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Women's perspectives on cervical cancer screening in Biyemassi-Yaoundé –Cameroon

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Abstract: Cervical cancer is reported to be the 2nd most frequent cancer for women aged 15-49 years in Cameroon. The World Health Organization recommends that all women are screened at least once within the age group 30-49 years to reduce the chances of developing cervical cancer. However, although there are recommendations around cervical cancer screening, take up of screening is often low especially in low income countries. To understand women's perspectives on screening for cervical cancer in order to ensure that preventative measures such as screening are utilized. A qualitative study was undertaken to explore the perspectives and experiences of women in Cameroon regarding cervical cancer screening. Five themes emerged from an analysis of the qualitative data: 1.) Women lack information and knowledge about cervical cancer and screening, 2) Fear deters women from cervical cancer screening, 3) Feeling of shame and embarrassment limits access, 4) Lack of free services and financial issues impact on take up of cervical screening and 5) Recommendations from women to improve cervical cancer uptake of screening and other interventions. It is recommended that the Ministry of Health in Cameroon provide resources, empower and motivate health care personnel to extend health educational programs into the community that will target women. There is also a need to either increase free cancer screening sessions or provide subsidies that will reduce the burden of user fee payment**.**

Keywords: Cervical cancer screening, women's perspectives, Cameroon

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Introduction

Cervical cancer is a global health problem that needs urgent attention to reduce both morbidity and mortality rates (1). In 2012, 530,000 new cases were diagnosed, and approximately 90% of the 270,000 cervical cancer deaths in 2015 were recorded in low and middle-income countries Globally, cervical cancer is the fourth most frequent cancer and the leading cause of cancer deaths in developing countries (2). Recently, it was revealed that approximately 570,000 new cases of cervical cancer and 311,000 deaths were recorded in 2018, with about 85% of these occurring in developing countries (3).

According to the ICO/IARC information Center on HPV and Cancer, Cameroon

has a population of 6.74 million women above age 15 years who are susceptible to contracting cervical cancer. In 2012, it was estimated that 2,356 women were diagnosed with cervical cancer and 1,548 die each year. This morbidity and mortality may be related to limited access or, in some cases, limited knowledge of cervical cancer screening programs (3). The context within which women are born live, and work plays a major role in determining health outcomes This is related to the type of services and quality of health personnel available to prevent, diagnose or treat the disease in a timely manner (4, 5).

Generally, qualitative literature on cervical cancer screening is sparse for Sub-Saharan Africa and especially Cameroon. The available literature is quantitative and focuses on the knowledge, attitude, and preferences of women regarding cancer screening and is mainly focused on other Sub-Saharan African countries, with very little information on Cameroon. Findings focused on Sub-Saharan Africa reveal that many women do not get screened in the first place or if they do get screened they do not attend again. These women often have inadequate knowledge of cervical cancer; are unaware of their susceptibility to the disease; lack the necessary finances; and have not received enough cues to action to enable them to understand the burden of cervical cancer (3,5).

According to the World Health Organisation, low income countries contribute to about 90% of deaths from cervical cancer due to inadequate screening. It therefore recommends compulsory screening, early diagnosis, and effective treatment to enhance survival and reduce mortality for women 30-49 years old. Early diagnosis and treatment in developed countries has led to a reduction in morbidity and mortality rates for all diseases in recent years (6).This has been made possible through emphasis placed on frequent cytological screening programs and increasing education and awareness-raising programs for women as per cervical cancer (7).

Methods

A qualitative research design was chosen for this study in order to explore the perspectives of women about cervical cancer screening in Cameroon (8). Qualitative research is subjective in nature, allowing a participant to be involved in the creation of knowledge that is dependent on their context and plays a vital role in informing policy and practice about women's experiences and perspectives (8)

This study was conducted in the Biyemassi neighbourhood of Yaounde, the administrative capital of Cameroon; a developing country in Sub-Saharan Africa. Cameroon has an estimated population of over 23 million inhabitants. Available socio-demographic data reveals that Biyemassi has a highly cosmopolitan population of about 8,000 inhabitants of diverse social, economic and cultural backgrounds (9).

Participant recruitment began after obtaining ethical clearances from the Centre Region Delegation of Health in Yaounde-Cameroon and United Kingdom university ethical approval from the University of Essex. Women were recruited through word of mouth with the assistance of local administrative leaders. Those who showed an interest in participating were invited by the principal investigator to a series of meetings at their convenience. They were given the opportunity to ask questions that would enable them to better understand the participant information and consent forms. Those who were comfortable and expressed a wish to participate in the study were offered the consent forms to voluntarily sign. To be eligible to participate in the study women had to understand the

objectives of the study, give their consent to participate and be within 21-65 years age group (US Preventive Services Task, 2018).

A total of 30 women initially agreed to take part in the study and eventually signed the consent forms. Four focus groups were organized and women were encouraged to turn up for the discussions on agreed dates and times. Each of the four focus group discussions lasted about two hours. Two individual interviews of about 30 minutes each also took place. Twenty women finally participated in the study and there was no need to recruit more due to data saturation noticed after focus groups 3 and 4. Details of these 20 participants (which includes two women interviewed individually can be found on the demographic form in table 1 below.

Table 1

Interviews and focus group discussion guides were used to collect data in the context of qualitative inquiry. These were designed based on the research focus and gaps identified in the literature. Focus group discussions were planned with the women and women were randomly split into four groups of five women each, based on the number of women. The focus groups were audiotaped and some field notes taken to enhance the quality of the data.

The women were asked to talk about the issues raised in the interview guide. Two individual interviews were organized with purposefully selected participants to better understand the issues related to cervical cancer. They, however, echoed most of the issues the women raised during the discussion forums thereby validating the findings.

Data analysis

All data was transcribed verbatim NVivo 12 data analysis software was used to analyse the data coding them into categories, patterns and this led to the resulting themes of the study.

Ethical approval for this study was obtained from the Central Regional Delegation of Health in Yaounde, Cameroon, and the University of Essex in the United Kingdom. For research on human subjects to be considered ethical, it must respond to certain requisite standards pertaining to the protection of participants and human rights in general in order to avoid exploitation (10). The consent of the participants was obtained prior to data collection and they were informed of their right to opt out of the study at any time if they so wished. Obtaining the consent of research participants is an obligation under the research process and an important requirement for ethical approval globally. Consent has to be informed implying that participants must not only be informed but must also understand the study in detail. All participants understood that they could withdraw at all time during the interview process and that they did not have to answer any questions that they did not want to.

Results

The transcribed data was entered manually into a Word document and later into NVivo 12 qualitative data analysis software. Data analysis focused on grouping similar information together first at higher levels called categories which were later refined and regrouped into patterns containing similar information. The patterns were again refined by regrouping

information into smaller hierarchies which finally led to the identification of five main themes:

- Women's lack of information and knowledge about cervical cancer and cervical cancer screening
- Lack of free services and financial issues play an important role in limiting cervical cancer screening uptake
- Shame and a feeling of embarrassment prevents women from being screened
- Fear deters women from accessing cervical cancer screening services
- Women's recommendations to improve uptake of cervical cancer interventions and screening.

Discussion

Some women stated that they were not aware of cervical cancer or the importance of screening. For example, one woman stated:

> "*I think it is the lack of information. Yes, we do not always have information on cervical cancer screening and why it is necessary."*

Another stated that whilst women knew about vaccines for prevention of cervical cancer not many knew about screening:

> '*Considering that most women have mentioned that they do not actually know that screening is a preventive method for cancer, it may be important to help women be aware of the need of cervical cancer screening'*.

However, some women explained that they were aware of cervical cancer and the need to go for screening but did not think that it was that important.

> "*I think I am just negligent about cervical cancer screening because I have heard about it but I have never made up my mind to go."*

Nonetheless, almost all the women believed that if they had enough information this could spur them to understand the need to be screened. Findings also revealed a lot of misinformation about cervical cancer, cervical cancer screening and prevention as seen from this participant who stated that

> "*in my culture, it is believed that cancer cannot be treated so it is not necessary to go screening for a disease that cannot be treated'*. Others spoke about how cervical cancer was transmitted and one lady said that *'Cervical cancer can be contacted through the type of things we eat, drink and through sexual intercourse'*.

Another stated

> "cervical *cancer is a disease of the rich so we do not know about it in our culture' whilst another stated that 'this is a white man's disease as it is just new... so it is not known in my culture".*

Most of the women discussed how awareness raising activities on cervical cancer were not usually organised in their community. One of them stated

> "*I think that if people are not convinced about cervical cancer screening, they may not be able to go for screening. People need to understand why they must go for screening*."

Overall, the participants believed that they lacked adequate information and the necessary knowledge on cervical cancer screening that should have prompted them to get screened. This implies that they have a low perception of their susceptibility to cervical cancer, the severity of the disease, and the advantages of early and timely treatment. Lack of the necessary health information can reduce the perceived susceptibility to and severity of a disease as well as the perceived benefits of prevention and early treatment. For the women to adopt positive health behavior, they need to be informed both generally and specifically on health. Knowledge has to be brought to the women to help them understand health information and increase their understanding of how to make their health a priority. Only such a good understanding of their health care needs can spur them to action (11). Once the perceived susceptibility is low, there is a tendency to perceive all types of barriers to action.

The findings confirm those in the literature both in Cameroon and in many Sub-Saharan African countries which showed that women were limited in their knowledge of cervical cancer and cervical cancer screening (12-16).

Literature reveals that most women in most developing countries, including Cameroon generally have low levels of education with high dropout rates at higher levels which can impact their ability to understand health information and how to use it. This is true for Cameroon which has approximately 82.3% of girls attending primary school compared to 87.3% of boys, and only 38.7% of girls in secondary school compared to 44.2% of boys. Women with a secondary school level of education are better informed about their health care needs and the importance of being healthy than those with a lower level of education. This may mean that inadequate knowledge and awareness on cervical cancer screening may also be related to low levels of education as revealed in other studies (12). Thus, health policymakers and the public health workforce, therefore, may need to pay special attention to the healthcare needs of women with lower educational levels so that they understand the available information on cervical cancer and how it can impact on them.

Lack of access to free cervical cancer screening

Women who informed about cancer screening still explained that they did not access it because they either did not have the resources to get to the screening centre or they did not have enough money to pay the user fees. It was stated that:

'Poverty is one of the issues that stops us women from doing all the tests and screenings. I think free cancer screening services may help on this matter".

Women discussed how very often screening was not seen as a necessity given that they were not ill and they had other priorities. One woman stated:

"Women are poor and they have other priority needs that need to be handled. If women had the money, maybe they will go but I can assure you that other basic issues and common diseases like malaria and typhoid are more a threat to them as far as they are concerned. Many women are dying of cervical cancer. huh …but this may not mean anything to you if you do not have the money to get screened in order to be treated. Neither the screening nor the treatment is free and this makes no sense. We live in a country where life is hard and women feign for their children, it may not be possible for them to pay for screening when they cannot pay for treatment if they have a positive outcome."

Although, there were some free screening sessions which came around 'once in a while' they stated that they were unable to get to the site of the screening because of a lack of money for transport. Moreover, free sessions were very infrequent. One woman stated that:

'I uh uh think poverty hmmm or lack of financial resources can be very limiting factors as screening is not usually free except for campaigns which are not many'.

The women in this study felt that they could not afford to pay for cervical cancer screening. This finding highlights how funding can be a barrier to the uptake of cervical cancer screening even when women have gained enough knowledge to understand the severity of the disease, their susceptibility to it and the benefits of early diagnosis and treatment. Health care in Sub-Saharan Africa and Cameroon, in particular, is financed through out-of-pocket payments since most individuals are unable to purchase health insurance (17). Out of pocket payment becomes a major challenge when women do not have stable jobs that can enable them to earn incomes. Poverty needs to be reduced to a minimum to enable women access care where and when necessary.

These findings confirm those in other parts of Cameroon and other Sub-Saharan African countries where women find it difficult to pay for health services (17-21). Provision of subsidized screening services by governments is a priority if uptake of cervical cancer screening is seen as important.

The feeling of shame and embarrassment

Some women stated that they were aware of cervical cancer screening especially from previous free sessions but did not attend because of the feeling of embarrassment and shame. Women said that they felt embarrassed or ashamed to go for cervical cancer screening especially when the health workers were male. One woman said:

"*the presence of all those men in all those hospitals sometimes leads to embarrassment for women whose religious belief does not permit consultation by male health workers"*

Other women stated:

> *'In my culture, such tests are not very good. We fear to go to hospital and sometimes the men are not allowed to see us so there is problem with Muslim women and exposure. If we are not very sure that a woman can examine us we will not be allowed to go'*

This is an important finding as individuals have values which should be respected by health personnel in all contexts and cultures to ensure culturally congruent health care. This finding confirms the findings of other studies within the same region where women failed to access skilled maternal healthcare services because of spiritual values which put emphasis on reducing body exposure. This is problematic and in order to encourage more women to take part in screening it may be that practitioners need to be female.

Women felt embarrassed by both the idea of body exposure but also by the outcome of the results. For example, one woman explained "*I feel I will be embarrassed by a positive diagnosis.*" The idea, therefore, that their possible illness was to do with cancer was seen as embarrassing but also because their illness was to do with the reproductive and sexual organs. One woman stated:

> *'I think the problem is a general problem for women, we are timid to go to hospital, women do not like to check themselves and this is a major issue with cervical cancer. Education, sensitization and knowledge is the key. Women need knowledge on cervical cancer and its consequences on health'.*

This points towards the importance of health promotion initiatives to reduce embarrassment around cancer and sexual and reproductive issues.

Fear deters women from accessing cervical cancer screening services

Some of the women in the focus groups discussed how they feared being screened because they had 'heard about the disease and how dangerous it was'. The fear of positive results and future outcomes was a barrier to seeking cervical cancer screening services. One of them stated

> *"I do not think I want to know what they will say… I fear positive results. I believe that sometimes it is better to be ignorant because once the diagnosis is declared, you get really stressed."*

Whilst another explained

> *'I think it is the fear on the unknown. Sometimes, it is better not to know you have cancer. The fear of a positive diagnosis is a major issue that is difficult to explain'*

Most of the women who took part in the focus groups and interviews felt that they did not have enough information about cervical cancer and this led to increased fear around the illness. These findings confirm those of Sudenga et al (22) who found that women in Kenya

expressed fear around cervical cancer screening and that this fear was linked to inadequate information about cervical cancer as well as counselling and treatment options which are available to assist women who test positive. Women, therefore, need to be more informed and have increased knowledge about cervical cancer and the screening process since a good understanding of the disease overcome women's fears of screening outcomes (23).

Women's recommendation to improve take up of cervical cancer interventions

Some of the women who were aware of cervical cancer interventions but who did not attend screening provided some suggestions which they thought could change the situation. Some of the women suggested that it was important to ensure that women understood that cervical cancer when diagnosed early can be treated and that the prognosis was often good in these situations. They therefore recommended that educational sessions and awareness raising activities be organised to demystify cervical cancer and screening and target fear and embarrassment through health promotion initiatives. One of them stated "*I think women can be sensitized to overcome fear and necessary embarrassments.* Whilst another woman said

> '*I think it is important that health education should take place when individuals are in good health so that they can be able to pay attention and understand the content of the message. I think that health education and health teaching should not be limited to the hospital. It should be taken to people in their homes, to young girls in schools, to churches, to women groups and associations to enable them to be better prepared to understand how important their health especially with regards to preventable disease".*

The importance of community based health promotion initiatives was highlighted as being of the utmost importance in reaching women and allaying their fears. Other women focused on the importance of free cervical cancer screening interventions. One of the women stated

> "*Many women are dying of cervical cancer. huh …but this may not mean anything to you if you do not have the money to get screened in order to be treated. Neither the screening nor the treatment is free and this makes no sense'.*

Another woman said

> *"In addition, maybe the government can help by making it free to all. Poverty is one of the issues that stops women from doing all the tests and screenings. I think free cancer screening services may help on this matter.*

Other women spoke about cultural sensitive and women only facilities and stated that it was important to have

> *'Specific Health centres tailored for all type of women especially those who feel uncomfortable with male nurses and physicians'.*

Others agreed and said *'maybe a place that is more intimate and respectful of women. It is not easy to just let any kind of person touch you.* Women, therefore, identified the importance of community based health promotion activities, services which were respectful of culture and women as well as free access to cervical cancer screening as ways to encourage greater take up of services in Cameroon.

This study aimed to explore women's perspectives on cervical cancer screening and what impacted upon their decisions to go for cervical cancer screening for early diagnosis and timely treatment in Biyemassi-Yaounde, Cameroon. Four focus groups of five participants each, followed by individual interviews with two of these women took place. In total 20 women took part in these semi-structured interviews. This process led to the identification of five major themes.

The findings revealed that there are many issues that prevent women from being screened for cervical cancer. These included a lack of information and relevant knowledge about cervical cancer and screening which preventing women from accessing care; generalized poverty affecting their decision to go for cervical cancer screening; and lastly**,** specific beliefs and values like embarrassment and fear of positive cancer results preventing women from being screened.

The findings of the study reveal that much needs to be done in Cameroon to overcome the burden of cervical cancer through preventive measures like vaccination and screening. Policy makers and the public health workforce need to refocus on awareness-raising for women through health education, health promotion and information, targeting women from all educational backgrounds and especially those with little or no education (5,24). There is need to identify areas with high morbidity and mortality rates in order to determine how the cost of such services can either be reduced or subsidized to enable more women to get screened (7,24). Considering that cervical cancer screening requires user fee and free screening campaign are erratic, women highlighted that cervical cancer screening needed to be subsidized in order to enable women who are unable to afford the user fee to access cervical cancer screening. Moreover, more attention needs to be focused upon treatment and how women will pay for treatment if they test positive as this can impact on women's take up of screening. Finally, there is need to enhance cultural competency in healthcare among health workers through the relevant training to ensure that practitioners offer cultural respectful services which are focused on the wellbeing and dignity of women (25).

The study had a few limitations. One limitation of the study stemmed from the fact that the women were chosen from a single community in Yaounde. The strength of the study is that it has contributed to an understanding of some of the issues that limit cervical cancer screening in Cameroon and will add to the limited knowledge base around cervical screening and women's decision in Cameroon.

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Table 1. Participant demographic characteristics

Participant number	Age	Marital status	Number of children	Level of education	Employment status

P1	65	Married	6	None	Self- employed
P2	66	Married	5	None	Self- employed
P3	28	Single	0	Secondary	Employed
P4	22	Single	0	Secondary	Employed
P5	68	Married	3	Secondary	Employed
P6	62	Divorced	5	None	None/Housewife
P7	55	Married	5	Primary	None/Housewife
P8	53	Single	3	Primary	Self- employed
P9	65	Widowed	2	Primary	Self- employed
P10	40	Married	4	None	Employed
P11	49	Married	4	Primary	Self- employed
P12	24	Single	0	Secondary	None/Housewife
P13	36	Married	1	Secondary	None/Housewife
P14	38	Married	3	None	None/Housewife
P15	60	Widowed	5	None	None/Housewife
P16	30	Single	1	Primary	Self- employed
P17	35	Married	2	Primary	Self- employed
P18	38	Married	2	Primary	None/Housewife
P19	46	Divorced	1	Primary	None/Housewife
P20	26	Married	0	Primary	None/Housewife