

Exploring Barriers and Perceptions of Cervical Cancer Screening Among Reproductive Age Rural Women in Sadi Chanka District, Oromia, West Ethiopia: A Qualitative Study

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Abstract: *Background:* Cervical cancer is the leading fourth most common disease affecting the reproductive organs of the women and challenges faced by women in their life. Cervical cancer screening is one of the global public health intervention used on a population at risk, or target population to diagnose a disease. Effective cervical cancer screening programs reduce morbidity and mortality due to this cancer. The study aimed to explore barriers and perceptions of cervical cancer screening among reproductive-age rural women in Sadi Chanka district, Oromia, West Ethiopia. *Methods:* A qualitative study was conducted in Sadi Chanka District of West Ethiopia through in-depth interviews with 28 study participants from November 1 to December 20, 2022. Data were collected by using semi-structured questionnaires and captured using an audio tape recorder and field note-taking. A homogeneous purposive sampling technique was used to select representative study participants. Participants' interviews were transcribed and translated according to the participants verbatim from the local language (Afan-Oromo) to the English language by language experts in both languages. The transcribed data were entered into Microsoft Word and analyzed using thematic analysis and presented in narrative forms using the respondent's verbatim as an illustration. *Results:* A total of twenty-eight study participants were involved in this study. Seven thematic areas were emerged from interviews of the respondents through thematic analysis of the data: The identified barriers and perceptions of the respondents towards cervical screening were categorized into the following thematic areas; Misinformation and awareness-related factors, the signs and symptoms of cervical cancer, gender preference for cervical screening services, side effects of the procedures, availability and affordability of the services, and prevention and treatment outcome of the disease were the key identified barriers and perceptions of cervical cancer screening. *Conclusion:* The finding explored and revealed that misinformation, lack of awareness about cervical cancer screening services, lack of cervical screening services at all health facilities, the risk factors of cervical cancer, signs and symptoms of cervical cancer, gender preference for screening services, side effects of procedures, availability and affordability of the cervical cancer screening services, and prevention and treatment outcome of the disease were the key barriers and perceptions of cervical screening among rural reproductive age women. Therefore, the Sadi Chanka district health office should work on cervical cancer screening services to improve rural women's barriers and perceptions of cervical cancer service screening, efforts should be focused on enhancing awareness and related factors.

Keywords: Cervical Cancer, Cervical Cancer Screening, Barriers, Perception, Exploring, Reproductive age, Ethiopia

1. Introduction

Cervical cancer is one of the most common cancer

affecting women's reproductive organs and the fourth leading cause of death from cancer among women worldwide [1]. There are two main types of cervical cancer, squamous

cell carcinomas which are the most common type, and accounts for 90 percent of cases, and the second one is adenocarcinomas are cancers that develop from the glandular cell [2]. The main causes of cervical cancer is human papillomavirus (HPV), HPV 16 and 18 were among the most common and prevalent types, responsible for about 70% of all cervical cancer cases and prevented through immunization with the HPV vaccine [3].

Cervical cancer screening (CCS) is a major public health interventions and strategies used for populations at risk, or eligible populations to identify cervical abnormalities in an asymptomatic stage [4]. Effective CCS reduces the morbidity and mortality due to this cancer [1]. The Ethiopia Federal Minister of Health (FMOH) recommends that women begin cervical cancer screening at the age of 30 and continue every five years by using visual inspection with acetic acid (VIA) [5].

According to the global estimates, cervical cancer kills an estimated 311,000 women and 570,000 new cases were reported in 2018 [6]. The burden of the cervical cancer in low and middle income countries shared about 85% of the 520,000 morbidity and 87% of the 231,000 mortality due to cervical cancer every year in 2012, and in central and eastern Africa, 266,000 women deaths occurred due to this cancer [7]. There are several risk factors for the occurrence of cervical cancer, sexual intercourse at an early age, having multiple sexual partners, tobacco smoking behavior, long-term use of oral contraceptive pills, immune system compromise, chlamydia infection, HPV, and low socio-economic status [8]. In Ethiopia, nearly about 20.9 million women were at risk of developing cervical cancer. Annually, 4,648 and 3,235 new cases and deaths occurred respectively. The prevalence of cervical cancer incidence was 13.4%, and much of this cancer occurred among reproductive women aged 15 to 44 years [1]. The coverage of cervical cancer screening service availability is very low in Ethiopia, only nine percent of health facilities offer screening services and less than one percent of women undergo screening in the country [9, 10]. To improve the barriers and perceptions of women on cervical cancer and its screening, the Ethiopian government has implemented a national cancer control plan and strategies. But, still, the perceived status of women has not changed [11].

Some studies have been conducted in Ethiopia indicating the barriers and perceptions of rural reproductive age women towards cervical cancer screening as well as the level of CCS among reproductive-age women [12, 13]. However, most of the studies are focused on urban women. But, this study focused on rural women, and the finding from this study may provide some information on the barriers and perceptions of rural reproductive age women towards cervical cancer screening. The study aimed to explore barriers and perceptions of rural reproductive age women towards cervical cancer screening in Sadi Chanka District, Oromia, West Ethiopia.

2. Methods and Materials

2.1. Study Design, Period and Area

A qualitative phenomenological study design was employed by using in-depth interviews (IDIs) to explore the barriers and perceptions of rural women on cervical cancer screening among reproductive age women in Sadi Chanka District, Oromia, West Ethiopia from November 1 to December 20, 2022. Sadi Chanka District is located 588 Km from Addis Ababa and 66 Km from Dambi Dollo town, the Capital city of Kellem Wollega Zone. According to the Central Statistical Agency (CSA) population projections of 2014, the total estimated population was 66,320. Of these 32,497 were women. According to updated data from the family folder of health extension workers, there were 11,969 rural women aged 30-49 years in the district. The Sadi Chanka district has 15 administrative kebeles, 13 rural kebeles, and two urban kebeles. In the district, there are two governmental health centers and 15 health posts. From these health facilities, the health centers provide cervical cancer screening services by using VIA.

2.2. Study Population

The study population was purposively selected rural reproductive age women aged 30-49 years old living in eligible households from randomly selected rural kebeles in the district.

2.3. Eligibility Criteria

All rural women aged 30-49 years, in selected kebele of Sadi Chanka district, who lived for at least 6 months were included in the study. Rural women aged 30-49 years who were unable to respond and critically ill women were excluded from the study.

2.4. Sample Size and Sampling Technique

Twenty-eight rural women of reproductive age women living in the Sadi Chanka district were included in the study. The study setting has 13 administrative rural kebeles and the study was carried out in the five selected rural kebeles of the district. Five rural kebeles were randomly selected by lottery method from a total of fifteen rural kebeles in the district. A homogenous purposive sampling technique was used for selecting study participants from the rural kebeles to get the women who would be willing to share the barriers and their perceptions of cervical cancer screening. The included participants were reproductive-age women in each of the five selected rural kebeles and the sample size was determined by the saturation idea of the participant's IDIs.

2.5. Data Collection Tools and Procedures

Data collection were done by using a semi-structured interview guide for IDIs for rural reproductive-age women with flexible probing techniques except for the background data. An interview guide was developed by reviewing

different relevant literatures [12, 13]. Data were collected through face-to-face interviews and the IDIs were done by the three master's holder health professionals who are fluent in the local language. Data were collected by using an interview guide, an audio tape recorder, and field note-taking for each participant, and the interview time ranged from 30 to 60 minutes based on the saturation idea of the participants. The IDIs were done in a private, peaceful location that was convenient for the respondents. Each participant's verbatim responses were recorded on an audio tape, and the transcription and translation of the data were done word-by-word from that recording. In-depth interviews with rural reproductive-age women were done by four health professionals with master's degrees who speak the local languages fluently.

2.6. Data Quality Assurance

The semi-structured interview guide was prepared in English and translated into the local language (Afan-Oromo) and then back-translated into English to ensure consistency. Finally, the Afan Oromo version of the interview guide was used for data collection. Before actual data collection, the two days training was given to the data collectors on the objective of the study, data gathering methods, and ethical considerations. The interview guides were evaluated by qualitative research experts. During interviews, the interviewers were used the probing techniques with tape-record and not-taking. The IDIs took place at the respondent's houses in a private and confidential setting. Another healthcare practitioner double-checked the content validity of the tools. Before being used for actual data collection, the instruments were pretested among rural reproductive-age women that were similar to those found in another district. By choosing and maintaining a peaceful environment for interviews and audio recording with chosen study participants, the quality of the data was ensured. At the time of the interviews, each participant's thorough handwritten field notes were taken. The participants were urged to speak up, express themselves openly, and share their own experiences with cervical cancer screening. All audio recordings of the interviews with respondents were translated into the participants' native language, Afan Oromo, before being used.

2.7. Data Processing and Analysis

The collected data were first, transcribed and translated according to the verbatim of the respondents into the local language Afaan Oromo, by which the interviews were conducted. Next, the interviewed data were translated and transcribed into English language by senior language experts. Then, a final edition of the code was established, and the categories and themes were constructed. Data analysis was started during data collection and then transcribed and translated into the English language by replaying the recorded audio tape. Informed written consent, transcribed data, and audio record files were stored in a private place.

Data were coded, categorized, and analyzed by using thematic analysis manually and finally, the result was presented in narrative forms to describe the barriers and perceptions of cervical cancer screening among rural reproductive age women.

3. Results

3.1. Socio-Demographic Characteristics of Participants

A total of 28 rural reproductive-age women participated in this study. Their ages ranged between 33 to 48 years. Regarding the marital status of the respondents, 25 (89.2%) were married. The majority of the respondents, 18 (64.2 %) had not attended formal education. Of the total respondents, 21 (75%) were Protestant Christians. From this finding, seven thematic areas were emerged from the IDIs of the respondents that captured and organized as reported below.

3.2. Theme: Misinformation and Awareness-Related Factors

The finding from the in-depth interviews of rural reproductive-age women indicates that misinformation and lack of awareness about cervical cancer screening were the factors for barriers and perceptions of rural reproductive-age women. The 34 years rural women stated that: “... including me, most of the rural women did not give attention for cervical cancer screening due to lack of awareness and not knowing the benefit of cervical cancer screening as well...and some of the women have misinformation about cervical cancer screening.”

The 38 years old woman said that: “...due to we are living in a rural area we are not getting adequate information on cervical cancer screening. The health extension workers are also not providing cervical cancer-related health education for us and do not give enough explanation in detail to the rural women.”

3.3. Theme: Risk Factors of Cervical Cancer

Concerning the risk factors of cervical cancer thematic area, the evidence from IDIs of the respondents indicated that lack of awareness of cervical cancer causes, susceptibility, and who is at risk for the disease were the key reasons for women not utilizing the cervical cancer screening services. Most of the respondents perceived that they were not susceptible to this cancer, so the screening service was not required.

One of the key informant interviews raised the idea that: “I am not feared of this cancer because I have no chance of developing cervical cancer..... and I have no detailed understanding of cervical cancer” (44 years-old women, IDIs participant).

3.4. Theme: Signs and Symptoms of the Cervical Cancer

Sign and symptoms of cervical cancer was the other thematic area emerged from the IDIs of the respondents. The

majority of respondents mentioned that, the absence of signs and symptoms of the disease are the reason for not being screened for cervical cancer.

One of the key informant interviews said that: *“I think the main cause for many women is not screened for cervical cancer is due to the natural history of cancer. I mean, at that period they were healthy and had no signs, symptoms, or complications of the disease. Our women are more concerned if there are detectable signs and symptoms of the disease.”* (48 years-old woman, IDIs participant).

3.5. Theme: Gender Preferring Service

The participants report different perceptions about cervical cancer screening services. From these, the fear of male health care providers was identified as a factor for women not utilizing cervical cancer screening. A 36-year-old woman mentioned: *“Before five months, I was screened for cancer of the cervix by a male Doctor and I was ashamed when he asked me to remove my clothes....”* (36-year-old woman, IDIs participant).

3.6. Theme: Side Effects of Procedures

The evidence from the ideas of women showed that misinformation and rumors about the procedures of cervical cancer screening affect rural reproductive age women's perceptions of cervical cancer and its screening. Most of the study participants interviewed raised the main reason for women not utilizing screening services was due to fear of the side effects of screening like vaginal bleeding, pain during and after the screening, and infertility.

The 42 years-old rural woman reported that *“I heard some women told me that the screening procedures may cause excessive vaginal bleeding, painful...”* Another key informant interview raised the idea that: *“Cervical cancer screening procedures could lead to health issues. Such as infertility....”* (38 years-old woman, IDIs participant).

3.7. Theme: Availability and Affordability of the Service

The finding from this study also indicated that rural women not having sufficient awareness about the availability and affordability of the service was the reason for women not having a high perception of cervical cancer and its screening.

One of the key informant interviews indicated that: *“I don't know that the cervical cancer screening service is given freely in the health facility, I think the cervical cancer screening services are given by paying the costs.....”* (33 years-old women, IDIs participant).

“I heard that the payment for cervical cancer screening service is very expensive.” (40 years-old woman, IDIs participant). Another key informant interviews raised the idea: *“.....two years ago, I was treated for vaginal discharge and abdominal pain at the health center, then I was wanted to screen for cervical cancer disease after counseling by Doctors, but I don't know the availability of the service at that health facility.”*(45 years-old women, IDIs participant).

3.8. Theme: Prevention and Treatment Outcome of the Disease

The sixth theme is perceptions about the prevention and treatment outcome of the disease. Most of the women perceived that cervical cancer is not curable and cannot be prevented by screening.

One respondent said that: *“I think screening for cervical cancer disease is not essential for healthy women and women of this age group...”* (39-year-old woman, IDIs participant).

Another 46-year-old woman stated that *“...as women most of the time we believe that cervical cancer screening is used for women who are ill or who are approaching menopause.”*

According to the barriers and perceptions of rural women, cervical cancer is not prevented by treatment and screening. They linked it with religion and belief and most women prefer to pray to God instead of screening for cervical cancer and treating the disease. They also think and believe that cervical cancer treatment outcome is useless even if treated.

“...I choose to die by the disease rather than utilizing the cervical cancer screening and being told having cancer problem due to some of health care providers did not keep the confidentiality of the patients...and their treatment is not satisfactory” (35-year-old women, IDIs participant).

4. Discussion

This study aimed to explore barriers and perceptions of reproductive-age rural women towards cervical cancer screening in Sadi Chanka district, Oromia, west Ethiopia. This study identified the key rural women's perceptions of cervical cancer screening and the identified barriers and perceptions of cervical cancer screening among rural women were related to the following seven themes: misinformation and awareness-related factors, the risk factors of cervical cancer, the signs and symptoms of cervical cancer, gender preference during cervical cancer screening service, the side effects of procedures, the availability and affordability of the services, and prevention and treatment outcome of the disease.

The result of this finding indicated that the majority of rural women had many barriers and perceptions of cervical cancer screening with the risk factors of cervical cancer. Some rural women were unaware of the causes of cervical cancer or who was at risk for this cancer. This result is in agreement with the results of studies done in the Wolaita zone [12], Addis Ababa [13], Debre Berhan [15], and Malawi [16]. This might be due to lower awareness about the risk factors of this cancer.

Regarding the barriers and perceptions of women related to the signs and symptoms of cervical cancer, some of the rural women had a low perception of the cervical cancer disease's signs and symptoms. This is comparable to a study done in the Wolaita zone [12] and Ambo town [17]. This could be due to low attention to health education about cervical cancer and its screening given by media and health

professionals.

According to this study, some participants wanted to be screened by female healthcare providers because most women fear being unclothed in front of male healthcare providers. This is similar to a study conducted in Jimma [18], Kenya [19], Nigeria [20] and Cameroon [21]. This could be because religions and cultures have negatively influenced women's health-seeking behaviors, practices, actions, beliefs, gender roles, and self-confidence.

The study participants had negatively perceived cervical cancer screening procedures. Most rural women think that cervical cancer screening procedures might cause infertility, abnormal vaginal bleeding, and pain during the examination. The result of the finding is also consistent with the findings in Malawi [16] and Kenya [19]. This association can be explained by women not having enough information and misunderstanding about the producers of cervical cancer screening.

Concerning the availability and affordability of the service, many women perceived cervical cancer screening service does not exist in the study area and that the screening is not a free service. This is also in line with the study done in Cameroon [13, 20]. This may happen due to a lack of access to information about existing and payment of screening services by health care providers. Most of the women supposed that cervical cancer is not a curable disease and could not be prevented by treatment or screening services. This is supported by the study conducted in the Wolaita zone, East Gojjam zone and Cameroon [12, 21, 22]. This implies a lack of knowledge about the method of prevention and outcome of the treatments for cervical cancer.

5. Limitations of the Study

The study has encountered some of the limitations such as most of the discussion part was compared with the mixed report due to a limited number of qualitative studies done on the barriers and perceptions of rural reproductive age women about cervical cancer screening. The finding has its limitations as that of a qualitative finding nature and the study samples were determined by the idea saturation of the respondents and it might not be representative of the general diverse population, and the results cannot be generalized to other settings.

6. Conclusion

The finding of the study showed that rural reproductive-age women in the study area had the following barriers and perceptions of the cervical cancer screening; misinformation and awareness-related factors, the risk factors of cervical cancer, the signs and symptoms of cervical cancer, gender preference for screening service, side effects of procedures, availability and affordability of the service, and prevention and treatment outcome of the diseases were the key barriers and perceptions of rural reproductive age women for cervical cancer screening. Therefore, the Sadi Chanka district health

office should work on cervical cancer screening services to improve rural women's barriers and perceptions of cervical cancer service screening, efforts should be focused on enhancing awareness and related factors with cervical cancer screening.

Abbreviations

CCS: Cervical cancer screening, HPV: Human papillomavirus, VIA: Visual inspection of the cervix with Acetic acid, IDIs: In-Depth Interviews.

Ethical Approval

The ethical approval for the study was obtained from the Salale University College of Health Science's ethical review committee before starting data collection. Letter of permission was received from all selected kebeles (villages) and written informed consent was obtained from all study participants after an explanation of the purpose and procedure of the study.

Authors' Contributions

AHG, DBS, and TN participated in conceptualization, data curation, formal analysis, investigation, funding acquisition, methodology, project administration, resources, software, supervision, and validation, visualization, writing original draft, writing review & editing of the manuscript. NSD, EL, EBK, and KH have participated in the methodology, investigation, resources, data curation, supervision, validation, review, and editing of the manuscript.

Data Sharing Statement

Data produced or analyzed during this study are included in this published paper. The datasets can be available from the corresponding author based on reasonable request.

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Disclosure

The authors declared that they have no conflicts of interest for this work.

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