



Psychosocial predictors affecting rural women in uptake of cervical cancer screening, Goromonzi district in Zimbabwe

Tenson Kachilala

Saywhat Organisation, Harare, Zimbabwe

* Corresponding Author: Tenson Kachilala

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Abstract

This study explored the psychosocial predictors affecting rural women to uptake cervical cancer screening through Visual Inspection with Acetic Acid (VIA) in Goromonzi District. The aim of the study was to investigate the deeper interpersonal and intrapersonal factors that deter or stimulate rural women to uptake the Cervical Cancer Screening. Health Belief Model and Social Ecological Model formed the conceptual framework of the study. The researcher used a qualitative research approach and a case study. Convenience sampling was used to select a sample of 15 participants. Targeted were women aged 25 - 50. Data was collected using self-administered open-ended questionnaires and semi structured in-depth interviews which were analyzed using thematic analysis. The researcher observed research ethics. Findings revealed that rural women are not undergoing cervical cancer screening due to cancer fatalism, negative perceptions about screening procedures, fear of negative sexual evaluation, beliefs that cancer is spiritual and is caused by evil spirits, lack of knowledge about Cervical Cancer and Cervical Cancer Screening. Findings also revealed that having family member affected by Cervical Cancer, support and influence from other community members who screened before, knowledge about Cervical Cancer and Cervical Cancer Screening, perceived severity of Cervical Cancer and perceived susceptibility to Cervical Cancer positively affect the women's behavior to uptake Cervical Cancer Screening. The research recommended that there was need for the government, non-governmental organizations, churches and the community to create conducive environment which facilitates rural women to develop health seeking behavior which ultimately results in the increase of uptake of cervical cancer screening services.

Keywords: Psychosocial, Predictors, Cervical, Cancer, Screening, Visual, Inspection

Introduction

Bruni *et al.* (2015) asserted that an estimated 331.4 million women in Africa aged 15 years and older are at risk of developing cervical cancer, and that every year, 99,038 new cases of cervical cancer are diagnosed and 60,098 die from the disease in Africa. The comparison conducted illustrated that most countries have successfully implemented preventive screening programs, in Zimbabwe cervical cancer screening stands at 7.2% of all eligible women of child bearing age, 5.2% in rural areas, and 10.8% in urban areas (WHO, 2013). According to Zimbabwe's Cancer Registry statistics, from 6,548 registered cases of cancer in 2013, figures have shot up to 9,220 in 2018. Out of 2,062 recorded cancer-related deaths so far in Zimbabwe, breast cancer has been responsible for 7% of the fatalities, with cervical cancer being the highest killer accounting for 13% cancer deaths in the country.

The rocketing of incidence of invasive cervical cancer are due to myriad factors which ranges from psychological, sociological, cultural, religious and economic factors. In research conducted in Ghana by Ebu *et al.*, (2015) it revealed that negative beliefs concerning Cervical Cancer Screening (CCS) as being excruciate and social barriers, such as religion; patriarchal and cultural values, were documented as significant barriers to the uptake of cervical cancer screening. (Ojua *et al.* 2013) posited that in the African context, it is assumed that root cause of ailment is supernatural and the germs, pathogens and viruses are secondary causes of ailment.

Chang & Kelly (2007) suggested that in African societies the health seeking behaviours are largely influenced by cultural beliefs. In the study conducted by Birhanu *et al.* (2012) majority of participants believed that modern treatments cannot remedy cervical cancer because it caused by paranormal powers.

This view is consonant with the study conducted in Ethiopia by Birhanu *et al.* (2012) which revealed that participants conceptualized cervical cancer to be caused by devil intervention and also as result of incongruity of the sizes of the genital organs of husband and wife. Mangoma *et al.* (2006) asserted that knowledge about root cause of cervical cancer varies among women in Zimbabwe, some women resides in rural areas ascribe the causes of cervical cancer due to griminess of the womb caused by male semen and some ascribing it to vaginal preparations, cold weather and evil spirits. This view is also in harmony with study conducted in Zimbabwe by Mutambara *et al.* (2016)^[9] whose participants believed Cervical Cancer (CC) is due to the attack by the evil spirits through use goblins.

This research assessed the psychological and sociological predictors that facilitates and also inhibits rural women in the utilization and uptake of CCS through Visual Inspection with Acetic Acid (VIA). Identifying these predictors may be a milestone in helping in increasing the participation of women living in rural areas in undergoing CCS thus reducing the number of deaths from cervical cancer in Zimbabwe, in Africa and in the World at large.

Methodology

The qualitative approach was used to investigate the psychosocial predictors affecting rural women to uptake cervical cancer screening through Visual Inspection with Acetic Acid (VIA) in Goromonzi District. The case study method was used as research design. The study aimed to cover women aged between 25 and 50 who reside in rural areas for a minimum period of 10 consecutive years. Convenience sampling was used to select a sample of 15 participants. Self-administered open-ended questionnaires and semi structured in-depth interviews were administered to participants who gave their consent to undertake the study. The data gathered were analyzed using thematic analysis.

Results

Research instruments administered by the researcher yielded the following themes:

Psychosocial Facilitators

Self-administered questionnaire and semi-structured interviews yielded the following respective sub-themes:

Perceived Susceptibility to Cervical Cancer

Perceived susceptibility to CC it's a facilitator for rural women to undergo cervical cancer screening. This can be illustrated by one woman who said;

"Yes, ndinogona kuita chirwere che cervical cancer nekuti cervical cancer chirwere chekuti kana ndiine hama yangu yakambobatwa cervical cancer ndine mukana wekuitawo chirwere chacho. (Yes, I might develop cervical cancer because cervical cancer its heritable disease)".

Perceived Severity of Cervical Cancer

Perceived severity it's a facilitator predictor for the uptake of cervical cancer screening among rural women. This is elucidated in following statement from one woman who said,

"It's a serious disease it killed 12 women from our community, plus zvimwe tinozonzwa muradio pazuva re cancer rinopembererwa pasi rese zvoratidza cervical cancer chirwere chakashata uye chinouraya (Things we heard from radio during World Cancer Day it shows that cervical cancer it's a dangerous and deadly disease)".

Having family member affected by cervical cancer

Personal or family experiences with CC it's a facilitator for the uptake of CCS among rural women. This can be illustrated by one woman who said,

"Ndakachengeta tete vangu for 3 years pawakarwara ne cervix cancer dzimara vafa, tete vangu vakatambura, vakarwadziwa, vaibuda hwema nekuda kwe cancer iyoyo saka ndakazviudza kuti panoperera makore matatu ega ndoenda kunobvenekwa ndisazoite dambudziko rakasangana natete. (I looked after for my auntie for three years until she died from cervical cancer, my auntie suffered, endured the pain, produced stench foul due to cervical cancer, so I made an oath that after every three years I should go for screening to avoid the problem which befallen my auntie)".

Support and influence from those who screened before

Support and influence from those who screened before it's a facilitator for uptake of cervical cancer screening among rural women. This can be illustrated by one woman who said;

"Shamwari dzangu dzakandiudza kuti zvnoitwa pakuongoorwa cervical cancer hazvirwadze plus hazvina ma after effects kunhengo yemukadzi saka ndoda kubvenekwa gomarara rechibereko. (My friends told me that the process and procedure of undergoing cervical cancer screening it's not painful and it doesn't have aftermath effects to vagina so I desire to undergo cervical cancer screening)".

Failure of traditional healers to diagnose cervical cancer and avoidance of traditional healers

Failure of traditional healers to diagnose cervical cancer and avoidance of traditional healers facilitates rural women to uptake CCS. One woman lamentedly expressed this saying;

"Amai wangu nyakundibereka wakarwara wakasvika pakufa ne cervical cancer. Takafamba mun'anga vachingoti mai vakaroiwa navamwene wavo. Pamushonga yese yatakapirwa hauna kushanda kusvika mai vafa saka izvozvo zvinoita ndifarire kubvenekwa kwandinorapwa dambudziko richipera pasina kunongedza hama kuti yakuroya. (My mother suffered and died from cervical cancer, we seek medication from sorcerer and they attributed causation of illness to acts of bewitchment by her mother in-law. All of the medicines and herbs they

gave us didn't diagnosed the problem till my mother died; hence this makes me to opt for cervical cancer screening which diagnose cervical cancer than to blame innocent relatives as witches)."

Psychosocial Inhibitors

Research instruments administered by the researcher yielded the following respective sub-themes:

Belief That Procedure Can Cause Infertility

The belief that the screening procedure can cause infertility it's an inhibitor for the uptake of CCS among rural women. This is elucidated in following statement from one woman who said;

"Kuongororwa uchishandisa VIA kunogona kukuvadza or kubaya chibereko kana kutochibvisa chaiko, zvinokonzera kuti usazobereke nekuti VIA vanoda kutora sample pamuromo wechibereko vachishandisa chinhu chavanokuisa. (Screening using VIA might leads to damage the womb or damaging it to the extent of removing it and this will cause one to be barren since VIA requires to collect sample from cervix using the object, they insert you [in your vagina])"

This could be a prognosticator that negative belief and perception about CCS through VIA can inhibits women from undergoing CCS.

Fear of Injury during Procedure

Fear of injury during procedure of cervical cancer screening it's an inhibitor for the uptake of CCS among women living in rural areas. This can be illustrated by one woman who said;

"Zvinoitwa pakuongororwa zvorwadza uye zvotyisa, chinhu chavanokuisa vachiongorora chinogona kukuvadza (The process and procedure in cervical cancer screening through VIA it's painful and scary, the object they insert you during the screening process it might hurt)"

This could be a reflector that fear of injury during procedure of cervical cancer screening it's an inhibitor for the uptake of CCS among rural women.

Belief that Cervical Cancer Screening Causes Widening of Female Private Parts

The belief that CCS causes widening of female private parts might inhibits the uptake of CCS among rural women. The following sentiments were made by participant who said:

"Ehee inotowedzera kufara kwenhengo yemukadzi nekuti ndakanzwa kuti kana vachikubveneka vanokuisa chinhu, chinhu chacho chinogona kukonzera kuti nhengo yemukadzi ifare, hatizombowirirana nevarume wedu zvikadaro. (Yes, it widens female organ because I heard that during the screening, they insert you an object in your vagina, that very object might cause the female private to widen and this will culminate in problems with our husband)"

Belief that Screening Process and Procedure can Transmit Cervical Cancer

The belief that screening process and procedure can transmit cervical cancer it's an inhibitor for rural women to uptake CCS through VIA. This can be illustrated by participant who said;

"Chawanoshandisa pakutora dzawanoti sample chiya, chinogona kuzitora cancer kune mumwe mukadzi anayo chikasiya mandiri ndikazoitawo cancer yacho inini. (The scrapper they used to obtain the sample might transmit cervical cancer from one woman who is positive to me who is negative and resultantly I will develop cervical cancer)"

Embarrassment about the procedure of cervical cancer screening through VIA

Rural women feels embarrassed to uptake CCS through VIA The following sentiments were made by one woman who said:

"I feel embarrassed to undergo cervical cancer screening because it lacks privacy and the process mimic the penetration so it's embarrassing"

This could be a prognosticator that embarrassment about cervical cancer it's an inhibitor for the uptake of cervical cancer screening among women living in rural areas.

Cancer Fatalism

Cancer fatalism could inhibit the uptake of CCS among women living in rural areas. This is illuminated by participant who said;

"It's God's will for someone to befallen with unbearable problems and disease, God vested with the power to allow people to befallen with problems and also power to redeem those problems. There is also reward to have unwavering faith in God as a redeemer in time of anguishing and lamenting with problems and diseases like what happened to Job in bible"

Cervical Cancer Screening considered to be insignificant

Rural women considered CCS to be insignificant and this could inhibit the uptake of CCS. One woman expressed this saying

"Ini nditoribho tozoviona kana ndarwara nayo cancer yacho but for now handina basa nekutestiwa (Am alright I will be screened for cervical cancer when I get ill with that very diseases but for now there is no need for screening because I'm sound and fit)"

Fear of Negative Sexual Evaluation with fellow community members

The fear of facing negative sexual evaluation with fellow community members for example Labia Minora Elongation act as barrier for uptake of CCS. This is illuminated by one woman who said;

"Kuti unzi mukadzi akakwana pane zvinhu zvinotarisirwa netsika nemagariro edu kuti zvinge zvakaitwa panhengo"

dzemukati dzemunhukadzi, saka kusaitwa kwezvinhu izvozvo kana kusabatwa neunyanzvi kunoita ndisasunguke kuti ndibvenekwe nemumwe mukadzi nekuti hauzozive maonero aunokuita.

(For a woman to be a wholesome woman there are things which stipulated with cultural values and norms to be done at your vagina, so if those things are not present or done expertly that makes me to feel uncomfortable to undergo cervical cancer screening by female doctor because of negative evaluation from that doctor)".

Sexual Health Issues Considered Taboo in the Community

This implies that consideration of sexual health issues as taboo in the community ultimately inhibits women living in rural areas to undergo cervical cancer screening. One woman expressed this saying

"This disease is associated with acts of sexual promiscuity henceforth it's difficult and its taboo to discuss it which leads women not to seek treatment or dare to know about their cancer status because of fear to be labelled sexual promiscuity by fellow community members".

Belief That Cervical Cancer Is Spiritual

The belief that cervical cancer is spiritual inhibits women living in rural areas to uptake cervical cancer screening. This is illuminated by participant who said;

"It's a demon that can be exorcised. Cervical cancer is caused by Satan, so the pathway to follow when our fellow congregant is confronted with this demon is to run to man of God who are spiritually anointed to cast out that spell".

Cultural Belief that Cervical Cancer is Caused by Witchcraft

Cultural disease perception and influence of traditional healer may inhibits rural women to undergo CCS. The following sentiments were uttered by participant who said;

"When this disease came to known, it was termed pfunzu or nhuta (small animal similar to rat its known because of its tendency in piercing the ground). Wizards through their Blackmagic insert that animal (nhuta) in women's vagina during the night. This animal pierces the cervix which results in developing cervical cancer. The diagnosis of cervical cancer is only carried out by traditional healers specializes in that area".

Traditional Belief that Cervical Cancer is caused by a Man having Sex with a Woman Spiritually.

The traditional belief that cervical cancer is caused by a man having sex with a woman spiritually inhibits rural women to uptake CCS, since in encountering these problems they opt for traditional healer pathway for diagnosis because it gives them adequate explanation about their condition. The following sentiments were uttered by participant who said;

At our village there is a man who uses blackmagic to have sex with women spiritually. I believe that

cervical cancer caused by this man who uses his evil magic to have sex with women from our community, since that man sleep with many women from our community using his evil magic and he can pass sickness from one woman to other woman.

Discussion

Findings were that rural women conceptualized CC as serious disease. These findings are in agreement with study by Lim and Ojo (2016) ^[5], which revealed that perceived severity of cervical cancer was a major reason for the uptake of cervical cancer screening services by women (Lim & Ojo, 2016) ^[5]. Findings were that rural women believed that the CCS procedure can cause infertility. The belief that procedure can cause infertility by pulling out the uterus were also permeated the study conducted by Paul *et al.* (2013). These research findings are congruent with findings by Munthali *et al.* (2015) who reported that there are existing misperceptions and misconceptions about VIA, for example women being not able to reproduce after undergoing VIA and belief among some women that their uterus would be removed during VIA. Findings were that rural women demonstrated belief that cervical cancer screening causes widening of female private parts. A Malawian research by Munthali *et al.* (2015) revealed that there was existing belief that the use of the speculum during screening process would enlarge the vagina. The current research results also agree with results forwarded by Busingye *et al.* (2019) ^[2] who posited that CCS lead to widening of the sexual parts.

Findings were that rural women demonstrated belief that screening process and procedure can transmit cervical cancer. Women in the study by Nasambu (2016) support these findings, they reported that they had not undergone for screening service for fear of having the disease from the screening procedure.

Findings were that rural women feel embarrassed to undergo CCS through VIA. These findings supported by study conducted in Zimbabwe by Chifamba (2018) ^[3] who asserted that 36% of the participants reported that they did not undergone the screening because they felt embarrassed to have a genital exam. This is in concurrent by the study by Coory, *et al.*, (2002) the respondents in that study said that in their community the vaginal area was viewed as a sanctified area that should not be seen by other people except their sexual partners and that is why women in her community kneel during childbirth, rather than lie on their back

Findings were that rural women reported not having the power and the ability to prevent cervical cancer. In support of these findings is the study conducted by Elbarazi, *et al.* (2017) ^[4], the participants reported helplessness and powerlessness with respect to their well-being condition and that they can only submit to God and accept his will.

Findings were that rural women living in rural areas reported that cervical cancer screening it's irrelevant. In support of these findings is Wong *et al.*, (2013) who noted that screening was viewed as an unnecessary procedure by Malaysian women who perceived themselves as healthy. These findings further supported by study conducted among rural South African women surveyed by Lartey *et al.* (2003) women felt that screening is unnecessary when they do not feel ill.

Findings were that rural women reported that personal or family experience with cervical cancer positively influenced

their behavior towards undergoing cervical cancer screening. This study shares similar findings with ethnographic study conducted at Limuru, Kenya; among rural women in by Gatune *et al.*, (2005), it revealed that the experience or knowledge with relative who had suffered from disease facilitates the uptake of screening services.

Findings revealed that the failure of traditional healers to diagnose CC and avoidance of traditional healers positively influenced rural women to uptake CCS. The findings are supported by the study conducted at Kenyan Coast by Abubakar *et al.* (2013) noted that the participants did not go for traditional healing because they did not find it efficient.

Findings revealed that support and influence from those who screened before influenced rural women to uptake of cervical cancer screening. Findings are further supported by cross-sectional study by Ndejjo *et al.* (2016)^[10] noted that the participants who knew someone who had ever been screened or diagnosed were significantly more likely to uptake the screening services.

Findings were rural women reported that their religion doesn't allow them to undergo cervical cancer screening. This current study is inconsistent with the study carried out in Zimbabwe among women affiliated to traditional churches, these churches dishearten women from pursuing medical care as they accentuate faith healing from God, Mutambara *et al.* (2017)^[9]. Some of participants in the study conducted by (Binka *et al.* 2019) perceived cervical cancer as a penalty for their offenses from God, hence, they opt to go for divine intermediation rather than for screening or treatment at modern medical centres.

Findings were that rural women reported the cultural belief that CC is caused by witchcraft and that predispose women from their community not to go undergo CCS. This view coincided with findings from study conducted by Mutambara *et al.* (2016)^[8], the participants believed that cancer was as a result of an attack by an evil spirit which were sent by witches, especially those who were related to the individual. Findings were rural women affirmed that lack of husband approval to undergo CCS make it harder for them to schedule or keep appointments for routine cervical cancer screening. In the study carried out in Zimbabwe by Mupepi, *et al.* (2011)^[7], they identified that partner's disapproval was an inhibitor among rural women between 14 and 49 years for undergoing CCS. In Moshi Rural District in Tanzania, a cross-sectional study by (Lyimo *et al.*, 2012) revealed that low rate for uptake CCS was due to husband disapproval for letting their wives to undergo cervical cancer screening service.

Conclusions

These research findings are largely in concurrent with previous studies that evaluated the facilitator and inhibitors to utilize screening services. Though the research findings are mostly concurrent with previous studies, there are parts in which this current research differs. The previous studies have been focusing on socio-demographic predictors affect utilization of screening services. This current study focuses on psychosocial predictors affecting utilization of screening services among women who dwells in rural areas. Also, two models used in this current study provided an additional source of information that gave a vivid picture and better understanding to the topic area.

The shared similarities between this current research and some of the above research findings indicates the shared experiences of women living in rural areas. Importantly, most

of these researches identified the embarrassment of undergoing cervical cancer screening as common barrier, however the major barriers to uptake screening services identified in this study were mostly psychosociological related.

Recommendations

Based on the research findings the following recommendations have been formulated in an effort to improve utilization of cervical cancer screening among women dwells in rural areas and all women at large.

It is recommended that the church leaders involved in defining and preaching morally and socially acceptable behaviour to their congregants should use power invested in them to influence their congregants to utilize the cervical screening services. Church leaders' message should also not support the fatalistic attitudes of their fellow congregants by preaching message which supports the utilization of screening services. This will be landmark and a milestone in increasing the utilization of cervical cancer screening among women in churches because a large proportion of women go to church.

It is recommended that the government should formulate policies which criminalize those who inhibits women from utilizing the screening services. The research findings revealed that for women to uptake cervical cancer screening, women should seek approval from their husband and some denied them chance to be screened. It is recommended that the culture custodians; namely kings, chiefs, sensitize their communities from village level, ward level to district level to engage in health seeking behaviour. This will help to uncover sociocultural stigma related inhibitors associated with cervical cancer screening and this may contribute to a better understanding and utilization of screening services in African communities.

It is recommended that there should be formulation of female clubs at ward and community level. The club may offer a platform to women for sharing and discussing the matters relating to their sexual health. These clubs will discuss and demystify misconceptions and misperceptions emanates from cultural norms and traditional and cultural beliefs about cervical cancer and cervical cancer screening and this ultimately increase the uptake of cervical cancer screening among women living in rural areas.

It is recommended that NGOs should formulate programs targeting both male and females, it is anticipated that these programs will create a conducive environment that will encourage and motivate these men and women to discuss, clarify their misconceptions and misperceptions about cervical cancer and cervical cancer screening through asking questions, airing their views pertaining these issues. Given that it is taboo to openly discuss issues to do with sexual health in community, programs that educates both men and women will be a landmark and milestone key determinant factor in increasing the utilization of cervical cancer screening among women living in rural areas.

It is recommended that there should be formulation of male groups at community and ward level, these groups will be instrumental in discussing advantages of allowing their wives to uptake CCS. This club will engage men to promote behaviours that facilitates the uptake of cervical cancer screening services by their wives.

It is recommended that there should be a use of women with influence in community to sensitize other women about

cervical cancer and cervical cancer screening. These women will act as positive role models in community and this will yield a positive influential towards altering women's thoughts, beliefs, actions and feelings. Engaging the women via the women from their respective community will be culturally acceptable and will be instrumental in increasing the utilization of screening services with women who dwells in rural areas

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