about kidney problem. Working class women access information on kidney problem mainly through, television programme, radio programme, daily newspaper, telephone messages and internet. Working class women prefer certain media for effective information access on kidney problem such as internet, television programme,and library. The hindering factors on access to kidney problem information are all related to low priority given to the existence of such information on kidney problem, ignorance, inadequate information mechanism, lack of awareness on the existence of such information. The study recommends among others that creating awareness on kidney problem by the Federal Government and other significant bodies will ensure public awareness and mobilization for early detection or symptoms related to kidney problem.

Keywords: Early Detection, Kidney problem Awareness, Information Needs, Working class Women.

Introduction

Kidney problem is a major determinant factor responsible for the development and increased rate of vascular disease and cardiovascular death among people in the world, including Nigeria. However, The World Health Report (2002) and Global Burden of disease project report (2006) show that diseases of the kidney contribute to the global burden of diseases resulting to approximately 850,000 deaths every year and according

to statistics presented by the International Society of Nephrology (ISN) in (2010), about 20 percent of Nigerians have kidney problem.

The National Kidney Foundation (2002) estimates that 20 million Americans have kidney problem and at least 20 million additional people have an increased risk. In developing countries like Nigeria, the prevalence of renal diseases is not known. Recent revelation by the National Association of Nephrology showed that an estimated 30 million Nigerians suffer from kidney problem. This is indeed a worrisome and sad story from our health sector which must be highlighted in the interest of those who may wish to know, if something is not urgently done, may come down with this delineating disease because kidney diseases are "silent killers". This disease can bring down Nigerians in their prime; because it is one of the major causes of sudden deaths in the country (Muanya, 2003). Kidney failure makes headlines mainly for two reasons:-when it afflicts the famous or a public figure as well as the poor, clarion calls is made on the mass media especially the television. It is a preventable disease that causes suffering and economic ruins to many.

The National Kidney Foundation (NKF) Kidney Disease Outcome Quality Initiative (K/DOQI, 2002) defines Chronic Kidney Disease as "the presence of kidney damage or decreased level (30% -40% or below) of kidney function maintained for 3 months or more, irrespective of a primary diagnosis". This definition is intended to account for all conditions that affect the kidney and have the potential to cause either progressive loss of kidney function or complications resulting from a decreased level of kidney function. Kidney problem is defined as gradual reduction in renal function, manifesting itself as a permanent reduction in glomerular filtration rate (GFR) (National Kidney Foundation, 2002). In addition, Kidney Foundation of Canada (2015) defines kidney problem as a variety of diseases and disorders that affect the kidney. Most diseases of the kidney attack the filtering units of the kidneys-the nephrons and damage their ability to eliminate wastes and excess fluids. Kidney or renal disease means that the kidneys are damaged and can't filter blood well. This damage can cause wastes to build up in the body. It can also cause other problems that can harm one's health. For most people, kidney damage occurs slowly over many years, often due to diabetes or high blood pressure, this is called chronic kidney disease. When someone has a sudden change in kidney function—because of illness, or injury, or have taken certain medications—this is called acute kidney injury. This can occur in a person with normal kidneys or in someone who already has kidney problems. According to the report of the National Kidney Foundation, kidney disease is a growing problem (National Kidney Disease Education Program, 2012).

Researchers such as Chan, Dall,Fletcher,Lu, and Trivedi (2007), McDonald and Excell(2007) note that many international guidelines have been produced about kidney problem which recognized that early kidney problem affects a large proportion of the

population. They also indicate appropriate detection and management of this condition at early stages may reduce the number of patients progressing to end stage kidney problem (ESKD) or dying prematurely from cardiovascular disease. However, they regret that studies show that late referrals of patients with kidney problem to nephrologists result in poorer outcomes, less opportunity for renal protection and inadequate time to prepare for renal replacement therapy. In Nigeria, about a quarter of all patients present to their nephrologists for kidney failure less than 90 days before starting dialysis (National Kidney Foundation, 2002). National Institute for Health and care Excellence (2014) asserts that the disease is usually asymptomatic, but it is detectable, it also stresses that the tests for detecting kidney diseases are both simple and freely available. There is evidence that the treatment can prevent or delay the progression of kidney problem, reduce or prevent the development of complications as well as reduce the risk of occurrence of cardiovascular disease. However, because of a lack of specific symptoms people with kidney disease are often not diagnosed, or diagnosed late when kidney disease has reached an advanced stage. **It is in line with this that the National Kidney Foundation (2003) maintains that simple laboratory tests such as urinalysis, which checks for protein and blood in the urine, are useful in detecting kidney damage at an early stage. A blood test indicating the serum creatinine level is often used as a simple measure of kidney function. It may indicate a decrease in kidney function long before any other signs become noticeable. (Kidney Foundation of Canada, 2015).**

Major causes of Kidney Problem

The damage associated with kidney disease occurs in and around the glomeruli, the tiny spherical vessels that serve as the blood – filtering units of the nephrons. If the filtering efficiency of the glomeruli diminishes, then key proteins (needed by the body) are lost to the urine. As the disease progresses, the kidneys lose their ability to remove waste products, including creatinine (which is the breakdown product of phosphocreatine, an important energy store in skeletal muscle) as well as blood urea nitrogen (BUN) from the blood. Symptoms often do not appear until the late stages of the disease, when kidney failure is a clear and present danger. The National Kidney Foundation (NKF, 2002) includes a list of warning signs for kidney disease including, high blood pressure, blood or protein in the urine, abnormal lab results, such as high creatinine or blood in urea nitrogen (BUN) or low glomerular filtration rate(GFR). The National Kidney Disease Education Program (NKDEP, 2014) found that certain groups present a higher risk including those with diabetes or high blood pressure or a family history of kidney disease.In the view of Striker (2007) kidney problems could be categorized as congenital, inflammatory, hereditary, and infection-related or metabolic diseases (such as diabetes mellitus), toxins or drugs, circulatory collapse and cancer. National Association of Nephrology(2013) added that another contributing factor to kidney

problem and failure is the indiscriminate use of herbs, drugs and certain creams. Moreover, scientists under the aegis of Micotoxicology Society of Nigeria (MSN, 2013) have blamed increasing cases of kidney and liver failures on the consumption of fungal contaminated food. Where the problem of kidney is stones, the victim may not have been drinking enough water to flush the system especially during hot weather, which induces a lot of sweating and water loss on the other hand. According to Safra (2005) often times, the stones are large enough to impair normal renal function. Renal stones, if large can obstruct the out flow of urine, cause infection and create spasms in the renal tubules, a condition known as "renal colic". Another contributing factor according to Ulasi, Ijeoma, Okoye and Ifebunandu (2009) is that people (including women) in developing countries adopt unhealthy western lifestyle which predisposes them to non-communicable diseases. Ajayi (2013) also points out that people(including women) do not keep fit by exercising, keeping their weight in check, stopping smoking, cutting down on excessive salt intake and drinking water instead of those other things. According to Kidney Cancer Archives/Health Exchange (2016) cancer of the kidney occurs mainly in two age groups-the very young and those over 50 years of age. Tumors found in the young include the most common type called Wilms tumor, are often bilateral composed of fetal tissues and may grow to a large size before detection.

Information Needs and Kidney Problem Awareness

Information is no doubt an integral part of man's daily activities and existence. It is a general purpose resource for all.Olabisi (2001) opines that reliable information is the cornerstone for building the awareness, expertise and practical strategies necessary to improve the world as its health, physical, technical, mental, social and scientific development of humanity. Information need according to Issa, Igwe and Uzuegbu (2013) simply refers to the information requirement of an individual. In the case of working class women they need to have access to information resources that provide timely health information in an efficient and accessible manner. Information is among the most crucial requirements of human life. It can be perceived differently by people. Government functionaries, administrators, businessmen, traders, scientists, academics, information professionals and even the ordinary men in the street view information from their own occupational perspective or standpoints(Ifidon & Ifidon,2008).

Information is that which one has that is useful for decision making; it illuminates and removes fears and doubt, anxiety and ignorance (Nworu & Okeiyi, 2014). Lack of awareness of kidney disease seems to be the major hindrance to its early detection among working class women. They are in need of appropriate and adequately packaged kidney problem information which includes risk factors, its early warning signs, and early detection measures, that could guide them on staying out of the disease as well as its early detection. All effort to massively combat the kidney problem surge, its advancement and mortality rates among working class women may prove abortive if

their information needs in this respect are not identified and adequately met. Apata and Ogunrewo (2010) corroborates as they stress that information as an important tool in the realization of any objective or goal set by individual or organization and a valuable resource required in any society. Uhegbu (2001) regrettably points out that lack of adequate and relevant information has impacted negatively on any developmental process.

National Kidney Foundation (2002), American Society of Clinical Oncology (ASCO, 2015) and Nigerian Association of Nephrology (2013) state that knowing about your kidney and kidney problem will help you detect the symptoms and see your doctor sooner rather than later. Kidney problem often develop slowly, so one may have kidney problem for some time before one notices any symptoms. Hence some working class women may have a more progressive kidney problem which needs to be treated quickly to prevent it from progressing to End Stage kidney problem. National Kidney Foundation (2002) concludes that routine check-ups and screening should be done yearly based on working class women level of risk, overall health and life expectancy, as well as the desire for eventual treatment if diagnosed with kidney problem.

National Kidney Foundation (2016) outlines possible signs that suggests that someone may have kidney disease: tiredness, trouble concentrating, trouble sleeping, dry and itchy skin, urinate more often, blood in the urine, urine is foamy, puffiness around the eyes, swollen ankles and feet, poor appetite, muscles cramping especially at night, lower back pain, protein in urine, difficulty or pain while urinating, extreme fatigue, anemia and generalized weakness, feeling cold all the time, ammonia breath and metallic taste, nausea and vomiting, shortness of breath. In the view of Nordqvist (2016)anemia, blood in urine, dark urine, decreased mental alertness, decreased urine output, edema - swollen feet, hands and ankles, fatigue (tiredness), hypertension (high blood pressure), insomnia, itchy skin can become persistent, loss of appetite, more frequent urination especially at night, muscle cramps, muscle twitches, nausea, pain on the side or mid to lower back, panting (shortness of breath), protein in urine, sudden change in bodyweight, unexplained headaches.

This clearly indicates that information is indeed power and the dissemination of such information is important and in line with the saying that “prevention is better than cure” (Azubuike, 2000). The information to be disseminated must however be shaped to accurately convey meaningful message, be culturally and linguistically appropriate and in plain language (Konidis, 2012). The spread of information is obviously taking its full course in this era of information explosion and in agreement with this, Ilo and Adeyemi (2010) points out that the ability to generate and spread information is usually not a challenge rather, it is linking the information generated to the people's need so asto live a better life, that often proves difficult in most cases. In an information rich-world, the

wealth of information implies the dearth of something else in that information (Anderson &Gladwell, 2009) and Cowling (2011) describes such lack as the relevance of information.Therefore, if working class women would make out time to visit a hospital and do medical checkup, which include regular blood pressure checks, urine test, blood sugar test and a certain test for kidney function, kidney failure will be prevented(Onyebuchi,2013).

Working Class Women

In Nigeria, Africa's largest and most populous country, more women are engaging in work than ever before. By 2011, more than half (57%) of women 15-64 years old were in some form of employment or the other (The World Bank, 2016). Furthermore, Jobs for women can be "jobs for development" in that they can increase the growth now and for the future, give women more control over their lives and those of their family as well as foster investment in skills and health. Jobs define much of who we are and how we live and when Nigerian women engage in work, they are likely to develop a stronger say in their destiny. Womenfolk are involved in various aspects of work as professionals, Para-professionals, artisans and so on (Adebayo, 2011).

These women are described as those whose legal status and classification are that of someone in employment as an employee. In practice, most classifications of employment status inofficial statisticsexpand this simple two-fold distinction into a fuller typology which identifies large employers, small employers and so on. In addition Kernerman (2010) defines working women as women who earns a salary, wages or other income through regular employment, usually outside the home. It could also be a woman employed in manual or industrial labor.

Purpose of the study

The study specifically intends to:

1) Identify the information needs of working class women in early detection of kidney problem in Onitsha North and Onitsha South LGA.
2) Ascertain existing awareness on kidney problem among the working class women in Onitsha North and Onitsha South LGA.
3) Ascertain the media through which working class women access kidney problem information.
4) Find out the preferred media for effective information access on kidney problem for working class women in Onitsha North and Onitsha South LGA.
5) Find out the factors which hinder the working class women from accessing kidney problem information in Onitsha North and Onitsha South LGA.

Research Questions

The following research questions guided the study:

1. What are the information needs of working class women in early detection of kidney problem in Onitsha North and Onitsha South LGA?
2. What is the existing awareness on kidney problem among the working class women?
3. Through what media are kidney problem information accessed by working class women in Onitsha North and Onitsha South LGA?
4. What are the preferred media of information access on kidney problem in Onitsha South and Onitsha North LGA?
5. What are the hindrances of working class women in accessing kidney problem information?

Method

The descriptive survey research design was adopted in this study. The study was conducted in Onitsha North Local Government and Onitsha South Local government Areas of Anambra State. The sample for the study comprised seven hundred (700) working class women drawn from the population of 14,002 of working class women in the following occupation (teachers, librarians, lawyers, medical practitioners, police force and military force). Proportionate stratified random sampling technique was adopted to ensure that sub-groups in the population participated in the study in the same proportion as they existed in the population. The instrument used for the collection of data was questionnaire. Data obtained from the study were analyzed using descriptive statistics; percentage and mean.

Results

Research Question 1: What are the information needs of working class women in early detection of kidney problem in Onitsha North and Onitsha South LGA?

Table 1: Information needs of working class women in early detection of kidney problem.

S/N	Items	Mean	Remarks
1.	Kidney problem is suspected when there is problem in passing urine, especially at night	2.73	Agree
2.	Painful and blood in the urine can be related to kidney problem	3.11	Agree
3.	Getting up more often at night to urinate is to be worried about	2.81	Agree

4.	Swelling of legs and other parts of th e body may be a sign of kidney problem	3.45	Agree
5.	Sometimes, kidney problem may come up with the sign of diabetes or high blood pressure	3.12	Agree
6.	Sever pain from the ribs down to the abdomen and thigh may be a sign of kidney problem.	2.92	Agree
7.	Weakness or numbness in the leg or feet is a sign of early development of kidney problem.	2.89	Agree
8.	In kidney problem early detection, regular clinical kidney examination is very important.	3.73	Agree
9.	A woman who discovers any abnormal signs-with any of her organs should not delay in reporting to the doctor	3.60	Agree
10.	Dry and itchy skin can be related to kidney problem	2.49	Disagree

From Table 1, working class women need crtical information on one (1) out of the 10 information required for early detection of kidney problem. The aspect of information needed for early detection of kidney problem include gaining more knowledge on possible signs of kidney problems such as dry and itchy skin (Mean = 2.49). Although the respondents seem to have exhibited moderate knowledge on the areas as shown by their mean rating of 2.50 and above in items 1 to 9. These show that they agreed with all the positive statements towards early detection of kidney problem.

Research Question 2: What is the existing awareness on kidney problem among the working class women?

Table 2: Mean rating of respondents on the awareness on kidney problems

S/N	Items	Mean	Remarks
1.	There are chances of any developing kidney problem at any age	2.77	Agree
2.	Kidney problem can be prevented in any working class woman if it is detec ted early and given appropriate medical treatment	2.89	Agree
3.	Dietary habit of any working class woman may increase or reduce the chances of developing kidney problem.	2.53	Agree

4.	Hypertension and diabetes are health problems that could lead to the devel opment of kidney problem.	2.55	Agree
5.	Any women who is obese or consumes high - fatty food with little or no fruits and vegetables may develop kidney problem.	2.53	Agree
6.	High intake of alcohol and smoking leads to the development of kidney problem.	2.89	Agree
7.	Every working class woman need to go for routine medical check -up at least once every year for early detection of kidney problem.	2.90	Agree
8.	As a woman's age increases, her chances of developing kidney problem also increase.	2.00	Disagree
9.	Any u nusual difficulties with the urination e.g blood or pain during urination may be an early sign of kidney problem	2.28	Disagree
10.	It is not usually easy for any working class woman to detect most of the signs related to kidney problem before it gets too lat e	2.19	Disagree
11.	It is good for any working class woman to go to a chemist and buy drugs to cure any abnormal sign she noticed.	2.11	Disagree
12.	Kidney problem is mostly difficult to treat at its early stages of development	2.06	Disagree

Table 2, reveals that respondents are aware of the seven information out of the 12 areas of kidney problems. These include items 1-7 with mean rating 2.50 and above. However, the respondents do not have sufficient awareness on five out of the 12 information on kidney problems as indicated by their mean ratings, namely; as a woman age increases the chances of getting kidney problem also increases (mean 2.00); any unusual difficulties with the urination e.g blood or pain during urination may be an early sign of kidney problem (mean = 2.28); it is not usually easy for any working class woman to detect most of the abnormal signs related to kidney problem before it gets too late (mean=2.19); it is good for any working class woman to go to a chemist and buy drugs to cure any abnormal sign she noticed (mean=2.11); kidney problem is mostly difficult to treat at its early stages of development (mean =2.06).

Research Question 3: Through what media are kidney problem information accessed by working class women in Onitsha North and Onitsha South LGA?

Table 3: Frequency and percentage on the various media through which kidney problem information are accessed

S/N	Items	Applicable %	Not Applicable %
1.	Internet	79.9	20.1
2.	Television programmes	85.4	14.6
3.	Telephone Messages	53.3	46.7
4.	Public Library Center	51.0	49.0
5.	Health Center or Hospital	84.4	15.6
6.	Community Based Kidney Problem Center	67.7	32.3
7.	Radio Programmes	85.9	14.1
8.	Town Hall Meetings	40.4	59.6
9.	Daily News Papers	72.6	27.4
10.	Handbills, Flyers or leaflets	58.4	41.6
11.	Roadside Poster and Sign-board Information Display	59.6	40.4
12.	Public Outreach Campaigned	61.4	38.6
13.	Women's Group Mee tings	63.6	36.4
14.	Church meetings	57.3	42.7

From Table 3, radio programs, television programmes, health center or hospital internet, daily news newspapers; community based kidney problem center group meetings public outreach campaigned roadside posters and sign-board information display telephone messages, roadside posters and sign-board information display handbills, flayers or leaflets,women church meetings public library center (51.0%) are the major media through which kidney problem information are accessed by working class women. However, town hall meetings which was endorsed by 40.4% of the respondents is the least used medium through which kidney problem information is accessed by working class women.

Research Question 4:
What are the preferred media of information access on kidney problem in Onitsha South and Onitsha North LGA?

Table 4: Frequency and percentage on the preferred media of information access on kidney problem

S/N	Items	Preferable %	Not preferable %
1.	Church meetings	52.1	47.9
2.	Women's group meetings	66.7	33.3
3.	Town hall meetings	41.6	58.4
4.	Public library	53.4	46.6
5.	Health centre or hospitals	90.0	10.0
6.	Community-based kidney problem centre	82.1	17.9
7.	Radio programmes	85.6	14.4
8.	Telephone messages	56.6	43.4
9.	Daily newspapers	71.7	28.3
10.	Handbill, flyers or leaflets	62.3	37.
11.	Road-side posters and sign boards information displays	58.9	41.1
12.	Public outreach campaigns	74.1	25
13.	Internet	88.1	11.
14.	Television programmes	91.6	8.4

From Table 4, television programmes (91.6%), health center or hospital (90%), internet (88.1%), radio programmes (85.6%), community based kidney problem center (82.1%), public outreach campaigned (74.1%), daily news newspapers (71.7%), women's group meetings (66.7%), handbills, flayers or leaflets (62.3%), roadside posters and sign-board information display (58.9%), telephone messages (56.6%), public library center (53.4%) and church meetings (52.1%), are the preferred media for information access on kidney problems by working class women as shown by percentage of respondents that endorsed these media. Town hall meeting which were endorsed by 41.6% of the respondents is the least preferred medium for accessing kidney problem information by working class women.

Research Question 5:

What are the hindrances of working class women in accessing kidney problem information?

S/N	Items	Mean	Remark
1.	I have never a ttended any workshops on kidney problem.	2.96	Agree
2.	There is no kidney problem counseling center in my local government.	2.65	Agree

3. There is no community health workers assistance.	2.60	Agree
4. Kidney problem is never discussed in women meetings in my local government area.	2.55	Agree
5. Not being aware that such information exists.	2.54	Agree
6. I do not listen to radio.	2.25	Disagree
7. I cannot access the internet on kidney problem.	2.25	Disagree
8. There is no public li brary in my Local government.	2.25	Disagree
9. I do not watch television.	1.98	Disagree
10. There is no radio in my house	1.82	Disagree

From the mean of responses in the table 5, not being aware that information on kidney problems exist (mean=2.54); lack of community health workers assistance (mean= 2.60); kidney problem not being discussed in women meetings in local government areas (mean =2.55); lack of kidney problem counseling center in local governments (mean=2.65) and not attending workshops on kidney problems (mean=2.96) **are the factors hindering** working class women from accessing kidney problem information.

Discussion

The result obtain for research question one indicates that working class women are highly knowledgeable in almost all the aspects of kidney problem early detection as in line with the finding of Paula (2008) who discovered that respondents will have preferred key information needs, which are of a priority to them. The result however, further reveals that although working class women show high knowledge in most aspects like getting up more often in the night to urinate in the night is a sign of kidney problem, painful and blood in the urine can be related to kidney problem, swelling of legs and other part of the body, sometimes kidney problem may come up with the sign of diabetes or high blood pressure, sever pain from the ribs down to the abdomen and thigh may be a sign of kidney problem, weakness or numbness in the leg or feet is a sign of early development of kidney problem, they still have need for more information on early detection, especially gaining more knowledge on possible signs of kidney problem such as dry and itchy skin. This result is in line with the statements of National Kidney Foundation of Canada (2015), National Kidney Foundation (2002) Center for Disease and Control (2015) among others which stated that working class women need all massive information to be able to make an informed decision on kidney problem screening. Therefore, the findings that the information need of working class women is moderately high were not misleading.

The result obtained for research question two reveals that working class women have moderate awareness on general facts about kidney problem. This is because they were only aware of seven out of twelve information on kidney problem presented to them on the risk factors associated with kidney problem as well as on the possible preventive and curative measures.

This shows that there is an urgent need to create general awareness on kidney problem among working class women. This result is in line with Tout et al (2011) that found that the knowledge about kidney problem remains low; therefore the findings that working class women's awareness on kidney problem was low and they still have need for appropriate information on awareness on kidney problem were not misleading.

The findings for research question three reveals that radio programme, internet, television program, telephone messages, health center or hospital, daily newspaper, women group meetings, public library, handbills, flyers or leaflet, roadside posters and sign board information display, public outreach campaign are the major media through which kidney problem information are accessed by working class women with least endorsement on town hall meetings.

Supporting this result is the study of Lauwerier et al (2015) which stated that internet is essential as the major medium. However, the findings of this study are relevant as it has provided further evidence that working class women in particular still have need for other medium through which kidney problem is accessed.

The result of research question four reveals that working class women of Onitsha North and Onitsha South Local Government Area, preferred more of the following media such as; church meeting, women's group meeting, public library, health centers or hospitals, community based kidney problem centers, radio program, telephone messages, daily newspapers, hand bills, flyers or leaflets, roadside poster and sign board information display, public outreach campaign, internet and television program.Hence, town hall meetings which is among the preferred media is not among their list of preference. Their list of preferred media comprised more of interpersonal and mass media information channels with the exception of town hall meetings. This is in line with Lauwerier et al (2015) which stated that diversity of media in daily life, preference of this media in searching for general health related information and interpersonal information seeking and sharing about health is a good channel of information.

The result of research question five reveals the various factors which hinder working class women from accessing kidney problem information. These factors are related to low priority given to the existence of such information on kidney problem, ignorance, inadequate information mechanism, lack of community health workers assistance, kidney problem not being discussed in women's meetings, lack of kidney problem centers, not attending workshops on kidney problem, and lack of awareness on the existence of such information. Ormandy (2008) supported that these factors could

constitute a hindrance to the accessing of the information generally. However, it has resulted in more hospitalizations and high mortality rate, the library and librarians should ensure that information on kidney problem is adequately disseminated to working class women through mass media, telephone messages bridging the gap of socioeconomic, technical and high cost experienced by them.

Conclusion

Based on the analysis and the discussions of results of this study, these conclusions are drawn with reference to the research questions. Working class women in Onitsha North and Onitsha South Local Government Areas of Anambra State are aware of some facts about kidney problem but they need to undergo screening exercise which is the key to early detection measures that could guide and help them fight against late detection and untimely death.

However, working class women are not completely ignorant of the disease but they still need comprehensive and adequate kidney problem information. Thus, they still need the awareness to be able to detect kidney problem early. Working class women access kidney problem information through mass media among others.

Although working class women prefer more of mass media and some interpersonal media but their schedule may not truly avail them the vital information they need. There are many factors that hinder working class women from accessing kidney problem information and they are all related to inadequate information facilities and agencies.

Recommendations

The following recommendations are made based on the findings:

1. Creating awareness of kidney problem by the Federal Government should be ensured because it is the best way to help women feel comfortable about bringing up issues to discuss with their healthcare team.
2. The government should collaborate with non-governmental organizations, health professionals, and individuals concerned with kidney problem information and should strategically utilize kidney problem awareness programs such as the World Kidney Day (WKD) which internationally takes place every month of March and make use of symbols such as the diagram of kidney with blue, yellow and red color to reach, raise public awareness and mobilize for early detection, massive education on risk factors, symptoms related to kidney problem, sensitization programs, provision of test kits for screening of kidney problem.
3. The library and librarians should collaborate with the mass media to effectively present kidney problem information through mass mobilization and media jingles which should be intensified to always alert working class women on the need to prevent kidney problem and also educate the public on the social lifestyles influencing development of chronic kidney problem.

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