

Perceptions and Beliefs about Cervical Cancer and Screening Services: A Qualitative Analysis among Female Sex Workers in Abuja, Nigeria

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Abstract

Purpose : Cervical screening allows for early detection of changes in the cervix which may suggest cervical cancer, and therefore creates opportunity for initiation of prevention modalities in good time. Literature confirms that perceptions of individuals about any services influence the utilization of such services. FSW are high risk group for cervical cancer, yet their perceptions about cervical cancer screening has not been fully explored in Nigeria. This study is therefore a report of a qualitative analysis of the perceptions of FSW about cervical cancer screening services

Methods : The study utilized a qualitative design to elicit the perceptions of FSW on cervical cancer screening. A Focused group discussion (FGD) was conducted among 18 purposively selected FSWs in selected brothels in Bwari Council. Discussions were centered on perception of cervical cancer, screening services, preventive practices, and actions taken when

positive results are received. Data were analyzed using Atlas t.i software package.

Results: Respondents were aware of cervical cancer screening, however knowledge about cervical cancer was poor. Majority understood that they were at risk for cervical cancer although they could not understand abnormal results. Also, majority understand the preventable risk between cervical cancer screening and cervical cancer.

Conclusions: Findings suggest a poor perception about cervical cancer cancer and screening services. This is an indication for educational intervention to be designed purposively for the FSWs in order to reduce the burden of cervical cancer in Nigeria and sub-Saharan Africa.

Keywords: Female Sex Workers, cervical cancer screening, perception

1. Introduction

Cervical cancer is the fourth most common cancer in women globally (World Cancer Research Fund International, 2015). In Nigeria, Cervical cancer deaths is reported to be as high as 8,074 (0.42%) of total deaths (World Health Organization, 2014). Routine screening helps to detect precancerous lesions in women (Misiri, 2014).

Cervical screening is a way of preventing cancer by finding and treating early changes in the cervix as these changes could lead to cancer if left untreated (Misiri, 2014). Commonly used screening methods are; cytology tests, cervicography, HPV DNA tests, visual inspection with acetic acid or Lugol's solution (VIA or VILI), colposcopic and Biopsy. According to Clifford et.al, 2003 cervical cancer can be effectively controlled by screening unlike many malignant tumours. Papanicolau (Pap) smear screening can identify potential precancerous changes for immediate treatment, thereby preventing cancer development.

Literature confirms that having a high number of lifetime sexual partners maybe associated with a higher transmission of HPV leading to higher cervical cancer rates (Soohoo et.al, 2013). It suggests that the risk of HPV infection and cervical cancer is especially high in FSW. Additionally, previous studies reported that FSW had more than twice the probability of having HPV infection than women from the general population and have a higher prevalence of abnormal pap smears (Valles et al., 2009; Leung et al., 2013). The WHO report in 2013 (World Health Organization, 2013) noted that many studies in developing countries supported visual inspection of the cervix with acetic acid (VIA) or lugol iodine (VILI) as being more sensitive than cytology and helpful for early detection of abnormal changes. It is important to note that individual's perception influence the utilization of screening services. Accordingly, Ndikom and Ofi (2012) described perception as the way of becoming aware of something. It follows that the way an individual perceives a thing will motivate him/her to take action. This implies that if FSWs have the right perception towards cervical cancer, it will motivate utilization of screening services.

Perception of screening tests varies and maybe positive, negative or existential (Williams, 2014). Positive perceptions are concerned with screening benefits and seriousness of cervical cancer (Byrd et al., 2004), perception that screening should start as soon as a person becomes sexually active irrespective of the age (Arulogun and Maxwell, 2012), perception that cancer can be detected and treated early, that shyness should not be a barrier to screening, perception that any health provider at the clinic can provide care irrespective of the gender and that health is more important (Williams, 2014). All these influences the utilization of screening services in positive ways with resultant increasing utilization.

Negative perception occurs when an individual perceive that screening tests would either be painful, or when a person feels she is not susceptible to cervical cancer (Arulogun and Maxwell, 2012). Furthermore, negative perception also connotes expressions of fear of death or that cervical cancer is hereditary and therefore screening services for prevention is not necessary, that lack of symptoms means no need for screening (Williams, 2014). These negative perceptions prevent people from engaging in preventive care like screening exercise because they feel it is not needed and they will prefer not to know their status.

Some women have existential perceptions in which they have some misconceptions about the risk factors of cervical cancer (Williams, 2014). This is linked to cultural beliefs and practices which are often blamed for the occurrence of cervical cancer. For this category of persons, cervical cancer screening is not an option to be considered.

Several studies have been conducted on the perception of FSW towards cervical cancer, however there seem to be a dearth of such studies in Nigeria at the moment.

2. Materials and Methods

This qualitative descriptive study utilized FGD to collect data from brothel-based FSWs. This study was carried out in Abuja which is the capital of Nigeria located in Federal Capital

Territory. The study was conducted in Brothels in Bwari Area Council. Bwari Area Council is located at the North-East of the Federal Capital Territory (FCT) Abuja. There are about 10 brothels strategically located in Bwari council area.

The respondents were purposively selected. Two FGDs were conducted in group of 8 and 10 FSWs, making a total of 18 respondents from one brothel. Inclusion criteria were those who had been in the industry for greater than 6 months with ages 18-50 years. An authorized permission was obtained from the President in charge of FSWs to visit the brothel two days prior to the group discussion so as to speak with the chairlady in charge of the brothels in order to select participants. Those FSWs that were available and willing at the time of data collection were invited following an informed consent. The sampling was terminated as soon as the desired number of participants were obtained.

During the process of data collection, two focused group discussions sessions conducted on two different days at 10am in the morning for about 1 hour, 30minutes. The discussion was tape recorded. The interview guide used in exploring their perception has three sessions namely: engagement questions, exploratory questions and exit question.

The discussion took place in a quiet and comfortable place in a brothel where the FSWs reside. During each session, the group was welcomed; the facilitator and the note taker were introduced followed by an overview of the purpose of the discussion and the format of the discussion. Written informed consent was obtained individually, then the facilitator stated the ground rules and each of the participants was allowed to introduce themselves one after the other.

An icebreaker or an introductory question was asked from the participants so as to set on their thinking cap and this was linked with the engagement questions. The exit question was used in ending the discussion and participants were allowed to ask various questions on their

mind which is related to the study. In addition to note taking, the each FGD session was audio recorded for transcription. A verifiable and systematic process was used in eliciting essential information about perception of cervical cancer screening.

2.1 Data analysis

The audio recorded interview sessions were transcribed. The audio tape was played over for any omission, non-essential words were stripped off, and repetitions were observed. Thematic coding was done on Atlas ti software and the report was presented in textual format; Participants' responses were quoted verbatim within texts as found appropriate.

2.2 Ethical consideration

Ethical approval letter was obtained from Federal Capital Territory Health Research Ethics Committee (FCT HREC), Federal Capital Territory (FCTA) Abuja. This letter was used to obtain an ethical approval. The approval number is FHREC/2017/01/55/21-06-17

Permission to carry out the study was also obtained from the president of the association of the FSWs, proprietors/proprietresses or managers of the selected brothels.

Once approval was received, eligible FSWs in these brothels were invited to participate. Participation was completely voluntary after an understood consent had been obtained and consent forms well signed by the participants.

The study was carried out in accordance to Declaration of Helsinki. Participants were not coerced and no harm was done to any them. Confidentiality was maintained and any means of identification was jettisoned.

3. Results

Two FGD sessions were conducted. Eight (8) FSWs participated in the first FGD sessions, while ten (10) were in attendance in the second FGD session. During the FGD session of group one participants gave varying responses to the

question which was about their understanding of cervical cancer.

Someone said *"I understand that it is found from the woman's womb and fingering and too much touching of the vagina can cause it"*. Another participant in the group opined thus *"It is swelling and decay in the private part"*, while someone said that *"It is caused by using of soap"*.

Similarly, during the second FGD session two participants gave varying responses to the same question referred above. Someone opined that cervical cancer is *"Caused as a result of starting fuck early"*. One of the participants also asserted that *"It is caused by too much abortion"*. Also, another person stated that *"It occurs as a result of too much sperm in the body"*. Someone said that *"It also occurs when a woman does not allow her body to dry well after delivery before starting having sex with men"*. Another participant said that, *"It is caused by early exposure to sex"*.

When asked of their view about cervical cancer screening, someone said:

"The test is important as we were told during the peer education we had that was sponsored by Global Fund. We were encouraged to do it and check our private part".

During the second session with another set of FSWs, a participant said, *"The test is nice and I like it, I have done it before and I was told to come for follow up"* while another said *"We can't locate the place where they are doing it, we need a place closer to us that will be accessible"*. In addition, someone said, *"I have done it and it is very good, I can do it hundred times in a day because I am free and it will help me in the future to know my status"* while another opined that *"The test is very good, I have done it, I like it"*.

On the prevention of cervical cancer, a participant posited that, *"After delivery of baby, give yourself a gap of two to three years before having another baby"*. Also, a participant said, *"Avoid too much of abortion"*. Moreover, someone suggested *"Using of condom"* while another participant suggested *"Sticking to just*

one-man friend (maintaining regular sexual partner)". Someone also suggested *"Regular check- up through cervical cancer screening"*.

The FSWs claimed that they were used to taking some modalities to prevent them from having cancer of the cervix. In their responses to the question which was about the prevention of cervical cancer, a participant posited that *"It can be prevented through proper caring for our private part"* and another said *"By avoiding things that will cause it like cream, soap"* while another said *"Through screening so as to know if one has it or not as we were told during peer education"*.

The participants gave their view on why they think cervical screening can be done in the absence of any complaint. One of them answered thus:

"Yes, screening is necessary in the absence of any complaint because in case someone does not have it, the person will be given drug or injection which will make the person not to contact it".

Another woman answered thus;

"It is very okay to go and check yourself because if you go and check and they identify a problem, you will need to ask them for the solution to the problem so that it can be solved"

In order to corroborate the response credited to the previous speaker, another participant said, *"When one is tested and it is certain that one does not have it, it will be easily prevented as prevention is better than cure"*.

In addition, someone claimed that *"It is good to be screened so that one will know how to prevent herself after the screening"*.

In an attempt to explore whether or not the participants comprehend what abnormal screening denotes, they were asked to explain abnormal screening results. Thus, they were asked

"Does an abnormal cervical screening indicate that the individual will develop cervical cancer?" While responding to the above question, someone explained thus:

“Yes, an abnormal screening indicates cervical cancer because result is abnormal as stated so definitely it is cervical cancer”

Another said:

“It is not because it might be that one does not have it already but it is trying to show up in one’s body but not yet in one’s body”.

A lady was of the view that:

“It does not indicate cervical cancer because I don’t have it, I will only ask them what to do to prevent me from having cervical cancer if I have an abnormal result”.

The participants were further asked to discuss what their risk of cervical cancer is. One of them stated that: *“We are at risk of cervical cancer because we are all FSWs and we meet with different kind of men everyday”.* Another said, *“We are also at risk because we use soap in washing our private part”.*

Similarly, one of them said that *“We are at risk because of multiple sexual partners in which different sperm enters into someone”* while another said, *“We are at risk of cervical cancer because of the kind of job we do”.*

In a bid to state their risk of abnormal cervical cancer screening result, one of the participants replied, *“Yes we are all at risk of abnormal cervical cancer screening result”.*

When asked about the preventable risk between cervical cancer screening and cervical cancer, the following responses were given by participants:

“Adhering to medical advice by Doctors, avoiding the use of soap and cream on our private part, going for regular check-up, engaging in screening test to know if we have cervical cancer or not, avoiding of too much of fingering and touching of woman’s womb during sex, avoiding the use of cream during penetration”.

While responding to same question the participants unanimously said,

“Use of condom, lubricating of the vagina so that condom will not break, taking care of our

private part, using only water to wash our vagina and avoiding too much of abortion”.

In a bid to state their risk of abnormal cervical cancer screening result, one of the participants replied, *“Yes, we can have an abnormal result anytime”.*

When asked about the preventable risk between cervical cancer screening and cervical cancer, the responses given by participants were,

“Use of condom, lubricating of the vagina so that condom will not break, taking care of our private part, using only water to wash our vagina and avoiding too much of abortion”.

4. Discussion

The results of the FGD sessions suggest that knowledge was significantly poor among the study cohort. This is similar to findings of Aharon et.al (2017) in which FSWs in Lima Peru had less knowledge regarding cervical cancer and this affected their uptake of screening services. Likewise, study among FSWs in China also reported low knowledge of cervical cancer, suggesting that adequate utilization of screening services requires adequate knowledge of cervical cancer (Hong et.al, 2013).

Not only that, majority had an adequate knowledge of what cervical cancer screening is as they said they have been educated during peer education by Global Fund and some of them had gone for the screening and will like to do it over and over again. This is in contrast with the findings of Brown et al., (2010) among Peruvian’s FSWs which reported low knowledge of cervical cancer screening services. Likewise, study among FSWs also demonstrated that the knowledge and awareness about HPV infection, its consequences and about screening methods for cervical cancer are generally low (Klug et al., 2008). This implies that intense education of FSWs about cervical cancer screening is crucial to regular uptake of cervical cancer screening services.

As regard the prevention of cervical cancer, few of the FSWs have the understanding of how cervical cancer is prevented. Others gave no response to how cervical cancer can be

prevented. This shows that they have a poor knowledge about prevention of cervical cancer. This is consistent with the study among similar group which identified that the knowledge score about HPV infection, consequences of HPV infection, prevention and Pap smear screening were poor (3.66 ± 1.34) (Ersan et al., 2012). Also, reported was low knowledge of prevention practices among Peruvian's FSWs (Brown et al., 2010). This postulate that FSWs should possess an understanding of preventative intervention, this may likely improve their uptake of screening services.

The response of the groups as to whether screening can be done in the absence of any complaint shows that most of the respondents agreed that screening can be done in the absence of any complaint. This is to ascertain status and also receive an appropriate treatment in case of any abnormal result. The comprehension of an abnormal screening result among the participant suggests that they do not understand what an abnormal result is. This can be deduce from the fact that only two people could really state that it does not mean an individual has cervical cancer. If the FSWs can comprehend what an abnormal result is when given, this will make it easier for them to go for screening services because of the fear of cancer. This is consistent with the findings among FSWs in Lima, Peru in which some are scared of an abnormal result and for those with an abnormal result, it was much easier to go for screening services because of the fear of cancer (Aharon et al., 2017).

Furthermore, majority of the respondents agreed that they are all at risk of cervical cancer because they are FSWs and they have multiple sexual partners on a daily basis in which most of them are always irregular partners. This is similar to the risk factors of cervical cancer identified by National Health Service (2015) and Veldhuijzen et al., (2010). An understanding of being at risk is expected to prompt utilization of screening services. However, this did not appear in this case among the study participants. One of the respondents in the study responded that they all are at risk of having an abnormal screening result when stating their risk of an abnormal screening result. This suggests that educational

intervention on what an abnormal result connotes should be provided to FSWs. This is hoped to improve uptake of screening services.

As to what preventable risk between cervical cancer screening and cervical cancer is, majority of the respondents know what it is and has something to say in preventing cervical cancer from the use of condom, going for medical check-up and engaging in screening services among others. Few of the respondents have been screened for cervical cancer and therefore understand what the preventive practices should be. This is believed to improve their utilization of screening services because understanding of preventable risks between cervical cancer and cervical cancer screening is pertinent to uptake of screening services.

5. Limitations

Randomization of the respondents could not be carried out because accessing them was difficult. They were all afraid of being prosecuted because their work is illegal.

6. Conclusion

This FGD has shown that the respondents have an adequate knowledge of cervical cancer screening services but poor knowledge of cervical cancer and its prevention. They could not comprehend an abnormal screening result but they agreed that they are all at risk of cervical cancer. This calls for an educational intervention by health professionals in addressing the aforementioned issues among FSWs. This is hoped to improve the perception of FSWs to cervical cancer screening services which will help in reducing the menace of cervical cancer in Nigeria and sub-Saharan Africa.

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