

Malawian women's intentions to use cervical cancer screening services: client-related barriers

Dr M.Y. Hami,

Professor V.J. Ehlers

Professor D.M. van der Wal

Back ground

- Cervical cancer: 2nd most common cancer among women globally and most common cancer among women in Sub-Saharan Africa (SSA) (WHO 2010).
- In Malawi, cervical cancer:
 - accounts for about 28.0% of all female cancers
 - 80.0% of Ca Cx patients seek care during the late inoperable stages (JHPIEGO 2002)
- March to June 2008: 2 centres in Blantyre, Malawi, screened 217 women for CA Cx but only 19 (8.8%) were 42 and older - the high risk group (MOH 2008)

Back ground (continued)

- In Africa annually:
 - 78 879 women are diagnosed with CA Cx
 - 61 671 will die from CA Cx (Denny 2010:70)
- Malawi's cancer statistics (MoH 2000-2006):
 - 3 221 women diagnosed with cervical cancer
 - Among these 1 991 (61.8%) were 42 and older (Dzamalala et al 2008)
- Ca Cx - common amongst those >40 years of age (21 out of 59 women – 35.6%)
- all diagnosed Ca Cx cases had not been screened but had visited health facilities during the previous 5-10 years (Taulo et al., 2008:141).

Objective and research method

To describe nurse/midwives' perspectives about client-related barriers affecting the utilisation of Ca cx screening services among women aged 42 and older in Blantyre, Malawi

METHOD

- A descriptive qualitative study
- 3 public health centers in Blantyre, Malawi
- Semi-structured interviews were conducted with a purposive sample of 14 nurse-midwives
- Data analysis used Atlas Ti version 4.2

Results

DEMOGRAPHICS

Out of the 14 interviewed nurse/midwives

- 71.4% (n=10) had 5 or more years' experience
- 42.9% (n=6) were trained as Ca Cx screening providers
- 42.9% (n=6) provided health education about Ca Cx
- 14.3% (n=2) were not involved in activities related to cervical cancer screening
- 8 (57.1%) nurse-midwives had been screened for Ca Cx

Client related barriers

1. Fear of equipment used for screening

- fears of experiencing pain because of the structure of the speculum. Women reportedly said:
 - *“I was afraid but the way you have examined me, I cannot believe that you are already done. Are you not going to make me bear down?”*
 - *“They are told that a duck is used for screening. The duck bites you down there.”*

1. Fear of equipment used for screening (cont)

- Reportedly some women said:

“we understand there is no treatment for cervical cancer, so if I am found to be positive I won’t live long.”

“If I know that I have cervical cancer I will be very worried.”

2. Misconceptions and cultural influences

Misconceptions:

- When checking the cervix they also check one's HIV status*
- They hear, after inserting the metal the uterus is removed, cleaned and put back*

Cultural influences:

- Embarrassment - young providers
- Partners' resistance
- Traditional beliefs and traditional healers

(i) Embarrassment

- Women are shy to use Ca Cx screening tests, especially if health care providers are young: “... *should my private parts be viewed when I have no problem.*”
 - “*Some say they should view my private parts as if I am delivering a baby.*”
 - “*They feel the public will be asking “where is that elderly woman going?”*”

(i) Embarrassment cont

- The nurse/midwives indicated that
 - *“though there could be some ... who were willing to be screened, they just feel, if I say yes the other women will know that I have a problem.”*
- Women would be considering that
 - *“ah! That nurse is of the same age as my daughter, so should she view my private parts”*

(ii) Partner resistance

- Some women had to sneak behind their husbands' backs to be screened for cervical cancer
- Husbands did not support the idea that their wives should be screened for cervical cancer and might say:
 - *“don't go for screening you are fine, you do not have the problem.”*

(iii) Traditional beliefs

- Nurse/midwives indicated that:
 - *“I have come across such type of women especially the ones who have continuous menstrual bleeding. They would have visited several traditional healers and they would be reporting that they feel they have been bewitched. To them, if the menstrual bleeding does not stop as expected, somebody must be responsible for that.”*

3. Misconceptions of the at risk women

- Nurse/midwives indicated that women aged 42 and older might feel that they do not need Ca Cx screening
 - *due to advanced age*
 - *because they are no longer menstruating*
 - *because they do not have sex often*
 - *“we are almost at the end of life. Whether we are going to have it or not it’s only God’s mercy.”*

3. Misconceptions of the at risk women cont.

- Mainly this group of women feels that somebody is going to laugh at them saying
 - *“as old as you are, how can you be going for screening for cervical cancer?”*
- They think that it is only for young ladies.
 - *“This age group has stopped bearing children so they feel even if they are not screened there is no benefit, because they will not have any more children. Most of them think if they have cervical cancer it can be passed on to the baby.”*

4. Lack of knowledge about the places offering cervical cancer screening services

- Some women might not know where to access cervical screening services
 - *“I can say it could be due to lack of knowledge of the services being provided.”*
 - *“The main problem could be that we started the programme while the concerned individuals in the community, those aged 42 and older, do not have the required information.”*
 - *“It would be difficult for them to have adequate information and they would not know what to do even if they heard about it in the community.”*

Conclusion

- The nurse/midwives indicated that:
 - Women's cultural beliefs, fears and misconceptions about the Ca Cx screening process influenced women's intentions to use these services
 - Women's low perceived risk of Ca Cx influenced their utilisation of Ca Cx screening services negatively
 - Women lacked knowledge and awareness about Ca Cx and about screening services

Recommendations

- Service providers to be understanding and supportive – during procedure and allow viewing of equipment used
- Shared experiences by women who have been screened before
- Dispell myths and misconceptions - dangers of engaging traditional healers
- Give opportunity, where possible for the women to choose service providers
- Male involvement e.g. during motivation talks
- Develop IEC material (depicting health institutions providing cervical cancer screening services)
- Explore options for opportunistic screening and reminders

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THANK YOU!