

Cross-cultural Collaboration in Health Campaigns in Tanzania: A Qualitative Study.

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Abstract

Background: Health campaigns are an important aspect of preventive health work. The aims of health campaigns can be to improve health literacy in rural areas where residents lack access to health information and knowledge, and to improve both local and global health through cross-cultural collaboration. In Tanga District, Tanzania, exchange students and local youths participate together with Tanga International Competence Center (TICC) to plan and accomplishing health campaigns in local communities.

Objective: The objective of this study was to explore participants’ experiences with cross-cultural collaboration in the planning and accomplishing the Health Campaign Program (HCP) at the TICC.

Methods: This study used a focused ethnographic approach. Five weeks of fieldwork included four observations of health campaigns and nine interviews: three individual interviews with employees at TICC (all Tanzanians), two group interviews with nine Norwegian nursing students, two group interviews with five local youths enrolled in the TICC’s Youth Program, one interview with a local village leader, and one interview with a local primary school teacher. The interview material was analysed using systematic text condensation.

Results: All parties involved, including the residents, achieved learning outcomes from the health campaigns, and the HCP participants perceived the cross-cultural collaboration as successful. Through the HCP, people gained access to health information. Having enough time, adapting to local conditions, and the needs of the target groups were perceived as essential to the campaigns’ successful outcome. Music and role-play, which are dominant within Tanzanian culture, created excitement and motivation among the audiences. The interviewees identified changes in people’s health behaviour in the aftermath of the campaigns.

Conclusion: Both the local Tanzanian participants and the Norwegian nursing students experienced the cross-cultural collaboration as beneficial. The collaboration helped to strengthen the quality of the health campaigns and increased the residents’ learning outcomes in attending the performance of the health campaigns.

Introduction

Health information is an important tool in preventive health work, whose aim is to influence a population’s behaviour as well as to strengthen the individual’s motivation and to provide opportunities to make health-promoting choices [1]. According to Nutbeam and Nutbeam, McGill and Prekumar [2, 3], an individual’s health competence refers to a focus on autonomy and empowerment, and this definition places health information within a health-promoting approach that emphasizes individual opportunities and personal resources. As shown in Table 1, statistics from 2019 show that Tanzania has a high student drop-out rate and many students do not continue their education after primary school [4]. This low educational level influences the level of health literacy.

Table 1
Total Enrolment (number) by Level,
Tanzania Mainland, 2019

Level	2019 (Total)
Primary	10 605 430
Secondary Form 1–4	2 185 037
Secondary Form 5–6	153 420
Secondary Form 1–6	2 338 457

Source: Ministry of Education, Science, Technology and Vocational Training

The local community is a key factor influencing the development of an individual’s health and health behavior [5]. The local community is a strategic arena for promoting health where efforts are directed toward increasing people’s influence and control over conditions that affect their health [1, 6]. In the local community, the interplay between the social network, life events, and external conditions can affect health [7], and the local population can therefore be considered an active partner in local health work [8]. The main goals in health promotion are to facilitate collaborative decision making to solve common problems and to stimulate the local community to action [6].

There is a need for more research on the role of culture in health communication to provide information for the development of new and more effective communication strategies [3, 9, 10]. The use of communication strategies that reflect the target group’s social and cultural reality, as well as use of tools or devices that appear to be relevant and appealing to the target group, can promote the target group’s receptivity to the message [10, 11]. This may help to contribute to the target group’s recognition of the topics presented in the campaign and that the context for the health information is perceived as comfortable and safe [10]. Conveying information with a focus on understanding the target group’s cultural framework and socio-economic status can be crucial to the success of programs to disseminate health information [8]. Studies have shown that health campaigns are effective in improving rural people’s knowledge and attitudes about different health issues [12, 13].

Context

The study presented in this article was performed at Tanga International Competence Center (TICC) [14] in the Tanga region, Tanzania. The center is a non-governmental and non-profit organization founded in 2008, and its vision is to improve health and education for the residents of Tanga region in collaboration with local and regional authorities and partners.

Since 2008, Norwegian nursing exchange students have visited TICC for 3-month clinical placements. During this time, many of these students spend 6 weeks or more living with a local family in one of the nearby villages. During their stay, the students were given an assignment to map the health challenges and demographics of the village residents. The mapping projects in the villages around Tanga city revealed a low level of health literacy among the residents. In 2011, TICC discussed the mapping results with the residents and the main questions were: (i) What is your main health challenge or issue? (ii) What can you do yourself? (iii) What can we do? (iv) Who can do something? And (v) how should the plan be implemented? From this experience, and in collaboration with local communities and regional authorities in Tanga, the TICC decided to initiate health campaigns in the villages. After interactions and more discussions with the local communities, the HCP also include visits to the local primary and secondary schools.

The HCP aim to convey information and teach local communities various topics that are relevant to people's health and livelihoods. Some topics that have been central to the HCP are the importance of basic hygiene, dental health, sufficient volume of daily clean drinking water, mental health and stigma, issues related to the human immunodeficiency virus and acquired immunodeficiency syndrome, malaria, bullying, and drug addiction. The campaigns are usually structured as follows. First, there is a short oral introduction, followed by a lecture given by Norwegian nursing students in English and translated into Kiswahili, Tanzanian's national language spoken and understood by at least everybody. The lecture is followed by music, dance, and song containing the health message, after which local youth enrolled in TICC's Youth Program perform a play in Kiswahili related to the health message. At the end, questions are asked to the audience, and gifts are given to those who can provide the right answer. The audience has the opportunity to ask questions to the students, youth or the TICC staff. The whole performance lasts about 90 minutes.

Methods

Objective

The aim of this research project was to explore the participants' experiences with the cross-cultural collaboration in the planning and accomplishing of the TICC's Health Campaign Program.

Ethical considerations

This study was a part of a larger project approved by the Norwegian Data Protection Services (ref no #60361), Medical Research Coordinating Committee)/National Health Research Ethics Committee, National Institute for Medical Research, Tanzania (NIMR/HQ/R.8a/Vol IX/3023), and the Ethical committee, Faculty of Health and Sports Science, University of Agder, Norway. The authors followed the data protection legislation provided by the Norwegian data protection officials and University of Agder.

Study approach

This study used a focused ethnographic approach. According to Cruz and Higginbottom [15] focused ethnography emphasizes the description of cultural behaviour, through which one learns about people by learning from them. This study was time limited and addressed a predefined research question, and a strategic sample design was used. The participants were assumed to have specific knowledge or experiences of interest to the project. The data material was obtained during 5 weeks of field work.

Sample and setting

Four groups were identified as the desired sample: employees of TICC who were affiliated with the HCP and who were from Tanzania, Norwegian nursing exchange students who had participated in the HCP as part of their internship at TICC, participants in TICC's Youth Program who had taken part in the HCP, and TICC's contacts in the local community who held key positions at relevant schools (schoolteacher) and villages (village leader) where the campaigns were held.

Written information and consent forms were prepared in Norwegian, English, and Kiswahili, and these were given to a responsible research assistant from TICC who distributed the forms to the participants. Oral information was given in advance of the interviews and observations. The information included that all data were depersonalized and the participants right to withdraw from the study at any time. The data material contains no codes or other personal identification. After transcriptions were completed, all audio records were deleted. All files were saved on the University's server with two steps identification.

Semi-structured interview guides were designed for the different participant groups. The interview guides focused on cross-cultural cooperation in the planning and accomplishing of the campaigns.

Interviews and observations

Nine interviews and four observations of health campaigns were conducted: three individual interviews with employees at TICC (all Tanzanians), two group interviews with nine Norwegian nursing students, two group interviews with five local youths enrolled in the Innovative and Productive Youth Program, one interview with a local village leader, and one interview with a local primary school teacher. Because some of the Tanzanian informants did not speak English and the researchers did not speak Kiswahili, five of the interviews were interpreted with a Kiswahili speaking research assistant present. Participant observations can strengthen the understanding of the health campaigns and their cultural context and can provide opportunities for the researcher to become immersed in the culture studied. Three of the campaigns observed in this study dealt with substance abuse; two took place in secondary schools and one in a village. The fourth observation was of a campaign focused on malaria that was held in a primary school.

Analysis

The interview material was audio recorded and transferred to written form through a transcription process [16]. The transcribed text material was entered into NVivo12® (QSR International, Melbourne, Australia) for further organization and analysis.

To ensure correct interpretation and proximity to the material, it is important to stay with the original language for as long and as much as possible [17]. Therefore, the material was not translated until the third step of the analysis. Translation of quotes can be challenging because of the difficulty in translating culture-specific words. Using more words than stated in the original quote can also lead to a further change in the informants' voice [17]. Despite these challenges, the translated quotes are presented in the Results section.

The text transcribed from the interviews was analysed using systematic text condensation, an inductive approach, in four steps [16]: (i) *Reading all the material to obtain an overall impression and noting tentative themes*; (ii) *identifying units of meaning and coding different aspects of the participants' experiences*; (iii) *condensing and abstracting the meaning within each of the coded groups*; and (iv) *summarizing the contents of each coded group to generalize descriptions and concepts to main themes reflecting the participants' most important experiences*.

Author 2 did the analysis following the steps (i)–(iii) and discussed the findings with author 1 and 4 and together we summarize the content in step (iv).

Table 2
An overview of main themes

Norwegian nursing students	Participants in the TICC youth program	Employees of TICC	Local teacher and village leader
1. There is a need for cultural guidance and collaboration.	1. The collaboration with Norwegian nursing students is valued.	1. Cross-cultural collaboration ensures the quality of the campaigns.	1. The cross-cultural campaigns are valued.
2. Thinking alternatively and creatively helps to reach the audience.	2. Local adaptation is crucial to reaching a selected target group.	2. Adaptation to local conditions is crucial to reaching and benefitting the audience.	2. The campaign presentations are engaging.
3. Participating in campaigns promotes achieving the learning outcomes.	3. Joining cross-cultural campaigns is empowering.	3. Cross-cultural campaigns motivate people's interest in health information.	3. Acquiring health information changes people's everyday lives.

Results

The results showed that cross-cultural collaboration was perceived as beneficial by all participants and that the use of an accommodated communication strategy was considered to be essential to fulfilling the purpose of the health campaigns. The participants highlighted the campaign's relevance for increasing the level of health competence in the local community.

Experiences of the Norwegian nursing students

The nursing students said that working in a Tanzanian context is very different from the Norwegian one, and they regarded guidance by the responsible staff at TICC as necessary. Supervision by and cooperation with employees at TICC was considered crucial for deciding which topics were relevant to present.

Collaboration with an interpreter was necessary. However, the use of interpreters was also linked to uncertainty and lack of control over what and how the information was communicated to the public. Several students expressed concerns about misinformation in relation to the interpreter's prior knowledge of the topic, which was perceived as crucial in determining how the information was translated.

It was considered important to adjust the campaigns' themes and information to gain acceptance within the cultural environment. The students said that they had to think creatively to be able to present controversial topics without offending anyone or conflicting with the cultural norms.

Several highlighted how music, song, and dance are a central part of Tanzanian culture and that their incorporation into the campaigns was useful for capturing the audience's attention. The play was considered important for relating the information to everyday situations. The students also perceived that meeting people where they live their daily lives was necessary for reaching the target group. One of the students said, "*Here you actually have to go out to meet people. You cannot just write it on a blog or an online newspaper.*"

The students discussed their experiences of mastery by successfully implementing the campaigns. Some mentioned their uncertainty about the relevance of the campaigns in relation to their academic benefits. Others said that the campaigns were perceived as an exercise and part of their training to fulfil a pedagogical function. They valued the learning outcomes from attending the health campaigns.

Several of the students talked about the responsibility of the health professional when disseminating health information. Fear of giving incorrect information when answering questions from the audience and the pressure to keep to the schedule were expressed as concerns because the topics presented in the health campaigns were decisive to the future health choices of the attendees.

Experiences of participants from the TICC youth program

The local youths enjoyed collaborating with the Norwegian nursing students and perceived the students as pleasant, cooperative, and welcoming; these feelings were considered to be mutual. The informants felt that their contribution to the health campaigns was valued and respected by the students.

Several youths mentioned that they gained knowledge through their collaboration with the students. They considered this important for their life and health situation. *"The students strengthen us. They let us talk to them, and they let us learn through the campaigns we perform together."*

The youths specifically mentioned that campaigns are an appropriate method to reach out to people in the villages that lacked access to electricity.

If you travel to villages without electricity, they [the inhabitants] can also, through the use of campaigns, get information. They would not have received this information if it was communicated via radio or television, since they do not have electricity. But with campaigns, because they see you physically, they can learn in a reasonable way.

Using different methods to disseminate the health information was perceived as essential. One commented, *"I like the way we present the information. Some can understand through words, while for others the information becomes clearer through acting, singing, and dancing."*

The campaigns gave the youths opportunities to share their experiences with others who sought their expertise, and they talked about their increased self-confidence and self-esteem as a result of their involvement in the HCP. One noted, *"The campaigns give us strength, self-confidence, and help us trust ourselves so that we can stand in front of many people and teach."*

The local youths described the health campaigns as sustainable because each campaign's audience communicated what they had learned to others who were not present. They perceived that the audience appreciated and enjoyed the campaigns, and that the local community learned much.

Experiences of employees at TICC

The employees described the Norwegian nursing students as committed and open minded about doing something new. Both the nursing students' learning goals and the population's benefits were perceived as important priorities.

Given the different cultural and professional orientations, it was sometimes challenging to understand what the students presented in the planning phase of the campaigns. Nevertheless, the students' competence was considered to be important to the academic quality of the health campaigns. One employee said, *"When we travel and the students are with me, I feel very safe and confident."*

The collaboration with the youths enrolled in the TICC youth program was perceived as important, and it was considered favourable that the play was presented in Kiswahili. They perceived that the youths were positive and willing to do something new. One employee said about the youths, *"For many, I think it is like stepping out of their own comfort zone. One tries to do something one has never done before. Many have never acted in plays ... It is like opening up a new world for their talents, in a way."*

The employees said that it was important to investigate whether the students' chosen topics reflected a local challenge. Their experiences as Tanzanians were presented as an advantage in such assessments. One commented, *"I'm from Tanzania. I live here, I can see the challenges in my community."*

They said that the final choice of themes for the health campaigns were based on both the students' interest and the employees' local insight and competence. This collaboration was important for adapting the content to the area and target group. An employee commented, *"For example, now students have chosen the topic of malaria. It was the right time for this topic, because it rains a lot and then there are a lot of malaria mosquitoes."*

The employees perceived the campaigns as important for people's understanding of health-related topics. Schizophrenia was exemplified as a phenomenon that residents believed was caused by witchcraft. After a campaign about schizophrenia, the audience talked about schizophrenia in a different way, and the employees perceived that people understood that it was not connected to witchcraft.

The employees reported uncertainty associated with the long-term effect of the health campaigns. After each campaign, evaluation and reflection were conducted among those involved in the TICC. Conducting the formal evaluations of the campaigns among the audience was challenging, and the employees were uncertain about the best method for this. The employees said that they usually discuss each campaign with the local population to form an impression of the campaign's usefulness and the audience's response.

Several mentioned that the Norwegian nursing students' participation in HCP created great audience engagement.

Experiences of a village leader and a primary school teacher

The village leader said that the actors from the TICC were cooperative and believed it desirable to maintain this relationship. He perceived the Norwegian nursing students' involvement in the health campaigns as valuable. He commented, *"The kindness that the students bring; they show us great care. People feel that they are valued by the students coming here to meet them."*

The campaigns were considered as useful, and both the leader and the teacher assumed that, after the campaign, the audience discussed what they had learned with others. The teacher mentioned particularly that her pupils needed health information and that they had not learned about the topics before the campaign presentation. The teacher highlighted that to carry on with the campaigns were important in the work with health information.

The teacher thought that the different activities in the campaign enhanced the children's interest in learning. The village leader said that the use of entertainment was important to create engagement and was something the audience appreciated.

Both the village leader and teacher highlighted the use of questions in the end of the campaign as important for the audience's benefit and that gifts were given to those who answered the questions correctly after the performance. The village leader thought that these gifts contributed to greater attendance and commitment among the audience.

The teacher and the village leader had received feedback from the audiences that the information delivered in the health campaigns was important to them. The teacher mentioned that several parents had thanked her for this initiative. The village leader said, *"People in the village come to me directly and ask for more campaigns. This shows that they like them and that they benefit from them."*

Both the village leader and teacher had noticed changes in people's behaviour after the campaigns. The teacher mentioned that she had perceived an improvement in the pupils' cleanliness after a campaign. The village leader had recently seen, after a campaign about epilepsy, that a family with a child with epilepsy brought the child to the hospital for treatment. The village leader had also noticed changes in people's behavior regarding dental health. He said, *"Such things [changes] are a sign that they [the audience] like the campaign, and that they benefit from the campaigns."*

Discussion

The purpose of this study was to explore the participants' experiences with the TICC's cross-cultural HCP. The HCP participants were both Norwegians and Tanzanians, and the TICC has many years of experience with collaboration across cultures and disciplines. All participants in this study identified positive learning outcome from the health campaigns. The learning outcomes included the village residents and pupils at primary schools. Given the local circumstances, such as poor access to health information, the health campaigns were considered beneficial by those attending the program and the performances.

One criticism of such initiatives is whether exchange students lacking knowledge and a strong connection to the local culture should be included in local health work. Consideration and respect for cultural perceptions and other ways of problem-solving, dialogue, cooperation with local participants, and the ability to see the opportunities in the local community, are crucial for maintaining productive cooperation in such situations [18]. In the planning process of the health campaigns, all people involved bring their cultural perceptions, knowledge, and experiences, which may help to strengthen the quality of the campaigns. Kreuter and McClure [10] highlight that the use of communication strategies that reflect the target group's social and cultural reality can promote the target group's receptivity to the message. To increase the outcome for the audience and to minimize misinformation, the students suggested a closer collaboration with the interpreter ahead of the campaign to establish a common understanding about the content in the performance and the presentations.

The participants in this study may have conflicting perceptions of health, and a collaboration across cultures and disciplines can shed light on health-related assessments from different perspectives. From a public health perspective, health can be assessed as a holistic concept [19]. This perspective considers health as a complex phenomenon, and inclusion of different disciplines can therefore be important for promoting people's health. In addition, through the collaboration at the TICC, it is conceivable that those involved will gain a greater understanding of the concept of health as they work together to establish a common understanding of the health topics presented in the campaigns.

The students had short-term experience with the cultural environment and less cultural competence compared with the local actors, which emphasizes the need for cross-cultural cooperation [19]. Guidance from the TICC staff helped them to understand the need for specific health information in the local community. Because health and illness exist within a cultural environment, adaptation within the context of the cultural environment is essential to the success of health promotion programs [2].

The campaign programs at the TICC use several methods to ensure that the audience truly understands and learns from the campaigns. During the interviews, the informants noted the importance of using music, dance and acting in the delivery of the campaigns. This were considered an important part of Tanzanian culture and everyday life [11]. Including these in the performance may have contributed to the campaigns' success and strengthened the audience's desire and motivation to participate in the campaigns.

Both the local primary teacher and village leader had noticed changes in people's health behavior after the campaigns. They had also received feedback from the audiences that the information provided in the campaigns was important. This feedback confirms that campaigns can affect the local community's health competence and empowerment [5] which, according to Sletteland and Donovan [7] refers to people's perceived ability to influence their own health and quality of life.

Limitations

This study collected data from representatives of all involved participants, although one limitation is that only one village leader and one teacher participated. The researchers had limited prior knowledge of the campaigns, which helped for them to maintain a distance to the research. On the other hand, less knowledge may increase the risk of misinterpretation of situations.

Several factors may be interpreted differently in cross-cultural interviews, and different interpretations may affect the relationship between interviewer and informants. A researcher who spoke Kiswahili and had a stronger connection to the cultural environment may have used a different approach in the cross-cultural interviews.

Cultural factors may also affect the relationship between interviewer and informants. It was therefore important to pay special attention to the formulation of questions, as well as nonverbal communication, gender, cultural norms, choice of interpreter, and translation. Our awareness of and reflection on the potential for cultural challenges strengthened the quality of the research process. Use of an interpreter influences the interview material, and it may be difficult to

provide a comprehensive translation [20]. Nevertheless, interviews with the use of an interpreter are considered effective when the interviewers and informants speak different languages [20].

Conclusion

All participants in this study identified positive learning outcome from the cross-cultural collaboration within the TICC's HCP health campaigns. The health campaigns were considered beneficial because there is poor access to health information among residents in the local community.

Cross-cultural collaboration has increased the health knowledge of all involved. The collaboration has supported the Norwegian nursing students in gaining cultural competence, and the local youths who were involved gained knowledge and were empowered by the collaboration. Employees at TICC were important for ensuring the quality of the campaigns and in adapting the campaigns to local conditions. The representatives from the local community were appreciative and perceived that the campaigns supported the residents to change their health behaviour. Further research on the effects of cross-cultural collaboration in health-promoting campaigns and their long-term effects are needed.

List Of Abbreviations

HCP Health Campaign Program

TICC Tanga International Competence Centre

Declarations

Ethics approval and consent to participate

The study was approved by the Norwegian Data Protection Services (ref no #60361), Medical Research Coordinating Committee)/National Health Research Ethics Committee, National Institute for Medical Research, Tanzania (NIMR/HQ/R.8a/Vol IX/3023), and the Ethical committee, Faculty of Health and Sports Science, University of Agder, Norway.

Written and oral information were given. Consent was signed by all participants.

Consent for publication

No individual person's data obtained or published. Information about publication and consent were interchanged.

Availability of data and materials

All data generated or analysed during this study are included in this published article.

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

All authors have contributed to the conception and design of the work. Authors 1, 2, and 4 have done the drafting. All authors have substantively, critically revised and approved the final version of the manuscript.

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