

A Rapid Assessment of Women's Response to Voluntary Cervical Cancer Screening Campaign in Anambra State

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Abstract— The study aims at assessing women's response to voluntary cervical cancer screening intervention program by the Medical Women Association of Nigeria (MWAN) in Anambra State. Ethnographic (qualitative) research method was used to assess the issue of concern to the researchers. Using volunteer sampling technique, one hundred and fifty respondents were selected from the three government owned hospitals in the three Senatorial Zones of Anambra State and were orally interviewed. Data obtained were analyzed using qualitative approach and simple percentages. Summary of the findings showed that respondents lack awareness and knowledge of existence of cervical cancer prior to the intervention program; that the respondents major source of information concerning the intervention were churches (including mosque and other religious faith); and that respondents were motivated to attend the screening because they were eager to know their health status as regards to cervical cancer. The researchers recommend that multimedia approach utilizing pictorials, audio visuals and personal communication on cervical cancer be adopted for maximum beneficial results.

Index Terms— Assessment, Women, Cervical Cancer, Screening and Sustainable Human development.

I. INTRODUCTION

Cervical cancer according to (Sherries, Herdman& Elias, 2001) is considered the second most killer disease in women, after breast cancer, with an estimated 528,000 new cases in 2012. West Africa is on the borderline of high risk of 29.3% (Afri-Dev. Info, 2014). Lack of effective screening programs aimed at detecting and treating precancerous conditions has been identified as the key reason for the much higher cervical cancer incidence in the developing countries of Asia, Africa and Latin America. It has been estimated that only about 5% of women in the developing countries have been screened for cervical cancer compared to 40% to 50% of women that have been screened in the developed countries (WHO, 2014). Fortunately, cervical cancer according to experts is fully preventable and curable if detected early through screening (Subaet al, 2006).

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The case in Nigeria is not an exception. The situation in Nigeria seems to be more precarious as research evidence shows that 26 women die daily in Nigeria as a result of cervical cancer and its complications (Ngoma, 2007). This however, represents only the reported cases as many unreported cases abound. This is worrisome considering the fact that cervical cancer is preventable and curable. One of the ways of curbing this dreaded disease is by increasing the awareness of Nigerian women that cervical cancer may happen to any woman who is sexually active, have multiple sexual partners, smokes, long term use of oral contraceptives or weakened immune system have a greater chance of developing cervical cancer (Julinawati, Cawley, Domegan, Brenner & Rowan, 2013).

This informs the reason why concerned humanitarian organization sponsor enlightenment /information campaigns from time to time. The essence is to sensitize women on how to prevent cervical cancer instead of seeking treatment when it occurs. One of such enlightenment/information campaigns aimed at bringing about positive attitude change is the one sponsored by Medical Women Association of Nigeria (MWAN) Anambra Chapter. The campaign which is targeted at women in the three senatorial districts of the State aimed at reducing the cervical cancer scourge by increasing awareness among women and providing free screening for them. This exercise is no doubt, laudable given that a total of 14,089 women are diagnosed with cervical cancer and 8240 women, who are nation builders, die from the disease in Nigeria every year, on account of cervical cancer disease (WHO, 2014).

A number of studies have shown that effective screening programmes have significantly reduced the incidence of cervical cancer in the developed countries. For instance, the incidence of cervical cancer in the United Kingdom (UK) decreased significantly after the introduction of a national screening programme (Horan, 2007). In America, over the last thirty years, the cervical cancer death rate has gone down by more than 50%. The main reason for this change was increased use of the Pap test. This screening procedure can find changes in the cervix before cancer develops. It can also detect cervical cancer early in its most curable stage. While the incidence is decreasing in the developed countries, it is on the increase in the developing countries the reason for the increase calls for research concern and that is the essence of this study.

II. STATEMENT OF PROBLEM

In spite of the campaigns on the need for women to attend cervical cancer screening, research evidence showed that minimal 1% of the targets ever go for the screening. The reason for this is yet to be ascertained. The researchers, considered this worrisome situation a serious gap in knowledge and practice, therefore, it becomes important to understand how best to manage the information that could help women to prevent cervical cancer.

A Brief Profile of Medical Women Association of Nigeria (MWAN), Anambra Chapter

The Medical Women Association of Nigeria (MWAN) is a non-governmental, non-profit, non-sectarian organization of female medical and dental doctors in Nigeria, dedicated to promoting women's health. The Medical women Association of Nigeria (MWAN) was found in Ibadan in 1976 and registered with the MWIA (Medical Women International Association) at its 10th congress in Tokyo, Japan in the same year with branches all over the country (www.anambramwa.org).

As an affiliate of the MWIA, MWAN has consultative status with the Economic Emergency Fund and the United Nations Educational Scientific and Cultural Organization (UNESCO). Liaison is maintained with the Planned Parenthood Federation, the International Federation of University women and the International Council of women, among others. As such, the MWAN is in a position to achieve its objectives with an international outlook commensurate to its local focus.

The vision of the MWAN is to be foremost medical association in Nigeria in the maintenance of quality health in Nigeria throughout the world, and a symbol of unity of medical women worldwide in improving the standard of quality healthcare and expansion of knowledge and excellence in health (www.anambramwa.org).

It is in line with the above that saw the birth of MWAN, Anambra Chapter. In June and July, 2015 the association initiated and carried out free cervical cancer screening in the three senatorial zones of the Anambra State, as part of their efforts to reduce the cases of cervical cancer disease among women in the State. It is in the course of this intervention by the association MWAN, Anambra Chapter that the researchers embarked on rapid assessment to find out how women in the State responded to the cervical cancer campaigns.

III. LITERATURE REVIEW

Cervical cancer according to Heldaet *al*, (2005) is an avoidable condition. Although the incidence of cervical cancer has declined steadily since the introduction of the Pap test, available data show that its incidence may be increasing for certain subgroups. Mortality from cervical cancer persists despite the availability of a simple screening procedure, the Papanicolau smear (Pap smear), that can detect precursors to cervical cancer at a curable stage. In other to address this ugly phenomenon some empirical studies were reviewed. While some studies aimed at awareness, perception and factors

affecting utilization of cervical cancer screening services among women, others aimed at preventive practices to imbibe in order to curb the spread of cervical cancer.

Nwodu&Ezeoke (2012) in a study of an analysis of women's perception and knowledge of breast cancer awareness campaign in Anambra State, found that greater percentage of the respondents were exposed to breast cancer awareness campaign and that the campaigns hold great importance to them. This finding clearly showed that the resources used in packaging and publicizing of the campaign are not in vain. Similarly, Nwodu (2008) conducted a study on securing the future: influence of "zip up" campaign on students behaviour, found that respondents will deliberately expose themselves to zip-up campaign on billboards. The import of this finding was that the energy and resources expended in the message design and dissemination of the campaign really worth the effort in view of the overwhelming accessibility to the medium by the targets.

Tran, *et al* (2011) carried out a study on knowledge, attitude and practice (KAP) concerning screening cervical cancer among rural and urban women in six provinces of the Democratic People's Republic of Korea. The KAP survey found that despite the high level of education and sustained campaigns among both rural and urban respondents, there are a number of knowledge deficiencies regarding cervical cancer, its symptoms, cause, and preventability.

This is a worrisome situation as the story is same here in Nigeria, as literature search identified studies that examine factors influencing women's participation in screening program, ranging from lack of awareness of the test's indication, and benefits to considering one-self not to be at risk of developing cervical cancer. The result of women's non participation in screening programs is the key reason for the much higher cervical cancer incidence in developing countries. There is need for effective campaign on cervical cancer to sensitize women on the importance of screening for early detection and treatment.

Also in an empirical survey of conducted by Wright *et al* (2014) on cervical cancer: community perception and preventive practices in an urban neighbourhood of Lagos (Nigeria), they found that 90% of the participants were uninformed on ways of preventing cervical cancer. One remarkable revelation the study indicated was that although awareness of cervical cancer and its prevention was poor, there was a willingness to learn about this preventable cancer by the respondents.

This finding showed that if messages about cervical cancer and its preventive measures spread to the grassroots across Nigeria and sub Saharan Africa reduced avoidable morbidity and mortality will be achieved. It is for this reason that this particular study aims at assessing women's response to voluntary cervical cancer screening in Anambra State organized by Medical women Association of Nigeria (MWAN) Anambra Chapter in addressing this dreaded disease. The study therefore, hinged on Extended Parallel Processing Model (EPPM) as the theoretical Framework.

Fear appeal messages have been useful in behaviour change as they highlight the risk(s) an individual faces for performing or not performing a recommended action. In the case of

cervical cancer, women face significant risks if diagnosed of cervical cancer which leads to death (Stephenson & Witte, 1998). Hence, the EPPM was used as a theoretical framework for how individuals might process fear appeals related to cervical cancer screening. Although several theoretical frameworks could be used to examine this context, such as Health Belief Model (HBM) the EPPM (Witte, 1992) was selected. The EPPM is based on the explanatory mechanism of Leventhal's (1970, & 1971) PPM with Roger's (1975 & 1980) PVT research focusing on what makes fear appeals work. Specifically, the EPPM utilizes the protection motivation theory linkages among perceived levels of severity, susceptibility, response efficacy, and self-efficacy that lead to message acceptance and, ultimately, attitude, intention and behaviour changes. The EPPM suggests that when presented with a risk message, individuals engage in two appraisal processes which produce one of three outcomes:

First, individuals appraise whether they are susceptible to the identified threat and whether the threat is severe. Perceived susceptibility is the extent to which an individual feels at risk for a particular health threat, whereas perceived severity is the extent to which an individual believes the threat to be serious or harmful. If the threat is perceived as either trivial or irrelevant, they will ignore the risk message and not even think about recommended behaviours (because they feel the threat is not of concern to them).

Second, if individuals believe they are susceptible to a severe threat (i.e., high perceived threat, which comprises both perceived susceptibility and perceived severity) and fear is aroused, they are motivated to act and appraise the extent to which the recommended response effectively deters the threat (i.e., response efficacy) and the extent to which they are able to perform the recommended response (i.e., self-efficacy). When perceived threat is high and individuals believe themselves able to perform a recommended response that effectively minimizes the threat, they will control the danger and follow the recommended guidelines. However, when the perceived threat is high but individuals doubt their ability to effectively minimize the threat (such as personal, social or physical barriers), they turn instead to controlling their fear and engage in denial, or defensive avoidance. In sum, perceived threat (i.e., perceived susceptibility and severity) motivates action. Perceived efficacy (i.e., recommended response efficacy and self-efficacy) determines whether individuals control the danger and make behavioural changes or control their fear through psychological defense mechanisms, such as defensive avoidance or reactance. According to the EPPM, women who perceive cervical cancer disease to be a significant health threat and believe that going for screening for early detection is effective are more likely to make a cognitive choice to engage in protective health behaviours (i.e., danger control). In contrast, women who are afraid to attend cervical cancer screening or think that screening tests are not necessary are likely to focus on their emotional response. These individuals are likely to ignore or react to the advocated message leading to continued

cervical cancer screening services disuse (i.e., fear control). Linking this to the study shows that, the more women are informed or enlightened about the severity of cervical cancer; they are likely to seek out for information concerning the killer disease. Again, the more sustainable the campaign and services is made available to women in developing nations like Nigeria, the more they are likely to volunteer themselves for screening even at high cost.

IV. RESEARCH METHOD

The researchers adopted ethnographic (qualitative) research approach in the execution of the study. Given that the intervention program was executed in three centres (Teaching Hospital, Awka representing Anambra Central Senatorial District, Nnewi Teaching Hospital, representing Anambra South Senatorial District and General Hospital, Onitsha representing Anambra North Senatorial District). As a rapid assessment study, oral interview was used in eliciting data from women who attended the cervical cancer screening at the point of exit.

In consonance with the above, fifty (50) respondents in each of the centers were interviewed as soon as they were screened for their opinions and views about the exercise. In all, one hundred and fifty (150) respondents were orally interviewed and their responses clearly documented for the analysis below. The respondents were therefore, selected using volunteer sampling technique base on 'first come first serve' approach. It is important to note that not all the first fifty (50) women in attendance volunteered to share their experiences with the researchers.

Each of the respondents were evaluated based on; prior knowledge of cervical cancer, attendance of cervical cancer screening, respondents' major channel of information on cervical cancer screening services/channel preferences and their challenges.

V. DATA ANALYSIS

Do you have prior Knowledge of Cervical Cancer? 90% of the respondents reported lack of awareness and knowledge of existence of cervical cancer prior to the announcement of intervention program, while insignificant 8% reported having heard of it but lacks sufficient information. Overall, this finding showed that awareness /knowledge of cervical cancer among women in the State is very low.

What is your major source of information on cervical cancer screening services? It is plausible to note that the program interventionists (MWAN), placed announcements about the program on radio, television and churches (different denominations, including mosque and other religious faith) with a view to sensitize, mobilize the target population (the women) for active participation in the screening exercise. The researchers, therefore, interviewed those in attendance on which of these channels constitute their major sources of information concerning the intervention programme.

The result showed that 7% of the respondents heard the announcement on radio, 3% of the respondents heard it from television and 87% heard from churches, while 3% heard it

from interpersonal source.

How do you perceive the message on cervical cancer by MWAN? Prior to the actual screening exercise, MWAN educated women on the severity of cervical cancer as well as the need to go for annual screening and to ensure that their girl child is given HPV vaccine (immunization against Human Papilloma Virus) once they attain nine years. The researchers therefore, sought to find out how they perceive the cervical cancer screening messages they heard.

The result showed that 95% of the respondents perceived the message as being useful to them while 2% did not take the message serious and 3% did not express their opinion in this regard. The finding further showed that the respondents, who perceived the message as useful, were zealous to learn more about cervical cancer. To buttress this point, a respondent made the following demand from the researchers "Can we get a pamphlet or flyer to remind us when next to come for screening?"

What were your perceived challenges during the screening exercise? Respondents were asked what they considered their major challenges before and after the screening. The result showed that 43% of the respondents reported embarrassment/reluctance arising from being examined by male medical doctors. 7% of the respondents reported fear of perceived pains arising from the insertion of the Pap smear collection instrument. 3% of the respondents reported of contracting diseases arising from the notion that the instrument may not be hygienic. 47% of the respondents fear that the screening may lead to discovery of other latent diseases and 5% of the respondents reported lack of adequate information about cervical cancer.

What prompted you to attend the cervical cancer screening? Respondents were asked what motivated them to take up the cervical cancer screening. The result showed that 42% of the respondents reported that they were motivated to attend the screening because they were eager to know their health status as regards to cervical cancer. 3% of the respondents were motivated to attend because they felt they are susceptible to cervical cancer, while 55% attended because the cervical cancer screening was free.

VI. DISCUSSION OF FINDINGS

Cervical cancer among women continues to be a significant health threat. Given the decline rates of cervical cancer in the developed countries, it is apparent that screening for early detection is an absolute way of curbing the scourge of cervical cancer. In addition to annual screenings, immunizing girls of nine years of age with HPV vaccine may help to reduce the progression of cervical cancer.

The outcome of the study shows that greater percent of the respondents have no prior knowledge of cervical cancer. Precisely, result showed that 90% of the respondents reported lack of awareness and knowledge of existence of cervical cancer prior to the announcement of intervention program. The researchers considered this finding a bad omen in view of

the fact that priority attention were given to other ailments like breast cancer and HIV/AIDS and not much is known about cervical cancer that is the second most killer disease in women after breast cancer. This finding is in harmony with the study conducted by Wright et al (2014), the study indicated that awareness of cervical cancer and its prevention was poor.

This finding did not support the outcome of earlier study by Nwodu and Ezeoke (2012 p.163) in which they found high awareness of breast cancer campaigns among women of Anambra State. Also, Nwodu (2008) conducted a survey research on securing the future: influence of zip-up campaign on students' sexual behaviour. He found that students were exposed to information to zip-up campaign on billboard. The import of this finding according to experts (Nwodu and Ezeoke, 2012; Nwodu, 2009 p.72 and Ozoh, 1998) is that the more the targets of a campaign are exposed to social change campaign the more they are likely to accept, adopt and practice the campaign message. Thus, the reason for hlow awareness was due to inadequate campaigns on cervical cancer. The researchers therefore, advocate that adequate campaigns should be given to cervical cancer as in the case of breast cancer and HIV/AIDS.

Results of the study also showed that churches followed by radio, was the respondents' major source of information on cervical cancer. This development shows that churches (including mosque and other religious faith) are the most potent means of mass mobilization in developing world. This means that greater percentage of the campaign spend should be allocated to churches and radio as the major channels for disseminating health related actions such as cervical cancer. The result showed that 95% of the respondents reported churches as their major source of information on cervical cancer. This finding however, is reinforced by earlier findings which have shown that respondents adopt and practice social change campaigns, when they are adequately exposed to the campaigns. The researchers therefore, recommends that campaigners should give adequate coverage to cervical cancer campaigns and also give priority attention to churches in the future while deciding on the choice of medium for spreading social development information particularly at the rural areas.

Another major finding in this study is that overwhelming 95% of the respondents agree that they perceived the message as being useful to them. This is reinforced by the EPPM model which holds that, when individuals perceive the health threat to be serious or severe, they attend to the message and follow the recommended responses. Although the women recognized cervical cancer as deadly (severity), there were some differences among the levels of perceived susceptibility. Specifically, those who came for screening as a result of the message but felt embarrassed and left because they thought it was only male doctors that were examining the women and those who stayed back despite not being comforted with being examined by male doctors, however, were more concerned about protecting themselves from cervical cancer. Although interested in cervical cancer screening for prevention, majority of the respondents thought that screening was meant for those with multiple sexual

partners. Also this study is in consonant with Wright et al (2014), they found that although awareness of cervical cancer and its prevention was poor, there was a willingness to learn about this preventable cancer by the respondents. Thus, perceived susceptibility must be heightened in future campaigns.

Again results of the study clearly showed that greater proportion of the respondents' feared that the screening may lead to discovery of other latent diseases. On the issue of fear of discovery of other latent diseases expressed by respondents, well designed health education programme on cervical cancer and benefits of a screening can increase awareness and help to douse such fear among women. It is also important to provide information about the value of cervical smear test and as it will help to contradict barriers. Providing information through leaflets and giving clear explanation about the test procedure can help in reducing anticipated psychological distress and embarrassment. Finally, greater percentage of the respondents' attended the cervical cancer screening because it was free.

VII. CONCLUSION / RECOMMENDATIONS

Based on the thrust of this study, it is important to conclude that, cervical cancer has posed a great risk to women. This is evident in the prevalent incident of cervical cancer cases in Nigeria. Lack of cervical cancer awareness, fear of pain and embarrassment of being examined by male doctors, lack of government support and inability to subsidize vaccine, a few qualified personnel and high cost of equipment to mention but a few are all challenges to effective screening cervical cancer services in Nigeria. Government should acknowledge and recognize that cervical cancer is a major public health concern and accord its prevention and treatment priority in resource allocation.

It was established that church is a powerful medium for dissemination of information on cervical cancer screening services compared to radio where the MWAN also placed there announcement but few of the respondent admitted getting their information via the radio. Thereby, questioning radio's triple barriers of illiteracy, language and distance. Multimedia approach utilizing pictorials, audio visuals and personal communication on cervical cancer could yield beneficial results.

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