

Barriers for the Health Workers and Health Managers in Creating Public Awareness on Cervical Cancer Screening in Addis Ababa, Ethiopia: A Qualitative Study

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Abstract

Background: Cervical cancer is one of the preventable cancers that can be detected at a precancerous stage by timely screening. The key to prevention is the regular check of all women fulfilling specific criteria with tests. Pap smear tests and visual inspection with acetic acid (VIA) are used for screening in Ethiopia, yet only 0.6% of Ethiopian women get cervical cancer screening at regular intervals. The objective of the study was to explore the barriers health workers and health managers have in the provision of cervical cancer screening.

Methods: A qualitative study was conducted among health workers and health managers in selected health facilities in Addis Ababa, Ethiopia. Data were collected through in-depth interviews. A thematic content analysis of the interviews was performed using the open code software version 3.2.6.

Result: Participants of the study identified low priority due to competing public health problems, lack of relevant policy, inadequate space, lack of trained health professionals, budget, and low service coverage as the major barriers for low utilization of cervical cancer screening.

Conclusion: The findings indicate the need to advocate for prioritizing cervical cancer screening in the public health agenda of the country.

Keywords: Barriers; Cervical Cancer Screening; Addis Ababa

Introduction

Cervical cancer is the second most common cancer that affects women worldwide. With an estimated 527,624 new cases and 265,653 new deaths annually in the World and 99,038 new cases and 60,098 deaths of cervical cancer occur annually in Africa [1]. About 80 - 90% of women in sub-Saharan Africa never had a pelvic examination and fewer than 5 percent of women have access to screening [2]. Lack of knowledge, poor attitude, poor government concern, lack of resources, lack of spaces, inadequate staffs, lack of equipment and poor awareness are barriers that influence the coverage of cervical cancer screening [3-6].

The World Health Organization's recommendation for low-resource countries is visual inspection with acetic acid (VIA) as an effective method of screening cervical cancer [7]. VIA is the current method of cervical cancer screening in most countries in sub-Saharan Africa, however uptake of the service remains low due to many reasons. Increasing awareness and education helped to minimize myths, misconceptions, and other psychological barriers to screening [8]. Lack of trained practitioners, an efficient system of health care delivery, lack of government efforts and planning, especially when there are competing health needs and diseases with high visibility and international

attention that take priority over cancer screening [9]. Lack of government investment in facilities and inadequate financial resources for training and services to enable successful screening programs are also significant barriers [10]. Accessible referral resources for treatment and follow-up, upon diagnosis of cervical cancer, which are necessary for a successful screening program are also missing [11]. In Ethiopia, a crude incidence rate estimate was 16.3 per 100,000 women per year. Cervical cancer screening services are scarcely available, VIA is available only through pilot or demonstration projects [1].

Cancer screening even when available is often underutilization in developing countries due to poor awareness among the population. Health workers and health officers are the key stakeholders in the control of cervical cancer through increasing the awareness of the population. Lack quality health services, competing health problems, poor attitude towards the screening procedure, lack of updated guideline, lack of training, understaffed health services and etc. are the barriers that facing health workers and health officers. There is no study in Ethiopia that explores barriers that health workers and health managers are facing. The aim of this study is to explore the barriers for health workers and health managers in creating the awareness of the population towards cervical cancer screening.

Methods

The study used a qualitative research method. The study was conducted in Addis Ababa, the capital city of Ethiopia. The city comprises 10 sub cities with 116 districts. This study was conducted in two referral hospitals, Tikur Anbessa and Saint Paul's, and at Addis Ababa regional health bureau. The study population included health managers and health workers providing services related to cervical cancer screening, family health, and non-communicable diseases. We selected eight respondents using purposive sampling method.

Purposive sampling was used to purposefully recruit health workers and health managers. Criterion purposive sampling was used to select the participants. Participants were made heterogenous with regard to their professions. Samples were selected according to the study criteria and selection continues to the point of redundancy so as to maximize the richness of information obtained pertinent to the research question by exploring their lived experiences of the respondents. Data collection stopped at a point where no new emerging data were any more generated and data reached saturation at 8 participants.

Upon arriving at the interview site, each respondent was given a brief introduction to the purpose of the study and informed that the interview was digitally recorded and after obtaining verbal consent, participants took part in semi-structured in-depth interviews recorded in Amharic (local language) which were last in 20 to 30 minutes with each individual using the semi-structured interview guide. Data was self-collected by the investigator and in order to ensure consistent review of qualitative techniques, pilot interviews were conducted. Data was collected in their own office of the interviewee. The data was transcribed in Amharic and translated in English subsequently by the principal investigator. The data was collected from January, 15/2015 to January, 30/2015.

All interviews were performed in a quit and private room of their own offices which made the participants comfortable to provide a thrust worthy and honest view of their perspective. The tape records were transcribed word by word minimizing selective retention by the transcriber. The fact that the draft thesis was reviewed and audiotapes and transcripts are available for auditing increases the credibility of the findings. The researcher has managed to create a strong trustworthy relationship with the participants which also enhanced the credibility of the findings.

Because of the nature of qualitative study, data collection and analysis were undertaken simultaneously. The audio tapes recorded in Amharic were transcribed and translated into English by the principal investigator. After one or two field contact, an average of three more days were taken to do the translation and to perform preliminary analysis which involved re-reading the document, reviewing the main concepts and issues raised by each participants which guided planning for the next contact, gave chance for more modification in approach and to decide on continuing the interview until a point of saturation. The documents were loaded in to open code software version 3.4 to ease organizing and analyzing of the qualitative data. Using content analysis, each segment was coded with descriptive words and similar codes were brought together to form categories which were identified in line with the objective of the study (Table 1). The

inductive coding process employed a grounded theory approach that allowed the categories to emerge from the data obtained rather than imposing a theory upon the data, but the themes gained from reviewing literatures were also used to draw theoretical conclusion. Then the results were narrated to get a clear picture of what the data were all about and to draw conclusion and recommendation.

Codes	Categories
<ul style="list-style-type: none"> • Low prioritization • Competing public health problems • Policies • Unavailability and inaccessibility of services • Budget • No data • Not institutionalizing • No guideline 	Health management and policy factors
<ul style="list-style-type: none"> • Trained health professional • No attention • Lack of medical supplies • No department • Inadequate space • Not to see the data • Workload • No planned activities 	Organizational/institutional factors
<ul style="list-style-type: none"> • Knowledge • Skill • Training • Attitude 	Individual factors

Table 1: Examples of codes and categories among key informants, Addis Ababa, Addis Ababa, 2017.

Ethical clearance was obtained from ACIPH, institutional review board of university of Gondar and the permission letters from Addis Ababa health bureau to ensure all the ethical issues are considered. Consent form was filled by the participant and also verbal consent was requested before starting each interview. The data was collected by interviewing the participants in a place which is convenient to them which can assure the privacy of the participant to allow them express their lived experiences freely and there is no need to mention names or anything that can trace back the identity of the participant. All records that leave the site were identified by coded number to maintain subject confidentiality. All computer entry and programs were coded numbers only. And any study subject may choose to discontinue participation in the study at any time or choose not to respond to some of the interview questions if not comfortable to reply. The study is not designed to benefit the study subjects. It is possible that the participant was enjoyed the opportunity to talk about their experiences and shares their ideas for improving the cervical cancer screening services. Hopefully, the results were lead to future changes in the cervical cancer screening services. Therefore, throughout the research, the right of the individual was not harmed, to give informed consent, voluntary participation, confidentiality and anonymity are paramount and were considered throughout the research.

Results

A total of eight participants were involved in the study of which five were men and three were women. The professional status of participants varied of nurses, general practitioners, gynecologist, oncologist and health managers. Different thematic areas have been identified based on the objective of the study: organizational/institutional factor, attitudes, personal factor and political factor contributing to poor provision of cervical cancer screening (Table 2).

Category	Gender	Respondent's responsibility
Health Manager	Female	Disease prevention and health promotion core process owner
Health Manager	Male	Family health coordinator
Nurse	Female	Provider
Gynecologist	Male	Gynecologist and obstetricians Department head
Gynecologist	Male	Gynecologist and obstetricians Department head
Nurse	Female	Service provider
General practitioners	Male	Service provider
Health Manager	Male	Non-communicable disease case team coordinator

Table 2: Profession of the respondents, their gender and responsibility, Addis Ababa, Addis Ababa, 2017.

Organizational/institutional factors (Figure 1)

Unavailability of services and Inaccessibility of services

Unavailability of services is recognized as having an important role in the provision of cervical cancer screening. The service is currently given in two hospitals: Saint Paul hospital and Zewditu hospital for Addis Ababa populations.

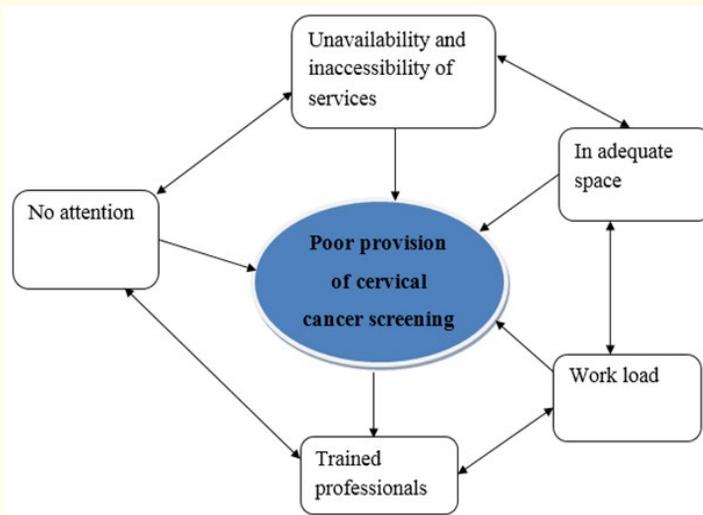


Figure 1: Organizational/institutional factors that contributing to poor provision of cervical cancer screening, Addis Ababa, 2017.

The participants explained unavailability of services as the barrier for not creating awareness for the population towards cervical cancer screening. "The first challenge is that the available screening service are not strong, the service provided in a limited number of health facilities, currently Addis Ababa Health Bureau provides such service in only one facility that (Zewditu hospital), recently one health center started providing screening services... The services are not in place and the health workers are not trained in these issues, so if the service is in place we can popularize about cervical cancer screening services" (Health Manger).

The services are not accessible for the population, all the participants explained there only little health facilities that give cervical cancer screening services for the population.

Trained Health Professionals

The participants explained the lack of trained health professionals as the barriers in creating public awareness for the population towards cervical cancer screening. "Health workers are not trained on these issues... there is no place in the training curriculum, this is an

easy matter for the teachers to provide a message but the curriculum need to be modified ... this can be included even at the high school level to create awareness about cervical cancer screening at an early age" (Nurse).

Medical Equipment and Reagents

As one of the participant explained that to begin and scale-up services medical equipment are very important, without medical equipment it is difficult to begin the cervical cancer screening services. "To purchase medical equipment in 2014/2015, unfortunately this was not happened, so it will start in 2016" (Health manager).

Attention

All participants explained that there is no attention given to cervical cancer and towards its prevention strategies. "... high attention is given especially to maternal and child mortality reduction, TB, HIV/AIDS, Malaria and MDGs related programs. There is no attention because no standalone department is created to be responsible for cancer so there is no responsible body like that of other communicable diseases. As officials we didn't give attention" (Health manager).

Work load

As participants explained work load is one of the barrier for the provision of cervical cancer screening and in creating awareness for the population. "We all have assigned responsibilities. I focus on my duties and give attention to that because I am accountable for those programs given" (Gynecologist).

Inadequate space

Inadequate spaces were a barrier for the provision of cervical cancer screening and not to be initiated to create awareness towards cervical cancer screening because they worried of population flow for screening services which is not adequately available in the city. "If they are positive even we don't have facilities that accompany the patients..." (Health manager).

Health management and policy factors (Figure 2)

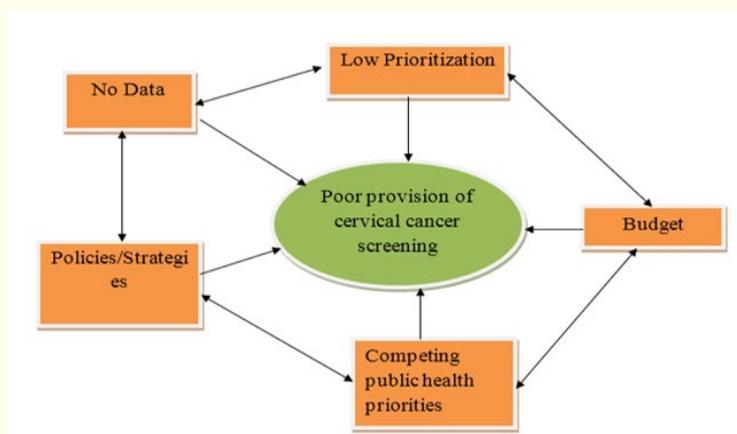


Figure 2: Health management and policy related factors that contribute to poor provision of cervical cancer screening, Addis Ababa, 2017.

Low prioritization

All the participants explained low prioritization due to competing public health problems as major barriers for poor provision of cervical cancer screening and not doing actively in creating awareness of the population. "we didn't do satisfactory work ...the health sector didn't consider communicable and non-communicable diseases equally ... most of the time and resources are devoted to MDG communicable diseases... so that why community awareness is lower than communicable diseases" (Health manager).

Low prioritizing by the responsible body leads to low concern, inappropriate program that leads to poor awareness of the public about cervical cancer screening.

Competing public health problems

All the participants stated that competing public health problems are one of the barriers for the provision of cervical cancer screening. *“Even I received report my attention was specifically to maternal mortality, neonatal mortality and how many negative and positive HIV/AIDS cases reported. No foreign donors interest, majority of the donors interested on infectious disease and minister of health also doing the same”* (Health manager).

Policies

Participants stated that there are no policies that encourage the provision of cervical cancer screening. Our policies mainly focus on non-communicable diseases promotion, prevention and control. *“Those politicians that assign budget have concern on acute disease not chronic diseases that affect long time”* (General practitioner).

No Data

One of the participant stated that data is not available that shows the trend of cervical cancer incidence to predict the morbidity and mortality from cervical cancer. *“They don’t have data that shows, explains ... Even those limited cases figures and burdens were not recognized well. When large number of cases are recognized they get attention as a public health problem then health authorities and stakeholders shall prepare strategies,...develop guidelines, provide trainings and purchasing medical equipment....”* (Health manager).

Budgets

Another participant stated that budget is not a barrier for cervical cancer screening, we have a budget but the policies cannot initiate to do on the prevention of cervical cancer. *“It is not a budget problem... It doesn’t incur as such much cost to run the program; it is only the initial cost that is expensive. We have experience from Zewditu hospital”* (Health manager).

Personal factors

Lack of specialized training in cervical cancer care and its management reported as a barrier by the health managers and a health worker that means the knowledge and skills of the health professionals are limited. *“... there were trained nurses but we cannot deliver the services by nurses ... we should train physicians ... health professionals not trained on this issues. There were no skilled and trained health professionals for example in Zewditu hospital one or two health practitioners working on cervical cancer”* (Gynecologist).

As can be seen form (Figure 3), several factors were responsible for contributing to poor provision of cervical cancer screening in Ad-dis Ababa.

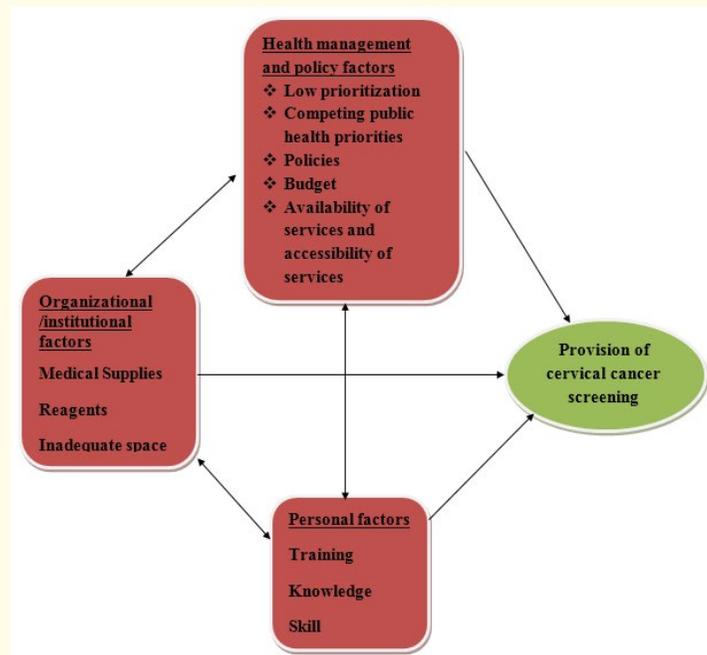


Figure 3: Summary of factors that contribute for poor provision of cervical cancer screening, Addis Ababa, 2017.

Discussions

In this study, the operational level health care professionals in the obstetrics and gynecology departments and health managers of Addis Ababa health bureau pointed out a number of barriers for the health workers and health managers to create awareness for the population towards the utilization of cervical cancer screening: Unavailability and inaccessibility of services, low prioritization, competing public health problems and policies were found under political factor to have a greater weight in this study.

Low prioritization was the major health management and policy related factor that was found to have a barrier for the health workers and health managers in creating the awareness of the population towards cervical cancer screening. Lack of appropriate Cervical cancer prevention program in our country indicates that the population may be relatively at higher risk for cervical cancer morbidity and mortality due to delayed diagnosis [1,6].

Unavailability and inaccessibility of services was also a major problem to deliver the services [2]. As the country has only one hospital providing diagnostic and treatment services for cervical cancer. Cervical cancer screening started in one hospital that is Saint Paul hospital, for peoples living with HIV/AIDS in collaboration with non-governmental organizations like path finder's to deliver the services. Some private health facilities giving the screening services but most of the peoples doesn't afford for the services because its cost. Mostly those peoples come to the health facilities heard about the cervical cancer screening services.

Inadequate space leads the health workers to fear for giving health education to the community, once the public awareness is created people may flock to the health facility but there no trained health professionals, no medical supplies and reagents like speculum that used for the procedures there is no services [2-4], so without the availability of services that means the services are not adequately available in the Addis Ababa city, the health workers and the health managers are not initiated to educate the population, first need to implement the services then deal to create public awareness. Overburdened of health facilities which lack of equipment and understaffed or lack of trained health professionals. Staffing has been identified as a barrier for the provision of cervical cancer screening [6].

No attention given to cervical screening was expressed by lack of responsible bodies as one of the major barriers for creating public awareness about it. Because the health managers and health workers follow what the responsible bodies give attention and prioritize the problems even there is mostly budget is allocated for communicable diseases not for cervical cancer screening [13]. Until recently no one even the bottom or operational level health workers and health managers didn't give attention because of there is no budget allocated for cervical cancer, no department for the prevention of cervical cancer is there so no one can see the data reported by the health facilities in the sector, this can lead to less recognition responsible bodies and those assign budget also need data to assign the budget [4].

The World Health Organization's recommendation for low-resource countries is visual inspection with acetic acid (VIA) as an effective method of reducing the burden of cervical cancer. In our context there is no figures that indicate the burden of cervical cancer because the communities go to the health facility when they are seriously ill after the stages of the cancer is advanced, this can leads to the burden for the health facility because there is no adequate spaces, no trained health professionals, no medical supplies and reagents to diagnose and to increase the survival period of the patients [5,6]. And when the health facilities report this cases no one can see the report and keep the data to shows and explains the trends of the cervical cancer.

Knowledge and skills of the health professionals also seen as one of the barriers for the creation of public awareness. In the educational curriculum the cervical cancer screening is not included most of the health workers didn't know how cervical cancer screening procedures were done. So it needs in service training for the health workers about the procedures, here some nurses trained how they do the procedures with VIA but it didn't enough needs to train more health professionals [14].

This study has both strength and limitation. The strength of this study was tried to look different category of health workers and health managers. The study also addressed a research area which was not adequately studies in Ethiopia context. Absence of sufficient literature on this study. As a qualitative research study, the selection of participants utilized a criterion purposive sampling and had a small number of participants which can be taken as limitation of the study.

Conclusions

Low prioritization due to competing public health problems, lack of proper policies, unavailability and inaccessibility of services were identified as a health management and policy factors. Whereas, inadequate or no attention, inadequate space, shortage of medical supplies and reagents, workload, no department and lack of trained health professionals were identified as an organizational/institutional factors. Moreover lack of knowledge, skills and training were recognized as personal factors attributed to poor provision of cervical cancer screening. The responsible body in the health sector shall at least strive improve availability and accessibility of the services, train more number of health professionals on cervical cancer screening and avail medical supplies for the procedures. Adequate attention and prioritization shall be given to cervical cancer screening services from the health management and policy of the country. Further studies on this area are imperative.

Authors' Contributions

RT has conceptualized the manuscript, performed data analysis, made interpretation and drafting of the manuscript. GG and GT have participated in revision of data analysis, and revised the paper for intellectual content and have participated in the drafting of the manuscript. All authors reviewed and approved the final version.

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