International Journal of Basic and Applied Biology
p-ISSN: 2394-5820, e-ISSN: 2349-5839, Volume 6, Issue 1; January-March, 2019, pp. 7-9

http://www.krishisanskriti.org/Publication.html

Socio-cultural Barriers Associated with Cervical Cancer Care Utilization in Ethiopia Women with Cervical Cancer

Ramila Bisht[1] and Zenebu Begna[2]

[1]School of Social Science, Center for Social Medicine and Community Health, Jawaharlal Nehru University
[2]School of Social Science, Center for Social Medicine and Community Health, Jawaharlal Nehru University
E-mail: [1]ramilabisht@gmail.com, [2]zeni.begna@gmail.com

Abstract—*Though Cervical cancer is one among completely preventable and can be cure, with minimum cost and risk, if the disease is timely detected and followed with appropriate diagnosis and treatment the burden of the disease is keeping in increasing in developing countries. The aim of this study was to explore the socio-cultural barriers affecting women with cervical cancer for proper and on time health care service utilization in Ethiopia. The study was conducted in Ethiopia at Black Lion specialized hospital, Which is one of the top referral hospitals in the country and joined with Addis Ababa University's School of Medicine. It was used qualitative data collection methods. The study population was purposely selected patients diagnosed by cervical cancer, which was selected from the hospital cancer treating center. Face to face way and in-depth interview was conducted based on interview guide. In this study before starting the data collection ethical clearance was obtained from IERB of JNU. As the result showed as factors associated to cervical cancer explained by participants categorized as three main themes. Lack of support and encouragement from husband due to male dominance in the decision making, Feeling of awkwardness to talk about their problem because of the disease is associated with genital parts and Fear of stigmatization from family and society due to low awareness of the disease. This finding importantly demonstrated the need to incorporate relevant socio-cultural concepts when planning cervical cancer care at national level.*

Keywords*: cervical cancer, barriers, woman.*

1. INTRODUCTION

Though Cervical cancer is one among completely preventable and can be cure, with minimum cost and risk, if the disease is timely detected and followed with appropriate diagnosis and treatment the burden of the disease is keeping in increasing in developing countries. [1,2]Cervical cancer load is decreasing in developed countries whereas the circumstance is somewhat the reverse in developing countries. This makes great concern about the disease with the fact that cervical cancer is totally preventable and can be cure curable at low cost with presently existing methods. Worldwide Cervical cancer is taking the second place among the most frequent cancer in women age 15-44 and the main cause of cancer killer among women in most developing countries. Every year, more than 527,624 women diagnosed as cervical cancer and responsible for an estimated of death of 265, 672.[3]This situation is specially signal for cervical cancer, because about 85% and 87% of women diagnosed and died from cervical cancer respectively live in LMIC. Established methodologies exist to lessen these gross disparities, so far majority of women have little chances to get these life-sparing interventions. [4] In Sub-Saharan Africa the event and death rates are among the most elevated on the globe. It represents 34.5/100,000 of total cancer and a death rate of 25.3 per 100,000 in women of Eastern Africa. It is additionally indentified that in Sub-Saharan Africa responsible for losing a more prominent number of years because of cervical cancer than any other types of malignancy. [5]. Among countries high incidence in cervical cancer Ethiopia is one. According to 2009 WHO report estimates, 7619 new cases and 6081deaths are reported each year. Though Ethiopia does not have national cancer registry, according to reports demonstration from review of biopsy results cervical cancer is the most common cancer of women in the country next to breast cancer [6,7]. Many factors like biological, social, economical and cultural are responsible for cervical disease occurrence. WHO set up Human Papilloma Virus (HPV) as the main source for the development of the disease. [8] However it is very essential to explore about how the cultural, economical and social variables affect cervical cancer diagnosis as the fact that these factors impact the general cancer care and especially cervical cancer in resource constrained countries like Ethiopia. There are social beliefs about the cause of cervical cancer associated with having sexual intercourse with many people who put woman in bad position in the society and together with gender roles, which are usually got the wrong idea in the community affecting proper and on time utilization of health services by women

[12]. The main objective of this study was to explore the socio-cultural barriers affecting women with cervical cancer for proper and on time health care service utilization in Ethiopia. This information is required for health planners and all concerned bodies to respond for the problem according to the real situation with limited resources. It also has great influence in decreasing the mortality and morbidity due to cervical cancer in Ethiopia.

2. METHODS AND MATERIALS

2.1 Study design

The study used a qualitative design to get an in-depth understanding of the personal backgrounds, especially challenges that women faced during cervical cancer care utilization starting from the time that patients came to know sign and symptoms. This means the qualitative approach was employed to explore the experiences of cervical cancer patients before and after their diagnosis.

2.2 Study area

It was conducted in Ethiopia at Black Lion specialized hospital. Black Lion specialized hospital is one of the top referral hospitals in the country and joined with Addis Ababa University's School of Medicine. Black lion hospital is a university which teachs health professionals in many disciples like, postgraduate and undergraduate medical students, midwifes and nurses, Radiographers, dentists and laboratory technicians. It has 800 beds. It is the only available nation's cancer referral center. The oncology ward at present consists of three oncologists, four Radiotherapists and around 26 nurses.

2.3 Study population

The study population was patients diagnosed by cervical cancer, which was selected from TASH cancer treating center.

- **Inclusion criteria:** Cancer patients above 18 yrs.
- **Exclusion criteria:** Those who are severely sick and unable to give information.

2.4 Sampling techniques

Regarding selection of health facility **Tikur Anbessa Specialized Hospital** was selected purposely. This is because it is the only hospital where cancer patients are currently getting diagnosis and treatment. In order to select study participants we have used Purposive sampling.

Sample size was determined based on literatures recommendations and investigator decision. There is no strict rule for sample size determination in qualitative method what matter the sample is the saturation of the information that will be obtained. We have interviewed 20 cervical cancer patients with different backgrounds.

2.5 Data collection

In this study qualitative research methods was used to explore socio cultural barriers that cervical cancer patients encountered. Face to face way and in-depth interview was conducted based on interview guide. Appropriate interview time and place were communicated with study participants have willing to participate in the research team. Before conducting the interview information sheets which explain about study going to happen was explained and informal or verbal consent was obtained. The in-depth interview were conducted based on semi structure questioners by giving adequate opportunity to explain about the questions based on their experiences.

2.6 Data processing and analysis

For qualitative method data analysis will begin at the first date of data collection to guide decision about the requirement of further data collection. Interviews will be transcribed and analyzed. The interview transcripts was reviewed line-by-line by the investigator to identify any missed ideas before analysis begin.

2.7 Ethical clearance

In this study before starting the data collection ethical clearance was obtained from Institutional Ethics Review Board of Jawaharlal Nehru University. Official letter of consent has been taken from all necessarily managerial bodies. Lastly oral consent was obtained from all study subjects participating in the research at the stage of data process following clearing up about the objectives of the study.

3. RESULT AND DISCUSSIONS

A total of 20 married women interviewed in the study with the age of all above 38 years. According to participants explanation factors associated to cervical cancer are many and categorized as follows.

3.1 Lack of support and encouragement from husband

Majority of women explained during the in-depth interview about their marriage role which is largely patriarchal. In their house decision about receiving health care is controlled by men. The position of women is to accept the decision if not problem or conflict will come in the house. Husbands have big power and dominant. But women have a submissive part. This was explained by participant of age 55 as follows.

"My husband is a decision maker in our home. I am not educated woman. I got married at age of 14. I told to him about my problem after suffering a lot. Then he told me to visit traditional healer living around us. By the way I came from rural site of Oromia region. Even he was thinking as if I cheated him with someone else. I came here because of my son help. My son gave me the money"

In addition a women of age 50 reported that..

"I was afraid of talking it but I also came after so much pressure of my children. Sometimes difficult to repeat what he said. He had worried about himself if went out from home to Addis Ababa. He asked me who is going to cook for him….in our time marriage was arranged by our parents in early age so that you have to accept everything that your husband decides"

Furthermore age 39 women explained that…

"My husband is also reluctant in my case. But when things come to him even why not headache he is quite serious…"

3.2 Feeling of awkwardness to talk about their problem

Majority of women explained the embarrassment they are feeling due to the disease while talking with family as well as with health professionals. In culture of Ethiopia as it also could be many countries culture it is forbidden for a person to talk about or expose the genital parts except if it came to life saving conditions. So problem related with area is not freely communicated. This was explained by some of participants as follows.

Age 48 women *"Now I am talking because I already got advise from doctors. First when I saw offensive discharge from my body around" that"…area for more than six month I haven't even talked to my husband. How can I talk this problem to other person….oh my God it was difficult time."*

Age 50 woman *"I was afraid of opening my leg even for doctors first time specially. Because of this only I got delay more than a month after discussing with my husband to come to hospital"*

Age 47 *"the smell of the discharge makes me to feel shame still now. Even I don't want to seat in the place where money people is available."*

Similar understanding was explained in Rwandan culture, where study of why women shy pap smear was identified. In Rwanda it's a taboo for a woman to expose her genitals unless of course she has complications like infections. Because of this women were not going for Pap smear testes. [13]

3.3 Fear of stigmatization from family and society due to low awareness of the disease

Women detailed about communities' perception of cervical cancer that they related cervical malignancy with sexual activities and God punishment against their sin so that they hesitant to openly discuss about sexual wellbeing. Some expressed that they never needed to know for all in the community that whether they had cervical cancer.

A woman of age claimed herself about *55 " I came from rural site of Amhara region. In a place where I am living if someone came to know that you have this type of disease they totally conclude that as you have bad behavior like sexually active with many people. Even I also feel like that before knowing about the disease like now."*

Age 40 woman *"sometimes you know it is difficult even to teach people to avoid this kind of thinking, because doctors told me that cervical cancer comes by sexual contact like HIV/AIDS."*

This result was reliable with the qualitative exploration study conducted in Karnataka India on cervical and breast cancer, were cancer patients stigmatized due to fear of methods of cancer transmission and the responsibility of person for caused by cancer. (10) Again it was also concur with previous qualitative research from South Africa, which explored how stigmatization from their society, relatives even by their own partner affects cancer patients and it impacts on any types of care engagement. (12).

4. CONCLUSION

The results indicated that socio-cultural barriers acted together to affect the women's to get cervical cancer care. This finding importantly demonstrated the need to incorporate relevant socio-cultural concepts when planning cervical cancer care at national level.

REFERENCES

[1] Progress on Cervical Cancer Prevention [http://www.path.org/publications/files/RH_cca_report_card.pdf] Accessed 25 November 2018.

[2] Ntekim A. Cervical cancer in sub Sahara Africa. InTopics on cervical cancer with an advocacy for prevention 2012. Intech.

[3] WHO: WHO/ICO Information Center on HPV and Cervical Cancer: Human Papillomavirus and Related cancers in the world; 2017

[4] Ginsburg O, Bray F, Coleman MP, Vanderpuye V, Eniu A, Kotha SR, Sarker M, Huong TT, Allemani C, Dvaladze A, Gralow J. The global burden of women's cancers: a grand challenge in global health. The Lancet. 2017 Feb 25;389(10071):847-60.

[5] GLOBOCAN: Cervical Cancer Incidence and Mortality Worldwide in 2008. CANCER FACT SHEET; 2008.

[6] Jemal A, Bray F, Forman D, O'brien M, Ferlay J, Center M, Parkin DM. Cancer burden in Africa and opportunities for prevention. Cancer. 2012 Sep 15;118(18):4372-84.

[7] Abate SM. Trends of cervical cancer in Ethiopia. Gynecol Obstet (Sunnyvale). 2015;5(103):2161-0932.

[8] Tadesse SK. Socio-economic and cultural vulnerabilities to cervical cancer and challenges faced by patients attending care at Tikur Anbessa Hospital: a cross sectional and qualitative study. BMC women's health. 2015 Dec;15(1):75.

[9] Price AJ, Ndom P, Atenguena E, Mambou Nouemssi JP, Ryder RW. Cancer care challenges in developing countries. Cancer. 2012 Jul 15;118(14):3627-35.

[10] Cervical cancer: Why are women shunning the pap smear? **The new times Rwandas leading daily. Accessed November 2018**

[11] Nyblade et al, A qualitative exploration of cervical and breast cancer stigma in Karnataka, India, BMC Women's Health (2017) 17:58.

[12] Lawrence Hsin Yang *Understanding stigma as a barrier to accessing cancer treatment in South Africa: implications for public health campaigns, The Pan African Medical Journal. 2018;29:73*